PROJECT NAME: MILLER RESIDENCE

PROJECT NUMBER: 2002110001

APPLICATION: DRC WAIVER REQUEST #33126

1 DEPARTMENT: FRMSH - FIRE MARSHAL REVIEW REVIEW ITEM: LDC Code 2.21.1.A(1) Major Site Plan

STATUS OF REVIEW: INFO

REMARKS: Approved

2 DEPARTMENT: LUCURR - LAND USE CURRENT REVIEW

REVIEW ITEM: LDC Code 2.21.1.A(1) Major Site Plan

STATUS OF REVIEW: INFO REMARKS: Defer to Stormwater.

3 DEPARTMENT: ZONE - ZONING DEPARTMENT REVIEW ITEM: LDC Code 2.21.1.A(1) Major Site Plan

STATUS OF REVIEW: INFO REMARKS: Defer to Stormwater.

4 DEPARTMENT: UTIL - MARION COUNTY UTILITIES REVIEW ITEM: LDC Code 2.21.1.A(1) Major Site Plan

STATUS OF REVIEW: INFO

REMARKS: Parcel 15810-000-13 is located within the FGUA utility service area. Marion County Utilities has no comments regarding the waiver request. However, FGUA should be notified of the proposed construction, as the pool may impact system flows and they may have specific regulations concerning runoff or discharge water.

The parcel is located within the Urban Growth Boundary and falls within the Primary Springs Protection Zone.

5 DEPARTMENT: ENGDRN - STORMWATER REVIEW REVIEW ITEM: LDC Code 2.21.1.A(1) Major Site Plan

STATUS OF REVIEW: INFO

REMARKS: CONDITIONAL APPROVAL subject to working with Stormwater staff under the following conditions: 1) The applicant must provide stormwater control of the additional runoff from the impervious coverage at the 100-year, 24-hour storm from the total impervious overage on the property. 2) A permit/inspection hold will be in effect until a sketch of the proposed stormwater controls is provided to Stormwater and approved. 3) A Final Hold will be in effect until: a) Stormwater staff conducts a final inspection. Please note that stormwater controls and all disturbed areas must have vegetative cover established at time of final inspection. b) The applicant must provide a final sketch, noting the horizontal extents and volume capacity of the stormwater controls. 4) The HOA provides a letter stating that they are accepting the additional runoff into their stormwater management system

The applicant owns a 0.5-acre parcel (PID 15810-000-13) and according to the MCPA, there is approximately 3,792 sf existing impervious area on-site. The applicant is proposing to add 1442 sf for a pool+deck. The total existing and proposed impervious area is 5,234 sf. The site will be approximately 1,319 sf over the allowed 3,915 sf per the Oakwood Estates Subdivision. There are no FEMA Special Flood Hazard Areas or Flood Prone Areas on the property. The POA is still active, and must provide a letter of no-objection

to the project. Staff recommends approval with conditions.

Feel free to contact us at (352) 671-8686 or <u>DevelopmentReview@marionfl.org</u> with questions.

Sincerely,

Your Development Review Team
Office of the County Engineer



## Marion County Board of County Commissioners

33126

Office of the County Engineer

412 SE 25th Ave. Ocala, FL 34471 Phone: 352-671-8686 Fax: 352-671-8687

## DEVELOPMENT REVIEW COMMITTEE WAIVER REQUEST FORM

	Date: 07/09/2025 Parcel Number(s):_	15810-000-13	Permit Number:_2025063071				
A.	A. PROJECT INFORMATION: Fill in below as applicable:						
	Project Name: MILLER RESIDEN Subdivision Name (if applicable): OAl Unit Block Lot 13	WOOD ESTATES	Commercial 🗆 or Residential 🗷				
В.	PROPERTY OWNER'S AUTHORIZATION owner's behalf for this waiver request. To owner, or original signature below.	ATION: The property ov The signature may be ob	vner's signature authorizes the applicant to act on the tained by email, fax, scan, a letter from the property				
	Name (print): ERIN MILLER Signature:	OURT ROAD Phone # 352-239	City:OCALA				
C.	APPLICANT INFORMATION: The apall correspondence.	pplicant will be the point	of contact during this waiver process and will receive				
	Firm Name (if applicable): YANDLES S Mailing Address: 7282 ASPEN AVE State: FL Zip Code: 34480 Email address: Splashtime0614@aol.co	Phone # 352-694-5	Contact Name:ASHLEY BROWNINGCity: OCALA				
	WAIVER INFORMATION: Section & Title of Code (be specific): Reason/Justification for Request (be spec THE POOL AREA IS 1442 ADDING TO ADDITIONAL AREA FOR RUN OFF	2.21.1.A - Majo ific): PROPERTY ALLO THE CURRENT 3792	or Site Plan  DWS 3915 IMPERVIOUS COVERAGE  WILL PUT IT OVER. THE HOA APPROVES THE				
DE N	VELOPMENT REVIEW USE: bived By: Cmail Date Processed	: 7/21/25 Pro	oject #_200211001_AR#_33126				
W CAR	NING USE: Parcel of record: Yes \( \text{No.} \) No.  d: \( \text{ESOZ:} \) P.O.M.  Reviewed: \( \text{Verified by ()} \)	I and I lear	le to apply for Family Division: Yes \(\simega\) No \(\simega\) Plat Vacation Required: Yes \(\simega\) No \(\simega\)				

Revised 6/2021





## Marion County RECV'D: TUE 06/24/25@ 2:20 PM Board of County Commissioners

**Building Safety** 

"Requires

EMERGENCY PERMIT
"Requires Building Official's Approval"

2710 E. Silver Springs Blvd. Ocala, FL 34470 Phone: 352-438-2400

PERMIT # 2025-06-3071

The same of the sa							
Date <u>06/25</u>	<mark>/25                                    </mark>	BC 8TH E	DITION		<u></u>		
ARN 2803	351	Rep		<b>✓</b>	Residential	Commerci	al
Parcel ID15810-000-13 Project # / Related Permit / Code Case							
Project Address 3931 NE 15TH COURT ROAD OCALA FL 34479							
_13N/	<u>A N/A 33</u>					OOD ESTATES	
Lot Blk	Unit Sec	Twp	Rge			vision / MH Park	
Property Owner ERIN MILLER							
				<u>OCAL</u>	<u>A FL 34479</u>		W-1
Phone	352-239-	4384	E-m	ail:		N/A	
☐ Acce	essory Structure		☐ Elec		all	☐ Residen ☐ Re- Roo	tial (Add. / Alt.)
	ve Ground Pool		☐ Exte	erior Do	or / Window	☐ Re-Roo	I
□ Com	nmercial (New)	It \	☐ Fire		/ Gas / HVAC	Swimming	
	☐ Commercial (Add. / Alt.) ☐ Mech ☐ Concrete ☐ Mobi					☐ Tent / Te	mp Use nt Structure
☐ Demolition ☐ Plum						/Exterior Door	
	- Modular Buildi				(New)	□ Other:	
Description of	of Work <u>CONS</u>					MING POOL	
					Cost o	f Construction \$	73,600.00
	oval Numbers		0 th 0 m2	ПУ Г	TNL D	sessment Report #_	
BUILDING: N	ew sqft N/A	Added sqft _	<u>1442</u> AI	Iteration.	/Renovation sqft _	N/A Temp Pow	/er Pole? □Yes □No
Stories <u>N/A</u> Water: □Exis	Bedrooms <u>N/A</u> ting Well. □New	_ Bathrooms Well □Repla	<u>N/A</u> acement V	Under A	VC N/A	sqft No A/C	N/Asqft Yes □No □Existing
					H TIME POO		res LINO LEXISTING
							County Cert <u>3533</u>
	32 ASPEN A					1 01430732	County Cert3333_
						1E0614@AOL	COM
					State License #		-mail
ELECTRIC	KEITH BR	AMI FTT	124	75	EC13006501	KEITH@RRAMI	ETTELECTRIC.COM
PLUMBING		V 11 V 1 Book Book 1				TLITTI WE DIVINE	LITELLOTRIO.CON
GAS							
ROOFING							
IRRIGATION							4
OTHER					***************************************	The state of the s	
			***************************************				ye whatever ye was a second

**Empowering Marion for Success** 

#### PLEASE SIGN BELOW

Application is hereby made to obtain a permit to do the work and installations as indicated. All work will be performed in accordance with the standards of all laws and ordinances regulating construction in Marion County, Florida, whether specified herein or not. I understand that subcontractors may be required to perform certain work under this permit. I further certify that I have read and examined this application and know the same to be correct, that all work shall be in compliance with all applicable laws regulating construction and zoning, and that the building permit may be revoked in the case of a false statement or misrepresentation in the application and/or plans on which the permit was approved.

It shall also be agreed that the owner has been advised of and understands the applicability of the Construction Lien Law (FSS 713.135) and that Impact Fees shall be determined with the application for a building permit and shall be due before Final Inspection. Permit Fees shall be payable at issuance of a building permit.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

COMMENCEMENT.			
Owner's Signature EX MODE  Print Name ERIN MILLER	Contractor's Signature Print NameMARK YANDLE		
Date:	OR		
	Authorized Agent's Signature		
CTATE OF FLORIDA COLUMNIA	Print Name		
STATE OF FLORIDA, COUNTY OF MARION	Date:		
Sworn to (or affirmed) and subscribed before me by means of physical presence or	STATE OF FLORIDA, COUNTY OF MARION		
online notarization,	Sworn to (or affirmed) and subscribed before me by means of physical presence or online		
this <u>13</u> day of <u>JUNR</u> 20 75	notarization, this 13 day of 10000		
By ERIN MILLER	By MARK YANDLE		
☑Personally Known or ☐Produced Identification	Personally Known or Produced Identification		
ID:	HR:		
Notary Signature:	Notary Signature:		
Notary Signature:  Notary Stamp:  No	Notary Stamp:		
	7) all signatures must be notarized in the state of the s		
A CORIDA CONTROL OF THE STATE O	STATE OF THE STATE		



## Marion County Board of County Commissioners

**Building Safety** 

2710 E. Silver Springs Blvd. Ocala, FL 34470 Phone: 352-438-2400

# RESIDENTIAL SWIMMING POOL, SPA AND HOT TUB SAFETY ACT REQUIREMENTS

Permit NumberPARCEL: 15810-000-13	•
Location 3931 NE 15TH COURT ROAD OCALA FL 34479	
I_MARK YANDLE, License #CPC1456732	-
Hereby affirm that (2) two of the following methods will be used to requirements of Chapter 515 of the Florida Statutes as well as FBC 454 a Ch.45.	meet the and FBCR
The Pool will be isolated from access to the home by enclosures that meet the barrier of Florida Statute 515.29, FBC 454 and FBCR Ch. 45;	requirements
The pool will be equipped with an approved cover that complies with ASTM F1346-91(Street Performance Specifications for Safety covers for Swimming Pools Spas and Hot Tubs); Note: Safety covers do NOT meet barrier requirements for Commercial Pools, Spas and FBC 454.1.3.1.9	
All doors and windows providing direct access from the house to the pool will be equi exit alarm that has a delay for no more than 15 seconds and meets the sound pressure of at 10 feet;	pped with an of 85 decibels
All doors providing direct access from the home to the pool or surrounding area to pool equipped with a self-closing, self-latching device with a release mechanism placed no lost above the floor or deck;	will be ower than
I understand that not having one of the above installed at the time of final inspection will constitute of Chapter 515 of the Florida Statute as well as FBC 454 and FBCR Ch. 45 And will be committing a misdemeanor of the Second Degree, Punishable as provided in SECTION 775.082 775.083 of the Florida Statute.  Contractor Signature	onsidered as
Contractors Name (Please Print)  Owner's Name (Please Print)	



DATE: \_\_\_\_\_

#### Marion County Board of County Commissioners

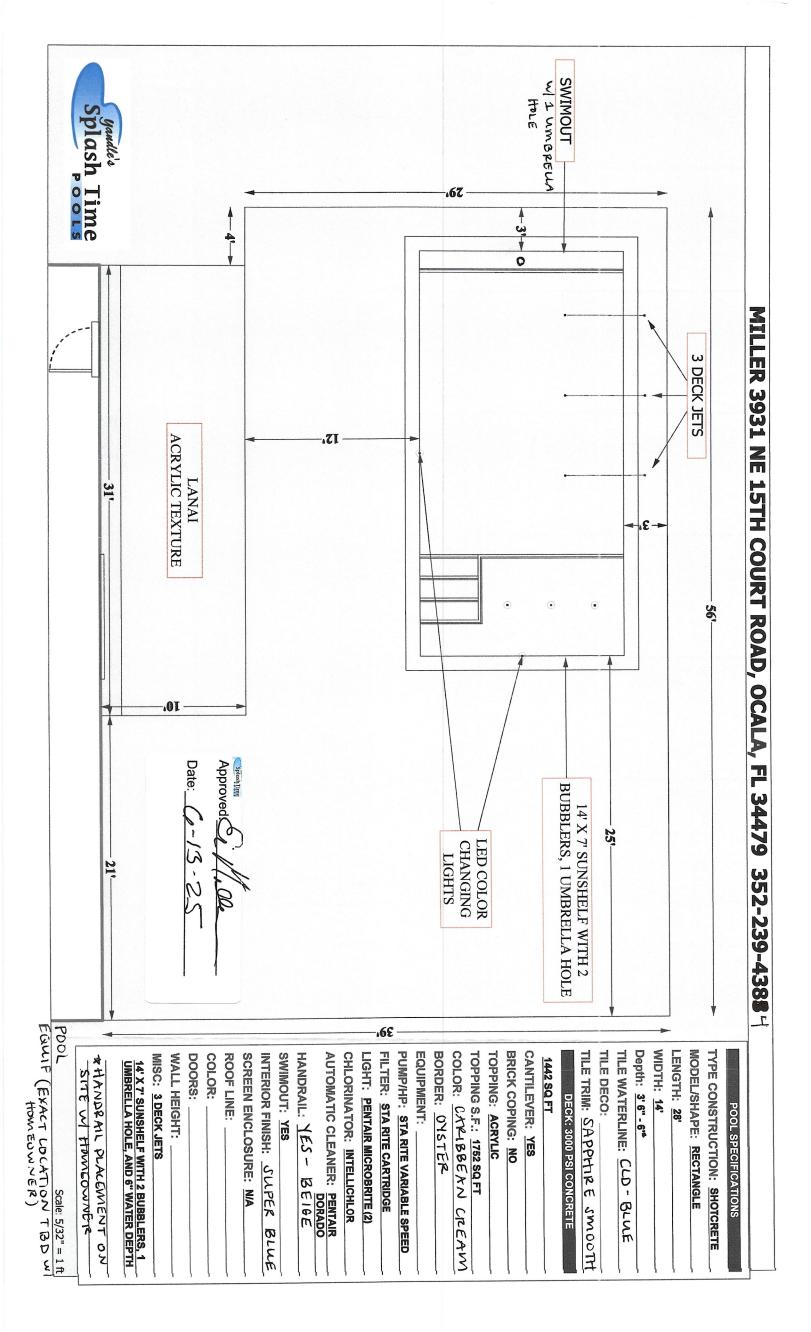
#### **Building Safety**

2710 E. Silver Springs Blvd.

Ocala, FL 34470 Phone: 352-438-2400

### **Construction Lien Law Affidavit**

I/We will make all necessary attempts to provide a copy of the Construction Lien Law, Florida Statute Chapter 713, to the property owners(s) of the real property to which improvements are to be constructed. Parcel ID: \_\_\_\_\_15810-000-13 3931 NE 15TH COURT ROAD OCALA FL 34479 Project Address  $\frac{N/A}{Blk}$   $\frac{N/A}{Unit}$   $\frac{33}{Sec}$   $\frac{14}{Twp}$   $\frac{22}{Rge}$ **OAKWOOD ESTATES** Subdivision / MH Park Property Owner ERIN MILLER Form shall be signed by only ONE of the following individuals: Owner's Signature: \_\_\_\_\_ M.Oli\_\_\_ Contractor's Signature: Print Name: Erin Miller Print Name: \_\_\_\_\_ DATE: 6-13-25 DATE: \_\_\_\_\_ or Authorized Agent's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



Applicant Nam	ne (Owner): Erin Miller		SW-1
Parcel ID (lot):	15810-000-13		
Site Address:	3931 NE 15th Court Rd		
Subdivision:	Oakwood Estates		
Marion County	y Building Permit Application No. (if available): 20	25063071	
Waiver Applica	ation Request No. (if available):		
ACKN	IOWLEDGEMENT AND ACCEPTANCE OF ADDITION	IAL STORMWATER / LETTER	OF NO OBJECTION
The above ref	ferenced project is within the Oakwood Esta	ites	subdivision,
which has a pri maintained b Improvement	ivately-maintained stormwater management system of the OAKWOOD ESTATES PROPERTY OWNERS ASSOCIATION IN Plans (AR# 25428 ) on file at the Cou	em. This stormwater manager  C (name of maintenance  Inty show the stormwater f	nent system is operated and entity). The subdivision facilities to be sufficient to
	the stormwater runoff from the 100 year-24		
	verage per lot. The above referenced lot currently l		et impervious coverage and
the proposed p	project will add 1,442 square feet imper	vious coverage.	
Owner Name (	Miller (Print)	Owner Signature	7 10 2025 Date
	NITEE: PLEASE SELECT ONE OPTION FROM BELOW		
By signing accept the	below, I affirm that the above referenced project additional stormwater runoff indicated to the po	t has been duly reviewed an ermitted stormwater manag	d HOA agrees to ement system.
By signing	below, I affirm that the above referenced projec	t has been duly reviewed by	the HOA and the
HOA	does not accept the additional stormwater	-	
managem	ent system. Construction may proceed with NO O	BJECTION and it is understo	od that the Owner will need
to constru	ct stormwater controls on-site to address the exc	ess impervious coverage.	
НОА	Representative (Print)	HOA Represent	ative Signature Date
HOA/ POA/ DE	EVELOPER Contact Information:  EVELOPER Name: <u>OAKWOOD</u> ESTATES  SO NE ISTOCH RD OCALA PLA	0.is/Ti	
Address: 79	J-519-0037.	34471.	
Phone: 45	4-519-0037. cq+scu+1@gmail.com.		
Liliali. 1 18	CA 1-0 Unit (CO)		