

APPLICATION FOR SPECIAL USE PERMIT

ZONING/DEVELOPMENT REVIEW DEPT.
2710 E. SILVER SPRINGS BLVD.
OCALA, FLORIDA 34470

APPLICATION NO.: _____

THE UNDERSIGNED HEREBY REQUESTS A SPECIAL USE PERMIT IN ACCORDANCE WITH THE MARION COUNTY LAND DEVELOPMENT CODE, SECTION _____, FOR THE FOLLOWING DESCRIBED PROPERTY ZONED _____, FOR THE PURPOSE OF: _____

LEGAL DESCRIPTION: (ATTACH A COPY OF THE DEED)

PARCEL ACCOUNT NUMBER(S): _____

PROPERTY DIMENSIONS: _____ TOTAL ACREAGE: _____

DIRECTIONS: _____

DRAW A LOCATION MAP (MUST BE SPECIFIC SO A NOTICE OF PUBLIC HEARING CAN BE POSTED ON THE PROPERTY)

PLEASE NOTE: PROPERTY OWNER MUST SIGN THIS APPLICATION UNLESS HE HAS ATTACHED TO THIS APPLICATION WRITTEN AUTHORIZATION NAMING AN AGENT TO ACT IN HIS BEHALF.

(PRINT) APPLICANT OR AGENT

(PRINT) PROPERTY OWNER

MAILING ADDRESS

MAILING ADDRESS

CITY, STATE, ZIP CODE, PHONE #

CITY, STATE, ZIP CODE, PHONE #

SIGNATURE

SIGNATURE

NOTICE: THIS SPECIAL USE PERMIT WILL NOT BE EFFECTIVE UNTIL 14 DAYS AFTER THE FINAL DECISION IS MADE BY THE BOARD OF COUNTY COMMISSIONERS.

THE FILING FEE IS \$1,000 – NON-REFUNDABLE. WE RECOMMEND THAT THE OWNER, APPLICANT OR AGENT BE PRESENT AT THE HEARING. IF NO REPRESENTATIVE IS PRESENT AND THE BOARD REQUIRES ADDITIONAL INFORMATION, THEY MAY DECIDE TO POSTPONE OR DENY THE REQUEST. NOTICE OF SAID HEARING WILL BE MAILED TO THE ABOVE ADDRESS. ALL INFORMATION GIVEN MUST BE CORRECT AND LEGIBLE TO BE PROCESSED. FOR FURTHER INFORMATION CONTACT THE MARION COUNTY ZONING DEPARTMENT AT 352-438-2675.

FOR OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____ ZONING MAP NO.: _____