



MARION COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

(Please print or type)

NAME OF BOARD: Planning and Zoning DATE: 8/4/2021

APPLICANT NAME: Michael Kroitor

EMAIL: mkroitor@gmail.com

STREET ADDRESS: 2401 SE 13th ST HOME PHONE: (352) 817-7707

CITY: Ocala ZIP CODE: 34471 WORK PHONE: (352) 368-2113

BUSINESS NAME: Knockout Supplies UC ADDRESS: 2200 NE 36th AVE, Ocala

OCCUPATION: Owner PREVIOUS OCCUPATION: Consultant 34470

REGISTERED VOTER? [X] Yes [ ] No HAVE YOU EVER BEEN CONVICTED OF A FELONY? [ ] Yes [X] No

Table with 3 columns: REFERENCES: NAME, ADDRESS, PHONE. Rows include Brent Malaver, Randy Ewers, and Joe Swift.

(PLEASE DO NOT USE COMMISSIONERS AS REFERENCES)

PRESENT/PREVIOUS EMPLOYMENT RELATING TO THIS ADVISORY BOARD: Co-Chair of Planning and Zoning

PRESENT/PREVIOUS VOLUNTEER EXPERIENCE: Interfaith Emergency Service Municipal Code Enforcement Board Temple Beth Shalom Board and Volunteer Planning and Zoning Board

SPECIAL QUALIFICATIONS: I have been a resident of the City of Ocala for over 30 years. I have been on many boards and I am currently the chair for Ocala Mun. Code Enf Board and Co-Chair to Planning and Zoning.

HOW MUCH TIME DO YOU HAVE MONTHLY TO PREPARE FOR AND ATTEND BOARD MEETINGS? 30 hours

LIST ALL COUNTY AND CITY BOARDS (MARION COUNTY OR ELSEWHERE) ON WHICH YOU HAVE PREVIOUSLY SERVED (INCLUDE DATES OF SERVICE): City of Ocala Municipal Code Enforcement Board - 01/2016 to Present Planning and Zoning Board - 12/2017 to Present

RETURN FORM TO: MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th AVE., OCALA, FL 34471 or advisoryboards@marionfl.org

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.

SIGN: [Signature] RECEIVED BY BCC: \_\_\_\_\_

AUG 24 2021

PRINT: Michael Kroitor

\* 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.