ARH 32239.



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: 11/20/2024 Parcel Number(s): 9018-0319-08	Permit Number: 2024111166	
A. PROJECT INFORMATION: Fill in below as applicable:			
	Project Name: water main connection (well request)	Commercial Residential	
	Subdivision Name (if applicable): Silver Springs Snores		
	Unit 18 Block 319 Lot 08 Tract		
В.	PROPERTY OWNER'S AUTHORIZATION: The property owner's signat	ure authorizes the applicant to act on the	
	owner's behalf for this waiver request. The signature may be obtained by en	nail, fax, scan, a letter from the property	
	owner, or original signature below.		
	No (wind) Marco Endarios		
	Name (print): Marco Enderica		
	Signature:	City: Ocala	
	State: FL Zip Code: 34472 Phone #352.342.1708	City.	
	Email address: Endericamarco@hotmail.com		
	Eman address. Endendamere endamentem		
C. APPLICANT INFORMATION: The applicant will be the point of contact during this waiver process and will receive			
v.	all correspondence.		
	an correspondence.		
	Firm Name (if applicable): Mid-State Home Solutions, LLC Contact Na	nme: Christopher Wynn	
	Mailing Address: 4348 NE 12th Street	City: Ocala	
	State: FL Zip Code: 34470 Phone #352.427.7482		
	The state of the s		
D. WAIVER INFORMATION:			
	Section & Title of Code (be specific): 6.14.2.B(1)(a) - Water main connection		
	Section & Title of Code (be specific): Reason/Justification for Request (be specific): 150' connection distance; 270' extension to farthest corner		
STATE OF THE PARTY			
DEVELOPMENT REVIEW USE: Received By: Kriston Date Processed: 11/22/2024 Project # 2024-11.0043 AR # 37.239			
Received By: KISICI Date Processed: WILLIAM Project # 2024 II 000 AR # 0025			
ZONING LIGHT Broad County Von D. No. D. Et alle 40 annie for Family Nivision, Vos D. No. D.			
ZONING USE: Parcel of record: Yes \(\text{No} \) \(\text{D} \) \(\text{Eligible to apply for Family Division: Yes } \(\text{No} \) \(\text{D} \) \(\text{Zoned:} \) \(\text{ESOZ:} \) \(\text{P.O.M.} \) \(\text{Land Use:} \) \(\text{Plat Vacation Required: Yes } \(\text{D} \) \(\text{No} \) \(\text{D} \)			
Zo	ned: ESUZ: P.U.M. Land Use: Plat	i vacanon required. Les L. 140 L.I	
Date Reviewed: Verified by (print & initial):			

Revised 6/2021