



**Marion County
Board of County Commissioners**

Growth Services ■ Planning & Zoning

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2675
Fax: 352-438-2676

APPLICATION FOR REZONING

Application No.: _____

The undersigned hereby requests a zoning change of the Marion County Land Development Code, Article 4, Zoning, on the below described property and area, from _____
to _____, for the intended use of:

Legal description: (please attach a copy of the deed and location map)

Parcel account number(s): _____

Property dimensions: _____ **Total acreage:** _____

Directions: _____

The property owner must sign this application unless he has attached written authorization naming an agent to act on his/her behalf.

Property owner name (please print)

Mailing address

City, state, zip code

Phone number (please include area code)

Applicant or agent name (please print)

Mailing address

City, state, zip code

Phone number (please include area code)

Signature

Signature

Please note: the zoning change will not become effective until 14 days after a final decision is made by the Marion County Board of County Commissioners. The owner, applicant or agent is encouraged to attend the public hearing where this application will be discussed. If no representative is present and the board requires additional information, the request may be postponed or denied. Notice of said hearing will be mailed to the above-listed address(es). All information given by the applicant or agent must be correct and legible to be processed. The filing fee is \$1,000.00, and is non-refundable. For more information, please contact the Zoning Division at 352-438-2675.

FOR OFFICE USE ONLY

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

Rev. 01/11/2021