

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

Submit the following items for various types of waiver requests to the Office of County Engineer, Development Review, located at 412 SE 25th Avenue Ocala, FL 34471. Waiver requests will not be processed without the required attachments and fees as indicated. If paying by credit card, there is a 2.65% service fee for all credit card transactions bring the fee total to \$307.95. Waivers and required documentation may be submitted on paper or via email to ePlansDevReview@marionfl.org.

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, credit card, or check made payable to Marion County BCC).
- 3. One site plan:
 - a. Clearly indicate the locations of existing and proposed improvement(s) on the site.
 - b. Include the dimensions and/or square footage of the proposed improvement(s).
 - c. Clearly identify adjacent streets.
 - d. Clearly identify existing and/or proposed driveways.
 - e. Indicate which direction is north.
- 4. If economics is a reason for the waiver request, then provide a cost analysis or industry quote from contractors or professionals licensed to perform such services 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 Department review and sign off are required prior to submittal to the Office of the County Engineer.
- 2. Waiver request form filled out completely.
- 3. In Section D, include how many acres is being divided from parcel and to which family member(s) (relationship to the property owner).
- 4. Waiver fee of \$300.00 (cash, credit card, or check made payable to Marion County BCC).
- 5. Copy of the deed to verify property ownership. The deed may be obtained from the Clerk of the Court's website at www.marioncountyclerk.org.
- 6. One site plan or aerial photo showing the proposed division(s), the acreage of the parent (remaining) parcel, and the acreage of each proposed division. Indicate all existing and proposed driveways and easements from County road(s) along with the road name(s). An aerial photo may be obtained from https://marioncountyfl.maps.arcgis.com/apps/webappviewer/index.html?id=83214c006f4247cea3f68867496a0e4e



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C. IRRIGATION WAIVERS:

- 1. Waiver request form, filled out completely.
- 2. 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.
- 3. Provide a schedule of irrigation dates and times to include a period of time for which the waiver is sought.
- 4. If this request is because there are 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.

D. STORMWATER COMPLIANCE REQUEST:

- 1. Waiver request form filled out completely.
- 2. One site plan or aerial photo.
 - a. Clearly indicate the locations of existing and proposed improvement(s) on the site.
 - b. Include the dimensions and/or square footage of the proposed improvement(s).
 - c. Clearly identify adjacent streets.
 - d. Clearly identify existing and/or proposed driveways.
 - e. Indicate which direction is north.
- 3. An aerial photo may be obtained from

https://marioncountyfl.maps.arcgis.com/apps/webappviewer/index.html?id=83214c006f4247cea3f68867496a0e4e



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	Date:	Parcel Number(s):		Permit Number:			
A.	PROJECT I	NFORMATION: Fill in	below as applicable	le:			
	Project Name	e:			Commercial	Residential	
	Subdivision 1	Name (if applicable):			_		
	Unit	Name (if applicable): _BlockLot	Tract				
В.	owner's beha	OWNER'S AUTHORIZ alf for this waiver request ginal signature below.					
	Name (print)	:					
	Signature:				C:t-v		
	Mailing Add	ress:Zip Code:	Dl #		City:		
	State: Email addres	Zip Code:	Pnone #				
	Firm Name (if applicable):		Contact Name			
	Mailing Add	ress:			City:		
		Zip Code:					
D.	Section & Ti	NFORMATION: tle of Code (be specific):_ fication for Request (be sp	ecific):				
		NT REVIEW USE:					
Re	ceived By:	Date Process	sed:	Project #		AR #	
Zo	ned:	Parcel of record: Yes DESOZ: P.O.M	Land U	se: Plat Va	cation Required	l: Yes □ No □	

Revised 6/2021 3



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Section & Title of Code (be specific)	
Reason/Justification for Request (be specific):	
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