



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

DRIVEWAY PERMIT APPLICATION
PLEASE TYPE OR PRINT LEGIBLY
Permitting@marioncountyfl.org

1. PARCEL ACCOUNT # _____

2. NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # _____

EMAIL ADDRESS _____

**IF APPLICANT IS OTHER THAN THE PROPERTY OWNER, PLEASE INDICATE:

____ CONTRACTOR _____ CERTIFICATE NUMBER

____ AGENT FOR HOMEOWNER**

3. LOCATION OF PROPERTY (if different from mailing address)

4. DIRECTION TO WORK SITE

5. PERMIT COST **\$90.00** PERMIT TYPE: Residential ___ Commercial ___ Temporary ___

6. PLEASE ATTACH A SITE PLAN AND LOCATION MAP TO THIS APPLICATION.
PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO **MARION COUNTY**.
APPLICATIONS WITHOUT FEES CANNOT BE PROCESSED.

7. AN ON SITE REVIEW BY A RIGHT-OF-WAY INSPECTOR WILL BE MADE GENERALLY WITHIN FIVE DAYS OF APPLICATION TO DETERMINE YOUR SPECIFIC DRIVEWAY REQUIREMENTS. **PLEASE HAVE EXACT PROPOSED DRIVEWAY LOCATION MARKED AT PROPERTY SITE.**

8. **DO NOT START CONSTRUCTION UNTIL YOU HAVE RECEIVED REQUIREMENTS FROM THE ENGINEERING DEPARTMENT ALONG WITH YOUR APPROVED PERMIT. PERMIT EXPIRES NINETY (90) DAYS FROM DATE OF ISSUANCE.**

DATE

SIGNATURE OF APPLICANT

**IF SIGNED BY AGENT OF PROPERTY OWNER, SAID AGENT CERTIFIES THAT HE/SHE HAS PROPERTY OWNERS AUTHORITY TO EXECUTE THIS DOCUMENT AND THEREBY BINDS THE OWNER TO REQUIREMENTS AND PROVISION OF THE ISSUED PERMIT.

"Meeting Needs by Exceeding Expectations"



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PAGE 2
SITE PLAN

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