

March 4, 2024

PROJECT NAME: GOLDEN OAKS

PROJECT NUMBER: 2024020028

APPLICATION: DRC WAIVER REQUEST #31143

- 1 DEPARTMENT: FRMSH - FIRE MARSHAL REVIEW
REVIEW ITEM: LDC 6.7.8.D(1 ,2 & 3) - Protected tree replacement requirements
STATUS OF REVIEW: INFO
REMARKS: Approved
- 2 DEPARTMENT: LUCURR - LAND USE CURRENT REVIEW
REVIEW ITEM: LDC 6.7.8.D(1 ,2 & 3) - Protected tree replacement requirements
STATUS OF REVIEW: INFO
REMARKS: Unclear as to what the actual request is. Defer to Parks.
- 3 DEPARTMENT: ZONE - ZONING DEPARTMENT
REVIEW ITEM: LDC 6.7.8.D(1 ,2 & 3) - Protected tree replacement requirements
STATUS OF REVIEW: INFO
REMARKS: DEFER TO PARKS
ACREAGE: 358
FLU: MR
ZONING: PUD
- 4 DEPARTMENT: UTIL - MARION COUNTY UTILITIES
REVIEW ITEM: LDC 6.7.8.D(1 ,2 & 3) - Protected tree replacement requirements
STATUS OF REVIEW: INFO
REMARKS: APPROVED
- 5 DEPARTMENT: LSCAPE - LANDSCAPE DESIGN AND IRRIGATION
REVIEW ITEM: LDC 6.7.8.D(1 ,2 & 3) - Protected tree replacement requirements
STATUS OF REVIEW: INFO
REMARKS: Sample area to be approved by County staff prior to commencement of survey work - Staff supports conditionally. No tree removal prior to DRC site plan approval
- 6 DEPARTMENT: 911 - 911 MANAGEMENT
REVIEW ITEM: LDC 6.7.8.D(1 ,2 & 3) - Protected tree replacement requirements
STATUS OF REVIEW: INFO
REMARKS: N/A
- 7 DEPARTMENT: DOH - ENVIRONMENTAL HEALTH
REVIEW ITEM: LDC 6.7.8.D(1 ,2 & 3) - Protected tree replacement requirements
STATUS OF REVIEW: INFO REMARKS:
- 8 DEPARTMENT: ENGDRN - STORMWATER REVIEW
REVIEW ITEM: LDC 6.7.8.D(1 ,2 & 3) - Protected tree replacement requirements
STATUS OF REVIEW: INFO
REMARKS: Defer to Landscape



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 #31143

DEVELOPMENT REVIEW COMMITTEE WAIVER REQUEST FORM

Date: 02/02/2024 Parcel Number(s): 41427-000-00 Permit Number: _____

A. PROJECT INFORMATION: Fill in below as applicable:

Project Name: GOLDEN OAKS Commercial ☐ or Residential ☒
Subdivision Name (if applicable): _____
Unit _____ Block _____ Lot _____

B. PROPERTY OWNER'S AUTHORIZATION: Attach a letter from the owner(s), or the owner(s) may sign below, authorizing the applicant to act on the owner's behalf for this waiver request:

Property Owner's Name (print): B SMITH HIALEAH LLC
Property Owner's Signature: [Signature] Acting Agent
Property Owner's Mailing Address: 2255 GLADES ROAD STE 321A
City: BOCA RATON State: FL Zip Code: 33431 Phone # (352) 209-8081

C. APPLICANT INFORMATION: The applicant will be the point of contact during this waiver process. Letters will be faxed or emailed to the applicant.

Firm Name (if applicable): JCH Consulting Group, Inc. Contact Name: Christopher J. Howson
Mailing Address: 426 SW 15th Street City: Ocala State: FL Zip Code: 34471
Phone # (352) 405-1482 Alternate Phone # (352) 572-1254
FAX Number or Email address: Chris@JCHcg.com

D. WAIVER INFORMATION:

Section & Title of Code: _____ Sec 6.7.8.
Reason/Justification for Waiver Request: Tree Locations will be located within sample area and all trees 30" and larger will be located within proposed residential development.

(Attach sheet 3 for additional waivers)

FOR STAFF USE ONLY:

Received By: Email 2/6/24 Date Processed: 2/7/24 CF Project # 2024020028 AR # 31143

Zoning Use: Parcel of record: Yes ☐ No ☐ Eligible to apply for Family Division: Yes ☐ No ☐
Zoned: _____ ESOZ: _____ Must Vacate Plat: Yes ☐ No ☐ Date: _____ Verified by: _____
Land Use: _____ Date: _____ Verified by: _____

"Meeting Needs by Exceeding Expectations"

Agent Authorization

January 11, 2024

To Whom It May Concern:

This letter authorizes Scott B. Siemens to act as Agent for: B Smith Hialeah LLC to manage and sign all necessary Contracts, Forms, Applications and Agreements, related to the management of the parcels, including, Mass Grading Permitting and Water Management District, County, and State applications required to advance the Mass Grading Permit of the project known as Golden Oak, Parcel #41427-000-00 Marion County Florida.

BY: [Signature]

B Smith Hialeah LLC

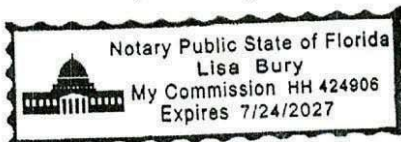
DATE: JAN 11 2024

STATE OF Florida
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 11th day of January, 2024

By Barry Smith, who is personally known to me or who has produced a driver's license for identification and who did not take an oath.

(SEAL)



Lisa Bury

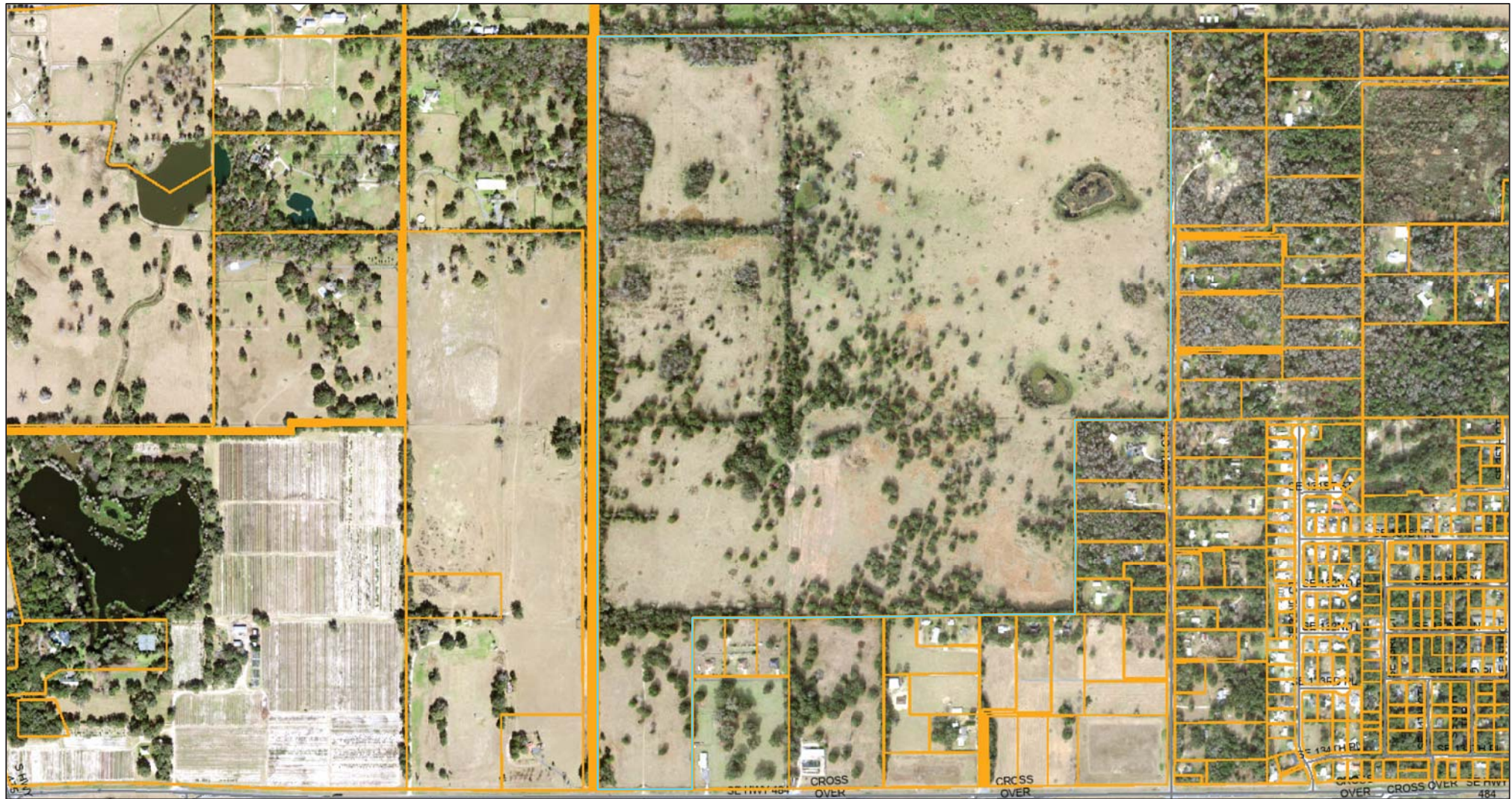
NOTARY SIGNATURE

1/11/2024

DATE

My Commission Expires on: 7/24/2027

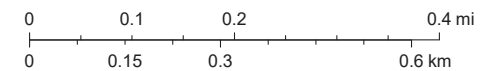
Marion County Florida - Interactive Map



2/16/2024, 10:10:20 AM

- | | | |
|--|---|---|
|  Marion County |  Streets |  Green: Band_2 |
|  Parcels | Aerial 2023 |  Blue: Band_3 |
| |  Red: Band_1 | |

1:9,028



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Marion County Board of County Commissioners

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