



CITY OF OCALA

STREET-SPECIFIC SETBACK REDUCTION REQUEST

Please submit a sketch of the property showing the requested reduction of the required street-specific setback.

Date: _____

To: City of Ocala Growth Management Department

Project Name: _____

Project Address: _____

Request reduction of street-specific setback requirement along:

Requesting to reduce street-specific setback requirement from _____ feet to _____ feet.

Reason for request:

Approved: _____ Date: _____
City Engineer

Approved: _____ Date: _____
Building Official (Growth Management Director)