December 19, 2024

PROJECT NAME: DOG PARK ACCESSIBLE WALKWAY

PROJECT NUMBER: 2024120010

APPLICATION: DRC WAIVER REQUEST #32271

1 DEPARTMENT: FRMSH - FIRE MARSHAL REVIEW REVIEW ITEM: LDC 2.21.1.A(1) Major Site Plan

STATUS OF REVIEW: INFO

REMARKS: N/A

2 DEPARTMENT: LUCURR - LAND USE CURRENT REVIEW

REVIEW ITEM: LDC 2.21.1.A(1) Major Site Plan

STATUS OF REVIEW: INFO REMARKS: Defer to Stormwater.

3 DEPARTMENT: ZONE - ZONING DEPARTMENT REVIEW ITEM: LDC 2.21.1.A(1) Major Site Plan

STATUS OF REVIEW: INFO REMARKS: Defer to Stormwater.

4 DEPARTMENT: UTIL - MARION COUNTY UTILITIES

REVIEW ITEM: LDC 2.21.1.A(1) Major Site Plan

STATUS OF REVIEW: INFO REMARKS: APPROVED

5 DEPARTMENT: ENGDRN - STORMWATER REVIEW

REVIEW ITEM: LDC 2.21.1.A(1) Major Site Plan

STATUS OF REVIEW: INFO

REMARKS: APPROVED. The HOA/POA (O&M Entity) has provided a letter accepting the additional runoff in excess of 755 sf (design impervious) into their subdivision's Master Stormwater System. Signed letter was submitted with the waiver request.

Note: The applicant owns a 24.63-acre lot (PID 6200-001-00) in the Lakes of Stonecrest Unit 1 subdivision. There is 144,217 sf existing impervious coverage on the site. The project proposes to add 755 sf of impervious coverage. Current overage was approved unit the subdivision's improvement plan. Staff recommends approval with O&M Entity's acknowledgement and acceptance of the additional runoff to their system.



Marion County Board of County Commissioners

Office of the County Engineer

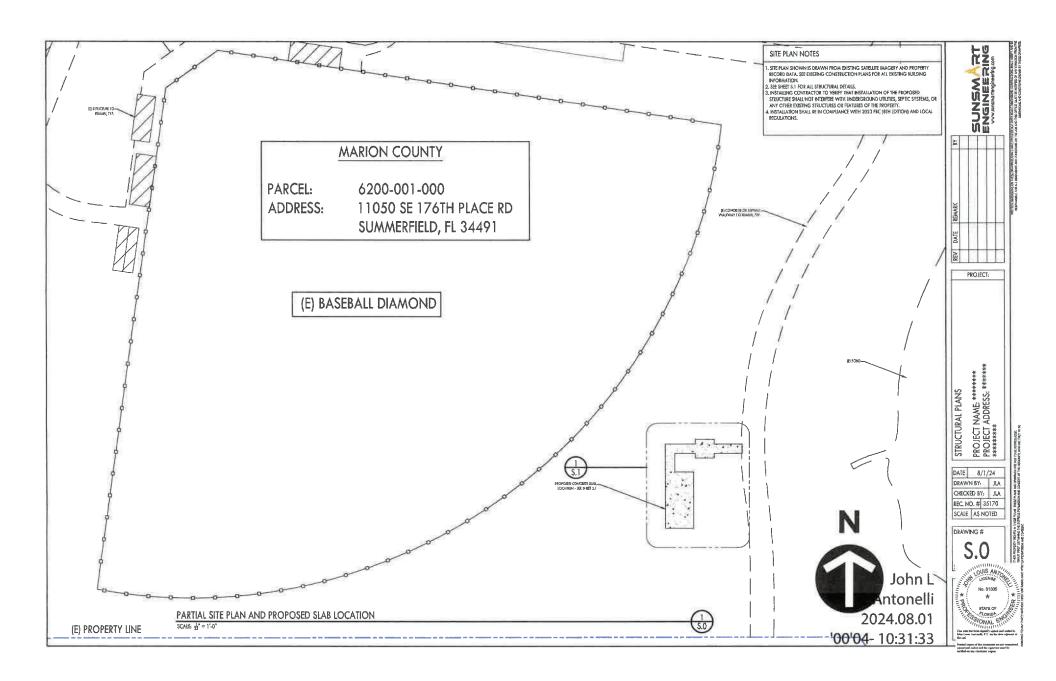
412 SE 25th Ave. Ocala, FL 34471 Phone: 352-671-8686 Fax: 352-671-8687

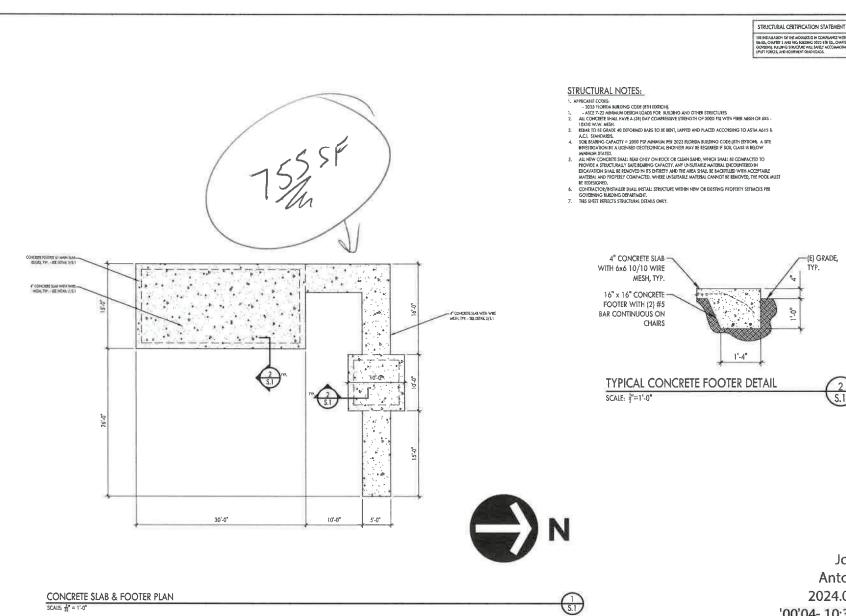
DEVELOPMENT REVIEW COMMITTEE WAIVER REQUEST FORM

	Date: 11 22 Parcel Number(s): 6200 - 00/ - 000 Permit Number:				
A.	PROJECT INFORMATION: Fill in below as applicable: Project Name: Dog Park Accessible Worlkwary Commercial Residential Unit_Block_Lot_Tract_				
	B. PROPERTY OWNER'S AUTHORIZATION: The property owner's signature authorizes the applicant to act on owner's behalf for this waiver request. The signature may be obtained by email, fax, scan, a letter from the prope owner, or original signature below.				
	Name (print): Na				
	APPLICANT INFORMATION: The applicant will be the point of contact during this waiver process and will receive all correspondence. Firm Name (if applicable): Craftle Concrete of Central Contact Name: Matheway City: Clerment Mailing Address: 108/12 Libby Number 3 Rd. City: Clerment State: Zip Code: 347/5 Phone # 352-647-6073 Email address: Matheway Concrete & gmail Com				
	WAIVER INFORMATION: Section & Title of Code (be specific): Reason/Justification for Request (be specific): Que need an accessible walkyway into				
DE Re	CVELOPMENT REVIEW USE: Ceived By:Date Processed:Project #AR #				
Zor	NING USE: Parcel of record: Yes \(\Bar{\cappa} \) No \(\Bar{\cappa} \) ned: ESOZ: P.O.M Land Use: Plat Vacation Required: Yes \(\Bar{\cappa} \) No \(\Bar{\cappa} \) te Reviewed: Verified by (print & initial):				

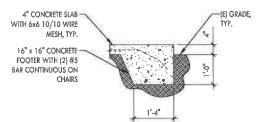
3

Applicant Name	e (Owner): STONECREST PROPERTY OW	VNERS ASSN INC	SW-1
	6200-001-000		
Site Address:	11038 SE 176TH PLACE RD		
Subdivision:	Lakes of Stonecrest Unit 1		
Marion County	Building Permit Application No. (if available): T	BD	
	tion Request No. (if available): TBD		
	OWLEDGEMENT AND ACCEPTANCE OF ADDITIO	ONAL STORMWATER / LETTER OF NO OBJE	CTION
The above ref	erenced project is within the Lakes of Stone	ecrest Unit 1	subdivision,
	vately-maintained stormwater management syst		
maintained by	y the STONECREST PROPERTY OWNERS ASSN II	NC (name of maintenance entity). T	he subdivision
	Plans (AR# S301) on file at the Co		
		4 hour storm based on	
impervious cov	verage per lot. The above referenced lot currently	has 144,217 square feet imperviou	us coverage and
the proposed p	project will add square feet impe	ervious coverage.	
THOMAS	A Autem	Shorn as A. Cester Owner Signature	12/3/24
Owner Name (A Autem Print)	Owner Signature	Date
MASTER PERM	IITEE: PLEASE SELECT ONE OPTION FROM BELOV	W AND SIGN TO INDICATE YOUR APPROV	AL
Ry signing	below, I affirm that the above referenced proje	ect has been duly reviewed and POA	-
	additional stormwater runoff indicated to the		agrees to m.
44000			
By signing	below, I affirm that the above referenced proje	ect has been duly reviewed by the POA	▼ and the
POA	does not accept the additional stormwate	er runoff indicated to the permitted storm	water
manageme	ent system. Construction may proceed with NO	OBJECTION and it is understood that the	Owner will need
to construe	ct stormwater controls on-site to address the ex	ccess impervious coverage.	
		0. 11:0	11/22/24
	Parasantative (Print)	POA Representative Signatu	
POA	Representative (Print)	POA Representative Signatu	ne bate
HOA/POA/DE	VELOPER Contact Information:		
	VELOPER Name: Carmel Knial	it.	
Address: //	038 SE 176 th Place Rd.	Summerfield FL	
Phone: 9	04-251-8295		
Email: Ca	m@mystonecrest.com		
	· 60		





THE INSTALLATION OF HE MODILES IS IN COMPLIANCE WITH FIG. RESIDENTIAL 2023 SIS ID, CHAPTER 3 AND FIG. RILDING 2023 SIN ID., CHAPTER 16 PRINCEIVER GOVERNS, RILDING SINUCINE WILL SANELY ACCOMMODATE WIND LATERAL AND LYMET FORCES, AND ESCRIPTING GREAT CHAPTER.





John L Antonelli 2024.08.01 '00'04- 10:31:42





PROJECT: PROJECT NAME: *******
PROJECT ADDRESS: ******* STRUCTURAL PLANS

DATE 8/1/24 DRAWN BY: JLA CHECKED BY: JLA REC. NO. # 35170 SCALE AS NOTED

DRAWING # **S.**1

