MARION COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DA	TE:July 29 2025
BOARD NAME:	Planning and Zoning Commission
	PERSONAL INFORMATION
Name:	Len M Racioppi
Occupation:	Retired - ExxonMobil
	bus occupation: <u>Manager - Global Projects / Environmental Liabilities / MS - Indust Eng. W</u> VU 5288 SW 85th St
Address: City:	Ocala State: Florida ZIP: 34476
Phone#:	908 403 3140
	LMRWVU@outlook.com
MAILING ADDRI	SS (If different from residence):
City:	State: ZIP:
What is your pre	ferred form of communication? Phone X Mail Email X
_	ta is collected in accordance with Florida Statute, Section 760.80, for the purpose of statistical reporting appliance with diversity and inclusion guidelines. Your responses will be kept confidential and will not cation.
Gender: Male	X Female Prefer not to disclose
Physically Disab	led: Yes No _X Prefer not to disclose
	American Native-American CaucasianX Other /Latino Asian -American Prefer not to disclose
Are you a registe	ered voter? Yes X No
Do you own hon	nestead property in Marion County? Yes X No
	ed by Marion County or have relatives that are Marion County employees? Yes No $\frac{X}{X}$ vide position, department and/or relationship to County employee and their position/department

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Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services? Yes No $\underline{\times}$
Are you, your spouse, or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with the county? Yes No \overline{X}
If yes, please submit a signed FORM 4a - Disclosure of Business Transaction, Relationship, or Interest. (Available upon request).
Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes No $\frac{X}{A}$
A 'YES' answer will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'YES,' please provide details. You may use an additional sheet if needed.
WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS?
(Include current or previous work experience; community involvement; interests/activities) Over the last several year have actively engaged / attened County meeting related to the Comprehensive Plan updates, EAR survery data analysis, the current work by the County to update policies and supportive zoning codes. As V. Chair of MCREC engaged with Comments regarding impact fee updates and other development related activities in support of Marion County growth. Prior pre-retirement experience with Exxonmobil as a Global Manager managing projects for both construction and demolition across the US and internationally. Familiarity with the practical application of construction methods as it relates to specifications and application zoning / building requirements of various jurisdictions. Demostrated interest in serving on /county Boards.
SERVING ON OTHER BOARDS
Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes No \underline{X}
If yes, which board?
Have you ever served on a City or County advisory board? Yes $\frac{X}{}$ No
Currently on Board of Adjustment - understand requirement to resign if selected
REFERENCES - Please list three (3) personal and/or business references (PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES)
Name: Brigitte Smith Phone Number: Email:
Name: Randy Osborne Phone Number: Email: Email:
Name: PG Schaefer Phone Number: Email: P

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INITIAL: <u>LMR</u> I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County.

INITIAL: LMR I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.

INITIAL: LMR I agree to complete training within six (6) months from the date of my appointment.

INITIAL: LMR I understand that submitting this application makes all provided information public record, subject to disclosure under applicable laws unless exempt under Florida Statute 119.071. I confirm the accuracy of all details provided and their suitability for public release.

By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.

SIGN:	La M Raciogne	DATE: 29 July 2025	
PRINT:	Len M Racioppi		

This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners.

RETURN FORM TO:

RECEIVED BY BCC:

MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471 Or via email to: Commissionadmin@marionfl.org

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.

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