

Record and Return to:
Development Review Division
Marion County Transportation Department
412 SE 25th Avenue
Ocala, FL 34471

CORPORATE

This Document Prepared By:

PID No.: _____

Owner: _____

Development Name: _____

COVENANT FOR PAVING PARALLEL ACCESS ROAD

The above-referenced owner of the named development does hereby acknowledge the requirements of Section 8.2.5. a. (2)(e) of the Marion County Land Development Code to construct and pave a parallel access road to provide access to adjacent parcels to this development. The owner in consideration of the county's agreement to delay the requirement to pave a parallel access road, does hereby covenant to the Board of County Commissioners of Marion County, Florida that the owner, its successors, heirs or assigns shall be responsible for the total cost of paving a parallel access road within 180 days of written notification from the Marion County Administrator that paved access to the adjoining parcels is necessary. The owner does hereby agree to indemnify, defend and save harmless Marion County from any liability or cost that may result from the owner's failure to construct a parallel access road within the time specified, including attorneys fees and costs. The owner shall be responsible for the costs of recording this covenant for paving parallel access in the public records of Marion County.

a _____ Corporation

Attest: _____

By: _____

Its _____ Secretary

Its _____

Address of Grantor: _____

Signed, sealed and delivered in the presence of:
(Two witnesses or Corporate Seal required by
Florida Law)

(Corporate Seal)

(Witness No.1 - Signature)

(Witness No. 1 - Printed)

(Witness No. 2 - Signature)

(Witness No. 2 - Printed)

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20____, by _____, of _____ a
_____ Corporation, on behalf of the Corporation, who is personally known to
me or who has produced _____ as identification; and who
acknowledged that he/she executed this covenant freely and voluntarily for the purposes therein
expressed.

Print/Type Name: _____
Notary Public in and for the County and State last
aforesaid.
My Commission Expires: _____
Serial No., if any: _____