



**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

AR 32224

DEVELOPMENT REVIEW COMMITTEE WAIVER REQUEST FORM

Date: 11/08/24 Parcel Number(s): 3924-021-024 Permit Number: 2024043856

A. PROJECT INFORMATION: Fill in below as applicable:

Project Name: 441 Kalasa Commercial Residential
Subdivision Name (if applicable): _____
Unit _____ Block _____ Lot _____ 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): Kalasa LLC
Signature: Kavitha Reddy
Mailing Address: 1609 SW 17th Street, Suite 200 City: Ocala
State: FL Zip Code: 34471 Phone # 352-239-2535
Email address: nreddy1040@aol.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): Kimley-Horn & Associates, Inc. Contact Name: Jose Lopez
Mailing Address: 1700 SE 17th Street, Suite 200 City: Ocala
State: FL Zip Code: 34471 Phone # 352-554-9792
Email address: jose.lopezjr@kimley-horn.com

D. WAIVER INFORMATION:

Section & Title of Code (be specific): _____ 6.14.2.C & 6.14.2.D
Reason/Justification for Request (be specific): The related building permit application (no. 2024043856) is for a minor interior renovation of one of the 5 units on the property. The impact of connecting the existing building to public utilities and disconnecting from the existing well and septic system is estimated to cost in excess of \$140,000 including consulting services, construction, and connection fees. It is requested that the building permit be granted without the connection requirement.

DEVELOPMENT REVIEW USE:

Received By: Email Date Processed: 11/22/24 BM Project # 2013100031 AR # 32224
11/20/24

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): _____