

## 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: 9/29/25  | Parcel Number(s)          | : 05662-007-15           | Pen   | rmit Number: 2025                 | 092415               |  |
|---|--|---------------------------|--------------------------|---|-----------------------------------|----------------------|--|
| <b>A.</b> :   | PROJECT II   | NFORMATION: Fill in       | below as applicat        | ole:  |                                   |                      |  |
|   |  |                           | **                       |   |                                   |                      |  |
|   |  | : water main connection   | (well request)           |   | Commercial                        | Residential <b>V</b> |  |
|   |  | Name (if applicable): Buc | KSKIII Lake Manoi        |   |                                   |                      |  |
|   | Unit   | Block 7 Lot 15            | <u>-16</u> Tract <u></u> |   |                                   |                      |  |
| ) I   | DDADEDTV   | OWNED'S AUTHODI           | 7 ATION. The nr          | onerty oxyner's signeture o   | outhorizes the appli              | cent to get on the   |  |
| B. PROPERTY OWNER'S AUTHORIZATION: The property owner's signature authorizes the ap<br>owner's behalf for this waiver request. The signature may be obtained by email, fax, scan, a lette<br>owner, or original signature below.  |  |                           |                          |   |                                   |                      |  |
|   |  |                           |                          |   |                                   | form the property    |  |
|   | ,,   | 5                         |                          |   |                                   |                      |  |
|   | Name (print):  | Donald R Laturell         |                          |   |                                   |                      |  |
|   | Signature: Dor   | n Laturell                |                          | Digitally signed by Don Laturell<br>Date: 2025.09.29 18:35:23 -04'00' | Date: 2025.09.29 18:35:23 -04'00' |                      |  |
|   | Mailing Addı   | ress: 315 N Gaines St     |                          |   | City: Oak Hill                    |                      |  |
|   | State: FL  | Zip Code: 32759-          | 9535 Phone # <u>48</u>   | 4-553-4875  |                                   |                      |  |
|   | Email address  | s:                        |                          |   |                                   |                      |  |
|   | all correspond   | lence.                    | ••                       | the point of contact during  Contact Name:                            |                                   |                      |  |
|   | Firm Name (if applicable): Contact Name: Donald R. Laturell  Mailing Address: 315 N Gaines St City: Oak Hill |                           |                          |   |                                   |                      |  |
|   | State: FL  | Zip Code: 32759           | Phone # 48               | 4-553-4875  |                                   |                      |  |
|   |  | s: LMSELÊ@earthlink.ne    |                          |   |                                   |                      |  |
|   |  |                           |                          |   |                                   |                      |  |
| D.  | WAIVER IN  | FORMATION:                |                          | 0.44.0.0(4)/ )  |                                   |                      |  |
|   | Section & Title of Code (be specific):  6.14.2.B(1)(a) - Water main connection                               |                           |                          |   |                                   |                      |  |
| Reason/Justification for Request (be specific): Canvassed 10 residents of Buckskin Lake Manor.  They are completely dissatisfied with the water quality. Many residents are even concerned about ba MCU supplied water. NONE will drink the water. I have tasted the water from a well in the area - it is better. For my health and the health of my wife I respectively request a waiver to better manage my process. |  |                           |                          |   |                                   |                      |  |
|   |  |                           |                          |   |                                   |                      |  |
|   |  |                           |                          |   |                                   |                      |  |
|   | better. For III  | y nealth and the nealth o | Tilly wile Trespec       | lively request a waiver to b  | etter manage my p                 | otable water.        |  |
| DE  | VELOPMEN   | T REVIEW USE:             |                          |   |                                   |                      |  |
| Rec   | eived By:  | Date Proces               | ssed:                    | Project #   |                                   | AR #                 |  |
|   |  |                           |                          |   |                                   |                      |  |
| ZO  | NING USE:  | Parcel of record: Yes □   | No □                     | Eligible to apply for l<br>Use:Plat Vac                               | Family Division: Y                | les □ No □           |  |
| Zon   | ned:   | ESOZ: P.O.N               | 1Land U                  | Use:Plat Vac  | ation Required: Y                 | les □ No □           |  |
| Date  | e Reviewed:_   | Verified b                | y (print & initial)      | <u></u>   |                                   |                      |  |

Revised 6/2021