CITY OF OCALA

BOARD AND COMMISSION APPLICATION

Name: Justin MacDonald	Home Phone: (352) 895-0036	CD CLERK'S OFFICE
Home Address: 3721 SE 13th Street	20.	
City, State, Zip Code: Ocala, FL 34471		
Business: TJM Promos	Business Phone: (352) 291-5334	
Business Address: 511 NW 48th Terrace, Ocala, FL 34482		
Occupation: Marketing	Email Address: justin.t.macdonald@gmail.com	
Brief Resume of Education and Experience:		
Are you a Resident of Marion County? (If so, state length of time)	Yes No No Number of Years:	
Do you own property within the City limits?	Yes No	
Do you reside within the City?	Yes No O	
Do you own a business within the City?	Yes No	
Are you a registered City voter?	Yes No	
Do you hold a public office?	Yes No	
Are you employed by the City?	Yes No	
At the present time, do you serve on a City Board, Commission, Authority, or Committee?	Yes No	
Please Note: A board/commission member shall no board/commission at a time, unless that board/com Please check the boards(s)/commission(s) you wish to serve number in order of your preference.	nmission is an interim Ad Hoc Committee.	
- Affordable Housing Advisory Committee - Airport Advisory Committee - Board of Adjustment * / ** - Golf Advisory Board - Municipal Arts Commission - Municipal Code Enforcement Board * - Municipal Tennis Association Advisory Board * Requires Financial Disclosure Form (if appointed to board/of ** Requires Property Description	- Ocala Historic Preservation Advisory Board - Ocala Housing Authority - Planning and Zoning Commission * / - Recreation Commission - Tree Commission - Utility Advisory Board	**
Property Description: Domestic dwelling, LT 3 D J ESTS		

Until such time as you are selected for the board/commission of your choice, can we submit your application when vacancies occur without contacting you each time? Yes No
Why do you think you are qualified to serve on this Board?
I am an ideal fit for the role of Appeals board member because I possess strong critical thinking and analytical skills. With my history of commitment to working toward the betterment of the city and county, paired with my ability to evaluate evidence and make fair decisions, I believe I can effectively address alleged errors in building official's orders and determine special exceptions and variances as per the zoning
I HEREBY CONFIRM THAT I HAVE READ AND UNDERSTAND THIS APPLICATION, THAT ALL INFORMATION
FURNISHED BY ME IS TRUE AND ACCURATE AND THAT, TO THE BEST OF MY KNOWLEDGE, I MEET THE CRITERIA
FOR SERVING ON THE BOARD(S)/COMMISSION(S) FOR WHICH I AM APPLYING.
Signature:
Notes:
(1) Application effective for ONE YEAR from date of completion
(2) If you have any questions regarding this application, please call the Office of the City Clerk at (352) 629-8266
Return to:
City Clerk's Office
110 SE Watula Avenue

Ocala, FL 34471