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

Complete this form and email IT and YOUR UTILITY MAP to DevelopmentReview@MarionFL.org then after sending, call 352-671-8686 to make payment for your $300 application fee (service fee applies by phone).

DEVELOPMENT REVIEW COMMITTEE WAIVER REQUEST FORM

Date: 4/22/2024   Parcel Number(s): 48187-011-00   Permit Number: 2024041824

A. PROJECT INFORMATION: Fill in below as applicable:

Project Name: water connection waivers   Commercial ☐   Residential ☑
Subdivision Name (if applicable): HARBORDALE OAKS
Unit -- ___   Block -- ___   Lot -- ___   Tract 11 ___

B. PROPERTY OWNER'S AUTHORIZATION: The property owner's signature authorizes the applicant to act on the owner's behalf for this waiver request. The signature may be obtained by email, fax, scan, a letter from the property owner, or original signature below.

Name (print): HALL JAMES & JEANNE REV TRUST
Signature: _James Hall_
Mailing Address: 16920 SE 115TH AVE   City: WEIRSDALE
State: FL   Zip Code: 32195-2800   Phone # 352-216-7050
Email address: jhall067@aol.com

C. APPLICANT INFORMATION: The applicant will be the point of contact during this waiver process and will receive all correspondence.

Firm Name (if applicable): _Same as "B"_   Contact Name: ___
Mailing Address: ___   City: ___
State: ___   Zip Code: ___   Phone # ___
Email address: ___

D. WAIVER INFORMATION:
Section & Title of Code (be specific): ___6.14.2.B(1)(a) - Water Connection___
Reason/Justification for Request (be specific): Due to length of flag and distance to run water line, owner requests waiver connection from public water main along SE 115th Ave. Well is in good condition and can serve new mobile.

DEVELOPMENT REVIEW USE:
Received By: Email 4/22/24 Date Processed: 4/23/24 BM   Project # 2024040091   AR # 31459

ZONING USE: Parcel of record: Yes ☐ No ☐   **Eligible to apply for Family Division: Yes ☐ No ☐**
Zoned: ___ ESOZ: ___ P.O.M. ___ Land Use: ___   **Plat Vacation Required: Yes ☐ No ☐**
Date Reviewed: ___ Verified by (print & initial): ___

Revised 6/2021