



City of Ocala  
 Growth Management Department  
 201 S.E. 3<sup>rd</sup> Street, 2<sup>nd</sup> Floor  
 352-629-8404 | [www.ocalafl.org](http://www.ocalafl.org) | [gmd@ocalafl.gov](mailto:gmd@ocalafl.gov)

### DEVELOPMENT APPLICATION

Fees will be assessed when the application is deemed complete, and an invoice will be sent.

- SUBDIVISION:**     CONCEPTUAL (PRELIMINARY PLAT)    IMPROVEMENT    FINAL PLAT  
**SITE PLAN:**         SITE PLAN (Major or Minor determined by City staff)

PROJECT INFORMATION (SUBDIVISION)			
<b>Project Name:</b>		<b>Parcel ID #:</b>	<b>Zoning:</b>
<b>Project Acreage:</b>		<b>Proposed setbacks (in ft):</b> _____ FRONT _____ SIDE _____ REAR	
<b># of lots/tracts:</b>		<b>Proposed lots sizes:</b> WIDTH _____ DEPTH _____ AREA _____	
<b>Property in FEMA Floodplain:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Project Description:</b>			

PROJECT INFORMATION (SITE PLAN)					
<b>Project Name:</b>		<b>Parcel ID #:</b>		<b>Zoning:</b>	
<b>Site Area:</b>		<b>Existing Building SF:</b>		<b>Existing Vehicle Use Area:</b>	<b>Proposed Building SF:</b>
<b>Proposed Vehicle use area:</b>		<b>Lot size:</b> _____ WIDTH _____ DEPTH		<b>Land Use:</b>	
<b>Project Scope of Work:</b>					

PROPOSED INFRASTRUCTURE IMPROVEMENTS			
<b>Proposed Road length (linear ft.)</b>		<b>Right-of-Way Width:</b>	<b>Pavement Width:</b>
<b>ROADS</b>		<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	
<b>STORMWATER DRAINAGE RETENTION AREAS</b>		<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	
<b>STORMWATER CONVEYANCE SYSTEM</b>		<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	
<b>POTABLE WATER SYSTEM</b>		<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	
<b>SANITARY SEWER SYSTEM</b>		<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	



City of Ocala  
 Growth Management Department  
 201 S.E. 3<sup>rd</sup> Street, 2<sup>nd</sup> Floor  
 352-629-8404 | [www.ocalafl.org](http://www.ocalafl.org) | [gmd@ocalafl.gov](mailto:gmd@ocalafl.gov)

<b>ELECTRONIC PLANS SUBMISSION – ACCOUNT INFORMATION</b>			
<b>Applicant Name:</b>		<b>Applicant Email:</b> <i>(USER ID for ePlans)</i>	
<b>Company Name:</b>		<b>Address:</b>	
<b>City/State/Zip:</b>		<b>Telephone Number:</b>	
<b>Contact Person:</b>			

<b>PROJECT ENGINEER</b>			
<b>Company Name:</b>			
<b>Address:</b>		<b>City/State/Zip:</b>	
<b>Contact Person:</b>		<b>Contact Email:</b>	
<b>Contact Phone:</b>			

<b>PROJECT SURVEYOR</b>			
<b>Company Name:</b>			
<b>Address:</b>		<b>City/State/Zip:</b>	
<b>Contact Person:</b>		<b>Contact Email:</b>	
<b>Contact Phone:</b>			

<b>PROJECT DEVELOPER/OWNER</b>			
<b>Company Name:</b>			
<b>Address:</b>		<b>City/State/Zip:</b>	
<b>Contact Person:</b>		<b>Contact Email:</b>	
<b>Contact Phone:</b>			

<b>PROJECT DESIGN PROFESSIONAL</b>			
<b>Company Name:</b>			
<b>Address:</b>		<b>City/State/Zip:</b>	
<b>Contact Person:</b>		<b>Contact Email:</b>	
<b>Contact Phone:</b>			

<b>PROPERTY OWNER OF RECORD</b>			
<b>Name:</b>		<b>Daytime Phone:</b>	
<b>Address:</b>		<b>City/State/Zip:</b>	