

February 13, 2025

PROJECT NAME: CLARK DETACHED GARAGE

PROJECT NUMBER: 2025020017

APPLICATION: DRC WAIVER REQUEST #32467

- 1 DEPARTMENT: FRMSH - FIRE MARSHAL REVIEW
REVIEW ITEM: LDC 2.21.1.A(1) - Major Site Plan
STATUS OF REVIEW: INFO
REMARKS: APPROVED
- 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: 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 1,943 sf (design impervious) into their subdivision's Master Stormwater System. Signed letter was submitted with the waiver request.
Note: The applicant owns a 6.95-acre lot (PID 16132-015-00) in the SILVER HAMMOCK PRESERVE subdivision. There is 0 sf existing impervious coverage on the site. The project proposes to add 10,343 sf of impervious coverage. The SILVER HAMMOCK PRESERVE subdivision assumes 8,400 sf impervious coverage per lot. 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

AR 32467

DEVELOPMENT REVIEW COMMITTEE WAIVER REQUEST FORM

Date: 2-3-25 Parcel Number(s): 16132-015-00 Permit Number: 2024111327

A. PROJECT INFORMATION: Fill in below as applicable:

Project Name: Clark detached garage Commercial Residential
Subdivision Name (if applicable): SILVER HAMMOCK PRESERVE
Unit _____ Block _____ Lot 15 Tract _____

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): ANDREW CLARK
Signature: [Signature]
Mailing Address: 915 SE 69th AVE City: Ocala
State: FL Zip Code: 34472 Phone # _____
Email address: _____

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

Firm Name (if applicable): Triple Crown Homes Contact Name: John Plunkett
Mailing Address: 1740 E SILVER SPRINGS BLVD City: Ocala
State: FL Zip Code: 34470 Phone # 352-427-8152
Email address: plunkettmt@triplecrownhomes.com

D. WAIVER INFORMATION:

Section & Title of Code (be specific): 2.21.1.A - MAJOR SITE PLAN
Reason/Justification for Request (be specific): Applicant requests a waiver to the major site plan. The max amount of impervious area is 8400. Proposed impervious area will be 10,505. LOT IS APPROXIMATELY 302,742 which calculates to approximately 96.5% pervious

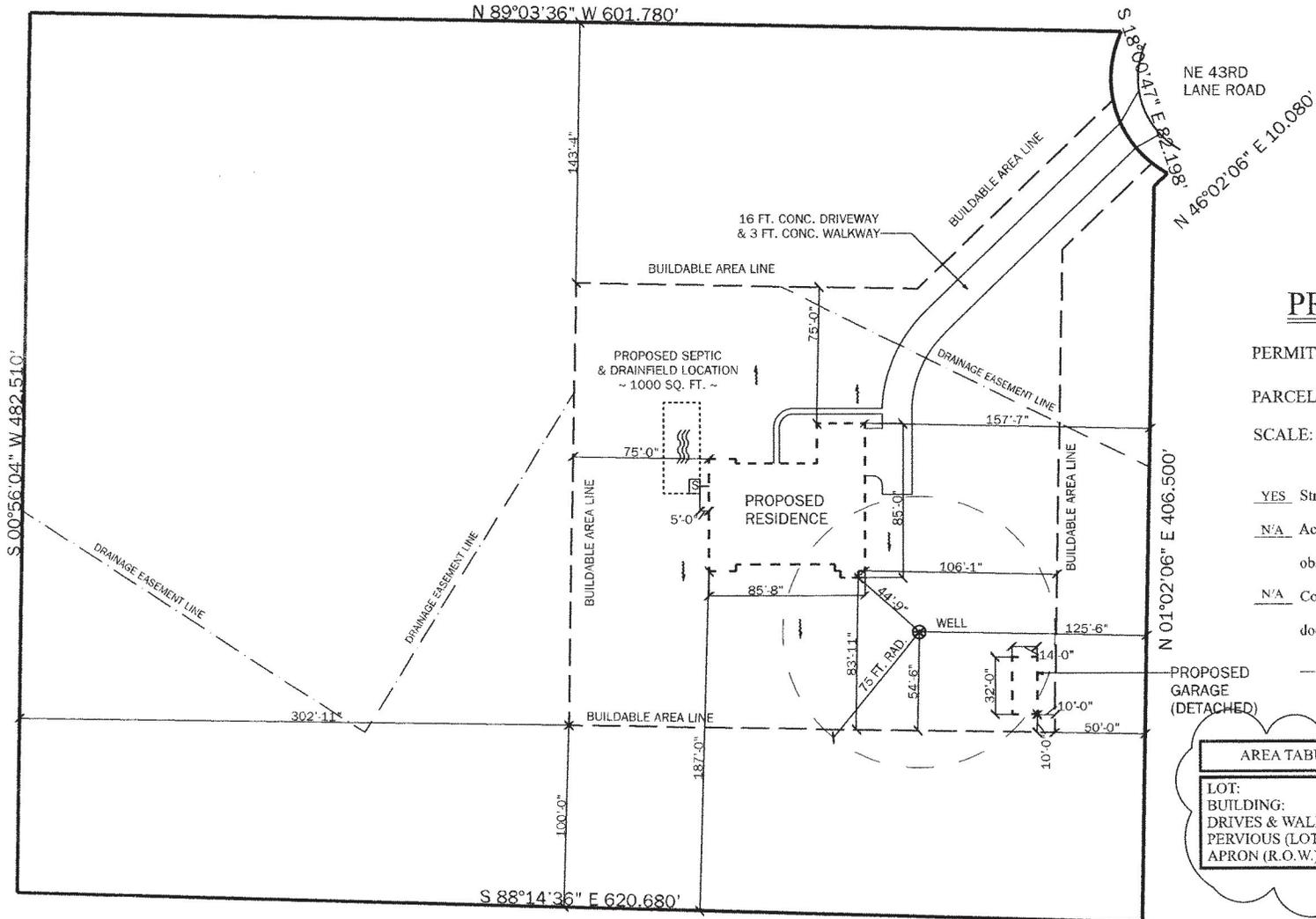
DEVELOPMENT REVIEW USE:

Received By: Walk-in KP Date Processed: 2/16/25 BM Project # 2025020017 AR # 32467
2/16/25

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): _____

SITE PLAN

STATE OF FLORIDA DEPARTMENT OF HEALTH & MARION COUNTY BUILDING, ZONING & 9-1-1 MANAGEMENT



PROJECT DATA

PERMIT NO. _____

PARCEL NO. 16132-015-00

SCALE: 1" = 60'-0"

YES Structure is 50' or more from frontage road -OR-

N/A Access to, or vision of, front door is/ will be obstructed in some way (e.g., fence, ditch) -OR-

N/A Corner lot. If your lot is a corner lot, which street does your front door face?

AREA TABULATION

LOT:	302,742
BUILDING:	5,986
DRIVES & WALKS:	4,519
PERVIOUS (LOT):	292,237 (96.5%)
APRON (R.O.W.):	340



SCALE: 1" = 60'-0"
 DRAWN BY: [Signature]
 CHECKED BY: [Signature]
 DATE: [Date]

FINAL

APPROVED NAME _____	DATE _____
APPROVED AS NOTED NAME _____	DATE _____

SITE PLAN SUBMITTED BY: _____ TITLE: _____ DATE: _____
 MARION COUNTY HEALTH DEPT. APPROVAL BY: _____ DATE: _____
 ZONING APPROVAL BY: _____ DATE: _____

A09126

CUSTOM

DATE	BY	REVISION

TRIPLE CROWN HOMES
c



CLARK
Marion, County, FL

SITE PLAN

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