

MARION COUNTY BOARD OF COUNTY COMMISSIONERS  
APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE: October 29, 2024

BOARD NAME: Land Development Regulation Commission

**PERSONAL INFORMATION**

Title: Mr.  Mrs.  Ms.   
Name: Robert W. Batsel, Jr.  
Address: 1531 SE 36th Avenue  
City: Ocala State: FL ZIP: 34471  
Phone#: (352) 579-6845  
E-mail Address: rbatsel@lawyersocala.com  
Occupation: Attorney  
If Retired, previous occupation: \_\_\_\_\_

**PREFERRED MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE):**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is your address or any other personal information exempt under Florida Statute 119.70? Yes \_\_\_ No   
**If yes, please submit a signed Marion County Public Records Act Exempt Form** (available upon request).

What is your preferred form of communication? Phone \_\_\_ Mail \_\_\_ Email

Are you a registered voter? Yes  No \_\_\_

Do you own homestead property in Marion County? Yes  No \_\_\_

Are you employed by Marion County or have relatives that are Marion County employees? Yes \_\_\_ No

**If yes, please provide position, department and/or relationship to County employee and their position/department**

\_\_\_\_\_  
\_\_\_\_\_

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

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

**If yes, please submit a signed FORM 4a - Disclosure of Business Transaction, Relationship, or Interest.**

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

*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)***

My law practice and legal experience is focused on land use and real estate law in Marion County and North Central Florida involving representation of private parties and cities including the City of Crystal River and City of Inverness. I have been a member of the LDRC and want to contribute to the positive impact of the LDRC on the future of our community.

**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 X No \_\_

If yes, which board? Fifth Circuit Judicial Nominating Commission

*(Important: You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council)*

Have you ever served on a City or County advisory board? Yes X No \_\_

If yes, when, where and which board(s)? Marion County LDRC (2022-2023); City of Ocala Planning and Zoning Commission (approx 2005-2012)

**REFERENCES - Please list three (3) personal and/or business references**

**(PLEASE DO NOT USE COMMISSIONERS AS REFERENCES)**

Name: John Rudnianyn  
Phone Number: (352) 239-1553 Email: john@ipsocala.com

Name: James Gooding  
Phone Number: (352) 579-1290 Email: jgooding@lawyersocala.com

Name: Pete Lee  
Phone Number: (352) 629-8401 Email: plee@ocalafl.org

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

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

**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: /s/ Robert W. Batsel, Jr. PRINT: Robert W. Batsel, Jr.

MARION COUNTY BCC

RECEIVED BY BCC: OCT 29 2024

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:**

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

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