

Marion County Board of County Commissioners Application for Appointment to Advisory Board

Contact Information

*** Name of Board**

Land Development Regulation Commission

*** Full Name**

Daniel D. Balys

*** Email**

danbalys@hotmail.com

*** Full Address**

5398 SW 40th Circle
Ocala Florida 34474

*** Primary Phone**

(773) 230-8247

Work Phone

(773) 230-8247

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Occupation

Business Name

Croke Fairchild Duarte & Beres LLP

Full Address

180 North LaSalle Street Suite 3400
Chicago Illinois 60601

Occupation

Attorney

Previous Occupation

SKIPPED

*** Registered Voter**

Yes

*** Have you ever been convicted of a felony?**

No

MARION COUNTY BCC

JUL 24 2024

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References

1. Full Name
Jennifer Nichols

1. Full Address
3726 North Kedvale Avenue
Chicago Illinois 60641

1. Phone
(734) 735-3778

2. Full Name
Glenn Lane

2. Full Address
44 SE 1st Avenue Suite 207
Ocala Florida 34471

2. Phone
(352) 895-9111

3. Full Name
Debra Balys

3. Full Address
5785 SW 87th Court Road
Ocala Florida 34481

3. Phone
(937) 626-6157

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Experience/Qualifications

Present/Previous employment relating to this advisory board:

None

Present/Previous volunteer experience relating to this advisory board:

None

Special Qualifications

I have over 25 years of experience in the practice of law with respect to all aspects of real estate and finance. My experience includes site selection, land use & zoning, acquisition, development, construction, finance, leasing/sales, disposition, property management, renewable energy projects, hospitality, data center, industrial, commercial, multi-family, residential, LIHTC projects, agricultural, equine, sports arenas, entertainment, casinos/gaming, retail, and many other projects & sectors

How much time do you have monthly to prepare for and attend board meetings?

Whatever it requires.

List all county and city boards (Marion County or elsewhere) on which you have previously served (include dates of service).

None

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Submission

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 typing my name on this application, I accept it as my digital signature.

The applicant agrees to attend at least one (1) advisory board seminar within six (6) months from the date of his or her appointment.

* Check Box List

I have read and understand the submission requirements.

* Digital Signature

Daniel D. Balys

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