

Marion County Board of County Commissioners

Office of the County Engineer

412 SE 25th Ave. Ocala, FL 34471 Phone: 352-671-8686 Fax: 352-671-8687

DEVELOPMENT REVIEW COMMITTEE WAIVER REQUEST FORM

	Date:Parcel Number(s):	Permit Number:
	mm/dd/yyyy	
A.	PROJECT INFORMATION: Fill in belo	w as applicable:
	Project Name:	Commercial □ or Residential □
	Subdivision Name (if applicable):	
	UnitBlockLot	
В.	PROPERTY OWNER'S AUTHORIZ A authorizing the applicant to act on the owner's be	TION: Attach a letter from the owner(s) or the owner(s) may sign below half for this waiver request:
	Property Owner's Name (print):	
	Property Owner's Signature:	
	City: State:	Zip Code:Phone #
	Phone #	Contact Name:City:State:Zip Code:Alternate Phone #
D.	WAIVER INFORMATION: Section & Title of Code:	
	EVELOPMENT REVIEW USE:	
	Received By: Date Processed	l: Project # AR #
Z(Zoned: ESOZ: P.O.	Eligible to apply for Family Division: Yes ☐ No ☐ Must Vacate Plat: Yes ☐ No ☐
	Land Use: Date:	Verified by:

Revised 7/2017

