

Marion County Board of County Commissioners

Office of the County Engineer

AR 32224

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

DEVELOPMENT REVIEW COMMITTEE WAIVER REQUEST FORM

Date: 11/08/24 Parcel Number(s): 3924-021-024	Permit Number:2024043856
A. PROJECT INFORMATION: Fill in below as applicable:	
Project Name:441 Kalasa	Commercial Residential
Subdivision Name (if applicable):UnitBlockLotTract	
UnitBlockLotTract	
B. PROPERTY OWNER'S AUTHORIZATION: The property owner's behalf for this waiver request. The signature may be owner, or original signature below.	
Name (print):Kalasa LLC	
Signature: NCJVI/ICI NCJA9	
Mailing Address: 1609 SW 17the Street, Suite 200	City:Ocala
State:FL Zip Code:34471 Phone #352-239-2 Email address:nreddy1040@aol.com	2000
Email address. meddy 1040@aoi.com	
C. APPLICANT INFORMATION: The applicant will be the po all correspondence. Firm Name (if applicable): Kimley-Horn & Associates, Inc.	
Mailing Address: 1700 SE 17th Street, Suite 200	City:Ocala
State: <u>FL</u> Zip Code: <u>34471</u> Phone # <u>352-554-9</u>	792
Email address:jose.lopezjr@kimley-horn.com	
D. WALKER INFORMATION	
D. WAIVER INFORMATION:	6.14.2.C & 6.14.2.D
Section & Title of Code (be specific): Reason/Justification for Request (be specific): The related building	
renovation of one of the 5 units on the property. The impact of connection	
from the existing well and septic system is estimated to cost in excess	
and connection fees. It is requested that the building permit be grante	d without the connection requirement.
DEVELOPMENT REVIEW USE: Received By: Email Date Processed: 11/22/24 BM	Project # 2013100031 AR # 32224
11/20/24	
ZONING USE: Parcel of record: Yes □ No □ Eli	gible to apply for Family Division: Yes \(\square\) No \(\square\)
Zoned: ESOZ: P.O.M Land Use:	Plat Vacation Required: Yes □ No □
Date Reviewed:Verified by (print & initial):	

Revised 6/2021 3