



**Marion County
Board of County Commissioners**

Growth Services ♦ Planning & Zoning

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2600
Fax: 352-438-2601

SPECIAL USE PERMIT APPLICATION - REGULAR - \$700.00

The undersigned hereby requests a Special Use Permit in accordance with Marion County Land Development Code, Articles 2 and 4, for the purpose of: _____

Legal Description: (Please attach a copy of the deed and location map.) **Parcel Zoning:** _____

Parcel account number(s): _____

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

Directions: _____

Each property owner(s) MUST sign this application or provide written authorization naming an applicant or agent to act on his behalf. **Please print all information, except for the Owner and Applicant/Agent signature.**

Property Owner name (please print)

Applicant or agent name (please print)

Mailing Address

Mailing Address

City, State, Zip code

City, State, Zip code

Phone number (include area code)

Phone number (include area code)

E-mail address

E-mail address

Signature

Signature

PLEASE NOTE: A representative is strongly encouraged to attend the public hearings when this application will be discussed. If no representative is present, the request may be postponed or **denied**. Hearing notices will be mailed to the address(es) listed above. All information submitted must be correct and legible to process the Application. Contact Growth Services Planning & Zoning at (352) 438-2675 for more information.

STAFF/OFFICE USE ONLY				
Project No.:		Code Case No.:		Application No.:
Revd by:	Rcvd Date: / /	FLUM:	Zoning Map No.:	Rev: 04/2015

“Meeting Needs by Exceeding Expectations”