



**Marion County
Board of County Commissioners**

Office of the County Engineer

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Ocala, FL 34471
Phone: 352-671-8686
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AR# 31751
Revised.

DEVELOPMENT REVIEW COMMITTEE WAIVER REQUEST FORM

Date: 7-10-2024 Parcel Number(s): 9024-0542-11 Permit Number: 2024052820

A. PROJECT INFORMATION: Fill in below as applicable:

Project Name: water connection waiver for SFR Commercial Residential
Subdivision Name (if applicable): Silver Springs Shores
Unit 24 Block 542 Lot 11 Tract _____

B. PROPERTY OWNER'S AUTHORIZATION: The property owner's signature authorizes the applicant to act on the owner's behalf for this waiver request. The signature may be obtained by email, fax, scan, a letter from the property owner, or original signature below.

Name (print): ANTAR UNIQUE MULTI SERVICE LLC
Signature: [Signature]
Mailing Address: 1440 CORAL RIDGE DR UNIT 447 City: CORAL SPRINGS
State: FL Zip Code: 33071-5433 Phone # 954-628-2345
Email address: anthonywalk876@yahoo.com

C. APPLICANT INFORMATION: The applicant will be the point of contact during this waiver process and will receive all correspondence.

Firm Name (if applicable): ANTAR UNIQUE MULTI SERVICE LLC Contact Name: Anthony Walker
Mailing Address: 1440 Coral Ridge Dr. unit 447 City: CORAL SPRINGS
State: FL Zip Code: 33071-5433 Phone # 954-628-2345
Email address: ANTHONY WALK 876@YAHOO.COM

D. WAIVER INFORMATION:

Section & Title of Code (be specific): 6.14.2.B(1)(a) - Water Connection
Reason/Justification for Request (be specific): Applicant feels water main extension (City of Belleview Utilities) is cost prohibitive to the project.

DEVELOPMENT REVIEW USE:

Received By: _____ Date Processed: _____ Project # _____ AR # _____

ZONING USE: Parcel of record: Yes No Eligible to apply for Family Division: Yes No

Zoned: _____ ESOZ: _____ P.O.M. _____ Land Use: _____ Plat Vacation Required: Yes No

Date Reviewed: _____ Verified by (print & initial): _____