Attachment A Application Package \* RESONABLE ACCOMMODATION



Marion County **Board of County Commissioners** 

Growth Services 2710 E. Silver Springs Blvd. Ocala, FL 34470 Phone: 352-438-2600 Fax: 352-438-2601

ON COMPLETE WE MEETING DATES PH D/A PBZ PH 6/16 4 6/17 2025

# SPECIAL USE PERMIT APPLICATION - REGULAR - \$1,000.00

The undersigned hereby requests a Special Use Permit in accordance with Marion County Land Development
Code, Articles 2 and 4, for the purpose of: Emotional Support Animals
includes 2 goats and 3 charges a Rooster.
Legal Description: (Please attach a copy of the deed and location map.) Parcel Zoning: <u><u>R</u>-<u>l</u></u>
Parcel account number(s): 3142 - 219-000
Property dimensions: Lot 219 640, 22 (F) × 165.00 (Total acreage: 2, 50 Acres
Directions: 36th Ave turn into Hawks Landing Lef at Stopsign
go all the way to the end 2nd house on Left before the last one.

Each property owner(s) MUST sign this application or provide written authorization naming an applicant or agent to act on his behalf. Please print all information, except for the Owner and Applicant/Agent signature.

Property Owner name (please print) Shesy / O'Conne //
Mailing Address 3549 SE 41 Place
City, State, Zip code OCala, FL 34480
Phone number (include area code)
(352) 572-0544
E-mail address
SOCON 444 4@ aol. com
Signature Sheyl O'Conell

Applicant or agent name (please print)

**Mailing Address** 

City, State, Zip code

Phone number (include area code)

E-mail address

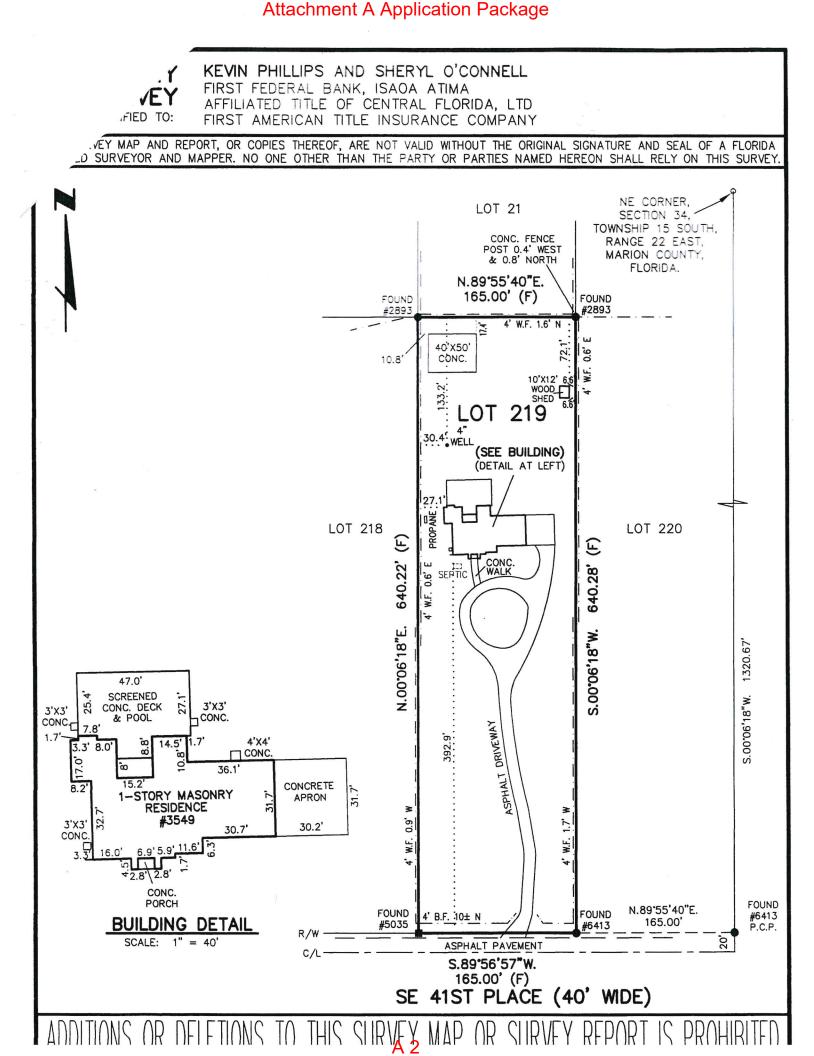
### Signature

PLEASE NOTE: A representative is strongly encouraged to attend the public hearings when this application will be discussed. If no representative is present, the request may be postponed or denied. Hearing notices will be mailed to the address(es) listed above. All information submitted must be correct and legible to process the Application. Contact Growth Services Planning & Zoning at (352) 438-2675 for more information.

	STAFF/OFFICE USE ONLY	
Project No.:	Code Case No.: 974476	Application No.: 32600
Revd by: Kevd Date	:3/11/25 FLUM: MR	Zoning Map No.: 1977 Rev: 07/1/2019

**Empowering Marion for Success** 

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# Attachment A Application Package



Prepared by: Nicole Albrecht Affiliated Title of Central Florida, Ltd. 2701 SE Maricamp Road, Suite 101 Ocala, Florida 34471

File Number: 22-065

### **General Warranty Deed**

Made this 15th day of th 2022 A.D. By Patrick McBride and Pamela McBride, whose address is: 4207 NE 13th St Ocala, FL 34470 hereinafter called the grantor, to Kevin Phillips and Sheryl Lee O'Connell, husband and wife, whose address is: 3549 SE 41St Place, Ocala FL 3448D , hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Marion County, Florida, viz:

Lot 219, FLORIDA ORANGE GROVE CORPORATION, according to the plat thereof recorded in Plat Book B, Page 222, of the Public Records of Marion County, Florida.

Subject to covenants, restrictions and easements of record (if any) which are not by this reference reimposed.

Said property is not the homestead of the Grantor(s) under the laws and constitution of the State of Florida in that neither Grantor(s) or any members of the household of Grantor(s) reside thereon.

**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2021.

DEED Individual Warranty Deed With Non-Homestead-Legal on Face Closers' Choice

GREGORY C HARRELL CLERK & COMPTROLLER MARION CO CFN# 2022038598 BK 7727 Pgs 0665-0666 03/17/2022 01:05:56 PM REC FEE 18.50 INDEX DEED DOC 4,935.00

Prepared by: Nicole Albrecht Affiliated Title of Central Florida, Ltd. 2701 SE Maricamp Road, Suite 101 Ocala, Florida 34471

File Number: 22-065

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

**Patrick McBride** 

**Pamela McBride** 

Signed, sealed and delivered in our presence:

Witness 1 nalindo A 17) Witness 1 Print:

Witness 2 Sign:

Na Witness 2 Print:

State of Florida

County of Marion

The forego	oing instrument was acknowledged	before me by means of $\checkmark$ physical presence or online
notarizatio	n, this 15th day of FEUrl	2022, by Patrick McBride and Pamela
McBride,	who is/are personally known to me	or whe has produced drivers license as identification.
		Manather
NOTARY	SEAL	Notary Public Signature Print Name: BICAda Galindo
ANT THE	Brunch Bronice Galinde Notary Public	My Commission Expires: 04/16/2022
210	State of Poridis	

DEED Individual Warranty Deed With Non-Homestead-Legal on Face Closers' Choice

as 04/16/2022

GREGORY C HARRELL MARION COUNTY FL CFN# 2022038598 OR BK 7727 PG 666 Pgs 0665-0666 03/17/2022 01:05:56 PM

Attachment A Application Package

STATE OF FLORIDA

DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK. BUREAU of VITAL STATISTICS

# **CERTIFICATION OF DEATH**

STATE FILE NUMBER: 2024106517

### **DECEDENT INFORMATION**

DATE ISSUED: JUNE 19, 2024

DATE FILED: JU

JUNE 19, 2024

NAME: KEVIN LEROY PHILLIPS

DATE OF DEATH: JUNE 7, 2024 SEX: MALE AGE: 060 YEARS DATE OF BIRTH: MARCH 23, 1964 SSN: \*\*\*-\*\*-2655 BIRTHPLACE: FLINT, MICHIGAN, UNITED STATES PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME FACILITY NAME OR STREET ADDRESS: 3549 SOUTHEAST 41ST PLACE LOCATION OF DEATH: OCALA, MARION COUNTY, 34480 RESIDENCE: 3549 SOUTHEAST 41ST PLACE, OCALA, FLORIDA 34480, UNITED STATES COUNTY: MARION OCCUPATION, INDUSTRY: POLICE OFFICER, LAW ENFORCEMENT EDUCATION: MASTERS DEGREE EVER IN U.S. ARMED FORCES?YES HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED SURVIVING SPOUSE NAME: SHERYL L MULLEN FATHER'S/PARENT'S NAME: LARRY PHILLIPS MOTHER'S/PARENT'S NAME: SANDRA GRACE SHIVELY

## **INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION**

INFORMANT'S NAME: SHERYL L O'CONNELL-PHILLIPS RELATIONSHIP TO DECEDENT: WIFE INFORMANT'S ADDRESS: 3549 SOUTHEAST 41ST PLACE, OCALA, FLORIDA 34480, UNITED STATES FUNERAL DIRECTOR/LICENSE NUMBER: ROBERT L SLOAN, F046555 FUNERAL FACILITY: ROBERTS OF OCALA FUNERALS AND CREMATIONS F459068 606 SW 2ND AVE, OCALA, FLORIDA 34471

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: GRATITUDE AND COMPASSION LLC OCALA, FLORIDA

## **CERTIFIER INFORMATION**

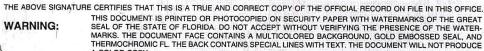
TYPE OF CERTIFIER: DISTRICT MEDICAL EXAMINERMEDICAL EXAMINER CASE NUMBER: 240501419TIME OF DEATH (24 HOUR):FOUND AT 2131DATE CERTIFIED: JUNE 14, 2024CERTIFIER'S NAME:RACHEL A LANGECERTIFIER'S LICENSE NUMBER:ME148607NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER):NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.

, STATE REGISTRAR

REQ: 2026638408

ALC: NO DE LAS

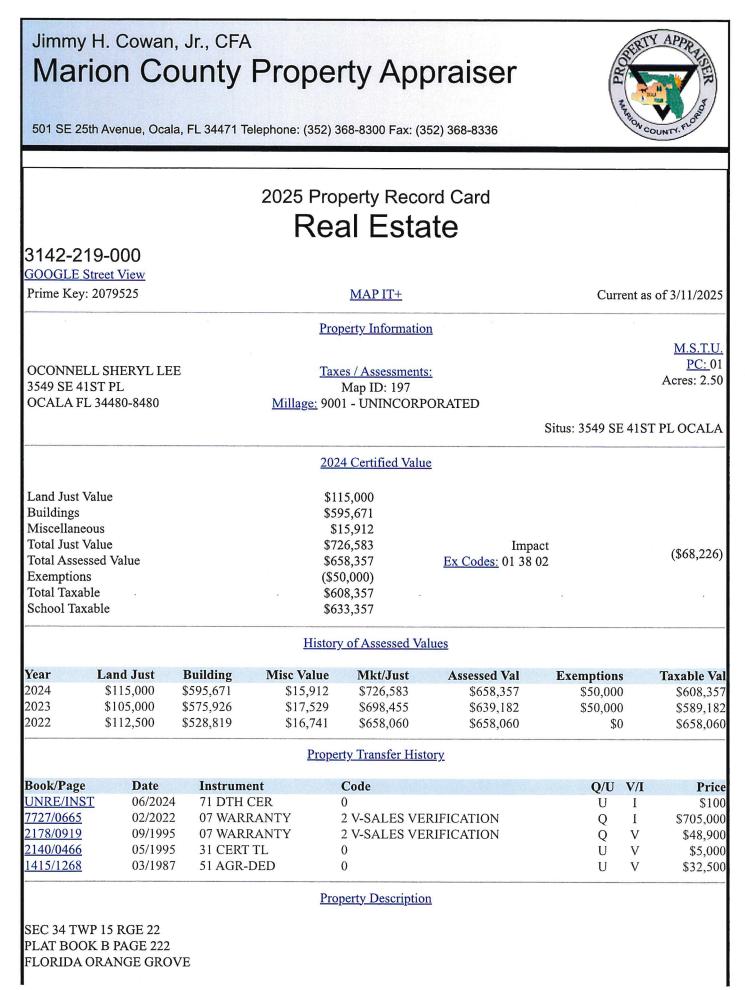




DH FORM 1946 (08/01/2022)

CERTIFICATION OF VITAL RECORD

MCPA Property Record Card



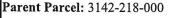
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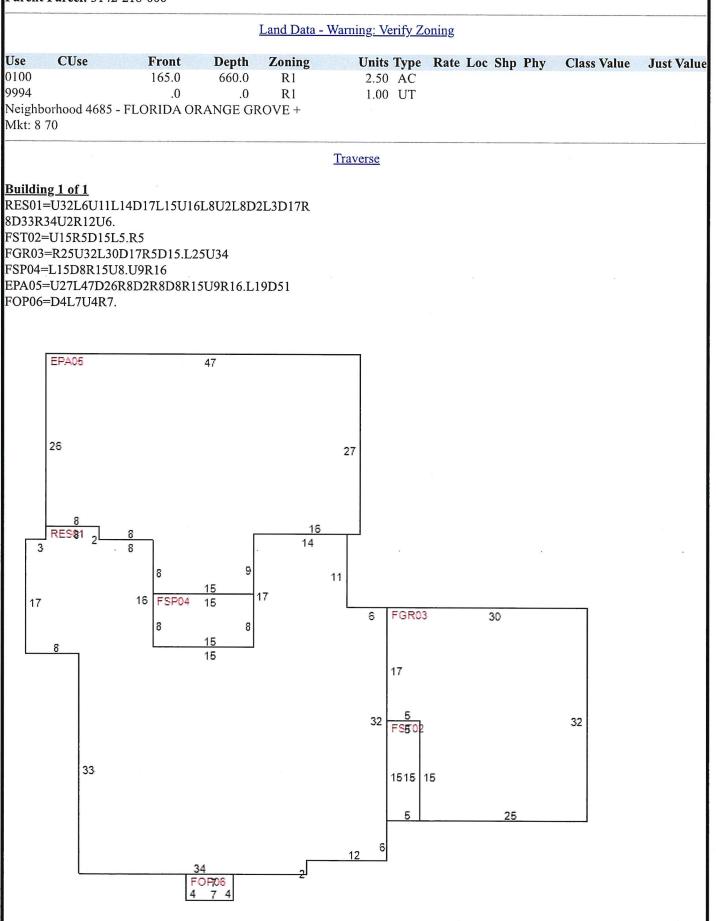
# Attachment A Application Package

3/11/25, 2:28 PM

LOT 219

MCPA Property Record Card





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