



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

NAME OF BOARD: PLANNING & ZONING COMMISSION DATE: 8/4/21

APPLICANT NAME: WILLIAM R. HELLER

EMAIL: WBHELLER@YAHOO.COM

STREET ADDRESS: 7580 SW 103<sup>RD</sup> LOOP

CITY: Ocala ZIP: 34476 HOME PHONE: 352-812-4619 WORK PHONE: \_\_\_\_\_

BUSINESS NAME: N/A

BUSINESS ADDRESS: N/A

OCCUPATION: RETIRED PREVIOUS OCCUPATION: CONSTRUCTION SUPERVISOR

REGISTERED VOTER:  Yes  No

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  Yes  No

REFERENCES:	NAME	ADDRESS	PHONE
1.	<u>RON HENLEY</u>	<u>6419 SW 111<sup>TH</sup> LOOP, Ocala, FL 34476</u>	<u>352-873-2466</u>
2.	<u>JIM BOWLES</u>	<u>9035 94<sup>TH</sup> ST. WITC, Ocala, FL 34481</u>	<u>352-229-0103</u>
3.	<u>JEM ALEXANDER</u>	<u>8829 SW 94<sup>TH</sup> ST, Ocala, FL 34481</u>	<u>954-599-5240</u>

(PLEASE DO NOT USE COMMISSIONERS AS REFERENCES)

### PRESENT/PREVIOUS EMPLOYMENT RELATING TO THIS ADVISORY BOARD:

SUPERVISED CONSTRUCTION PROJECTS THROUGHOUT THE U.S..  
SERVED ON THE MARQUETTE BLDG CODE BOARD OF APPEALS  
RETIRED FIRE FIGHTER & EMT-D FOR 17 YEARS - AWARDED COUNTY  
MERITORIOUS SERVICE & "CITIZEN OF THE YEAR"

### PRESENT/PREVIOUS VOLUNTEER EXPERIENCE:

Vol. FIRE FIGHTER (17 YRS)  
Vol. EMT-D (17 YRS)  
BLDG. CODE BD OF APPEALS (2 YRS)  
Vol. DIVINE PROVIDENCE THRIFT STORE (PRESENT)

} PREVIOUS

SPECIAL QUALIFICATIONS:

33 YRS IN CONSTRUCTION INDUSTRY.  
SPECIALTY - ENVIRONMENTAL REMEDIATION

HOW MUCH TIME DO YOU HAVE MONTHLY TO PREPARE FOR AND ATTEND BOARD MEETINGS?

UNLIMITED TIME AS I'M RETIRED

LIST ALL COUNTY AND CITY BOARDS (MARION COUNTY OR ELSEWHERE) ON WHICH YOU HAVE PREVIOUSLY SERVED (INCLUDE DATES OF SERVICE):

MARQUETTE COUNTY - BLDG CODE BD OF APPEALS (1986-1988)  
COORDINATOR OF EMS SERVICE WEST BRANCH/SKANDIWA TOWNSHIPS; (1986-1994)

**RETURN FORM TO:** MARION COUNTY BOARD OF COUNTY COMMISSIONERS  
601 SE 25TH AVE., OCALA, FL 34471

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

*I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County, including background checks. In addition, I understand that any misstatements or material omissions on my application may result in my removal from my appointed position.*

*By signing this application, the applicant agrees to attend at least one (1) advisory board seminar within six (6) months from the date of his or her appointment.*

MARION COUNTY BCC

SIGN: William R. Holler

RECEIVED BY BCC: AUG 09 2021

PRINT: WILLIAM R. HOLLER

*\*This application will be kept on file for a period of one year from date receipt by the Board of County Commissioners. Should a vacancy occur on the board to which you have applied, you will be notified.*

**Print**      **Email**