



**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

**DEVELOPMENT REVIEW COMMITTEE
WAIVER REQUEST SUBMITTAL CHECKLIST**

The following items for various types of waiver requests must be submitted to the Marion County Office of the County Engineer, 412 SE 25th Avenue, Ocala, FL 34471, before review by County staff. Please fill the application form in completely. Waiver requests will not be processed without the required attachments and fees as indicated.

A. Land Development Code Waivers:

1. Waiver request form, filled out completely.
2. Waiver fee of \$300.00 for one or more waivers submitted at the same time (cash or check made payable to Marion County).
3. One color aerial photo to include surrounding area (which may be printed from the Marion County website at http://www.marioncountyfl.org/InformationSystems/IS_GIS_Maps.aspx).
4. One site plan. Exception: if site plan being submitted is 24"x 36", please provide 9 copies.
5. If the site plan is 24"x 36" and a .pdf of the site plan is available, please email it to carla.sansone@marioncountyfl.org for use during the Development Review Committee meeting.
6. If economics is a reason, then the request must include a cost analysis signed and sealed by a professional engineer indicating the cost to comply with the Land Development Code versus the cost saved by obtaining a waiver request.

B. Family Division Waivers:

1. Zoning review and sign off are required prior to submitting this request to the Office of the County Engineer.
2. Waiver request form, filled out completely.
3. Waiver fee of \$300.00 (cash or check made payable to Marion County).
4. One color aerial photo to include surrounding area which may be printed from the Marion County website at http://www.marioncountyfl.org/InformationSystems/IS_GIS_Maps.aspx.
5. Copy of the deed of record which may be obtained from the Clerk of the Court's website at www.marioncountyclerk.org.
6. One site plan showing proposed division of the property and acreage of the parent and individual parcels. Indicate access point(s) from County road and road name. If a site plan is not available, indicate the proposed division information on the aerial photo.

C. Irrigation Waivers:

1. Waiver request form, filled out completely.
2. One color aerial photo to include surrounding area which may be printed from the Marion County website at http://www.marioncountyfl.org/InformationSystems/IS_GIS_Maps.aspx.
3. If this request is being made on behalf of an entire community, attach evidence (such as adopted minutes) that the Homeowner's Association or other duly authorized representative body has taken action authorizing this request.
4. If you are requesting a waiver because you have multiple zones that cannot be irrigated in the allowed time, attach a scaled and reasonably detailed sketch of the property showing all the different irrigation zones and the landscaped area associated with each zone.
5. Provide a schedule of irrigation dates and times to include a period of time for which waiver is sought.

"Meeting Needs by Exceeding Expectations"



**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

DEVELOPMENT REVIEW COMMITTEE WAIVER REQUEST FORM

Date: _____ Parcel Number(s): _____ Permit Number: _____

A. PROJECT INFORMATION: Fill in below as applicable:

Project Name: _____ 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): _____
Property Owner's Signature: _____
Property Owner's Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Phone # _____

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): _____ Contact Name: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Phone # _____ Alternate Phone # _____
FAX Number or Email address: _____

D. WAIVER INFORMATION:

Section & Title of Code: _____
Reason/Justification for Waiver Request: _____

(Attach sheet 3 for additional waivers)

FOR STAFF USE ONLY:

Received By: _____ Date Processed: _____ Project # _____ AR # _____

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"

**DEVELOPMENT REVIEW COMMITTEE
WAIVER REQUEST FORM CONTINUED**

Section & Title of Code: _____

Reason/Justification for Waiver Request: _____

Section & Title of Code: _____

Reason/Justification for Waiver Request: _____

Section & Title of Code: _____

Reason/Justification for Waiver Request: _____

Section & Title of Code: _____

Reason/Justification for Waiver Request: _____

Section & Title of Code: _____

Reason/Justification for Waiver Request: _____

Section & Title of Code: _____

Reason/Justification for Waiver Request: _____

Section & Title of Code: _____

Reason/Justification for Waiver Request: _____
