



# MARION COUNTY BOARD OF COUNTY COMMISSIONERS

## APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

(Please print or type)

NAME OF BOARD: Marion County Board of Adjustments DATE: 5/10/2020  
APPLICANT NAME: Michael J. Saxe  
EMAIL: Msaxe01@gmail.com  
STREET ADDRESS: [REDACTED] HOME PHONE: [REDACTED]  
CITY: [REDACTED] ZIP CODE: [REDACTED] WORK PHONE: [REDACTED]  
BUSINESS NAME: ADDRESS:  
OCCUPATION: Retired Detective PREVIOUS OCCUPATION:  
REGISTERED VOTER? ☒ Yes ☐ No HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ Yes ☒ No

REFERENCES: NAME ADDRESS PHONE  
1. Gary Ernst 6861 SE 104th Street Belleview 352-362-2753  
2. Brian Stoothoff [REDACTED] [REDACTED]  
3. Chuck Broadway 3600 S Hwy 27 Cleremont 352-255-4980

(PLEASE DO NOT USE COMMISSIONERS AS REFERENCES)

PRESENT/PREVIOUS EMPLOYMENT RELATING TO THIS ADVISORY BOARD:

PRESENT/PREVIOUS VOLUNTEER EXPERIENCE:

Charman Board of Adjustment

SPECIAL QUALIFICATIONS: I have many years of experience serving in growth management in Marion County. I also have a lot of managerial experience in matters of government, property etc...

HOW MUCH TIME DO YOU HAVE MONTHLY TO PREPARE FOR AND ATTEND BOARD MEETINGS? Ample...

LIST ALL COUNTY AND CITY BOARDS (MARION COUNTY OR ELSEWHERE) ON WHICH YOU HAVE PREVIOUSLY SERVED (INCLUDE DATES OF SERVICE): Please refer to linked in Michael J. Saxe, I am cery wxperienced innthis

RETURN FORM TO: MARION COUNTY BOARD OF COUNTY COMMISSIONERS  
601 SE 25<sup>TH</sup> AVE., OCALA, FL 34471

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.

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

SIGN: [Signature] RECEIVED BY BCC: \_\_\_\_\_

PRINT: Michael J. Saxe MAY - 4 2020

\* This application will be kept on file for a period of one year from date receipt by the Board of County Commissioners. Should a vacancy occur on the board to which you have applied, you will be notified.

MARION CO BCC