

Levy County Board of County Commissioners Agenda Item Summary Form

1.	Name:		Nicolle Shalley		
2.	Organ	ization/Title/Telephone:	County Attorney/352-486-3389		
3.	Meeting Date:		Tuesday, August 20, 2024		
ı	Receive	ested Motion/Action: information and consider alternative vide direction to the County Attorney		•	structures in
5.	Agenda Presentation:		Yes ⊠	No □	N/A □
6.		Requested: Request will be granted if Possible) a	5 minutes otted time not more than 15 minutes		
7.	Is this	Item Budgeted (If Applicable):	Yes □	No □	N/A ⊠
8.	8. If no, State Action Required:				
	a.	Budget Action:	EnterTextHere		
	b.	Financial Impact Summary Statement:	EnterTextHere		
	c.	Detailed Analysis Attached	EnterTextHere		
	d.	Budget Officer Approval:	EnterTextHere		
If approved enter date: Click or tap to enter a date.					
Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any)					
item to Board ordina startin Zoning Jearnir yard m narrow provid such as	discussion discussed ince to a g work of staff to a g more, a light be a light be a light be a light be a light san "ac	6, 2024 Regular Meeting of the Board Sec. 50-679 of the County Code regular, heard from the Building Official and llow accessory structures in any location the ordinance, the County Attorned better understand what situations were an overcorrection, causing unintendered alternatives could be considered mation and analysis in the back-up. Cessory zone" around the primary stop necessary structures, such as a carp	arding accessory structed directed the Count tion (outside of setbacky met with the Buildivere trying to be addry number of accessored or undesired consection addition, County Structure, limiting it to 1	ctures in front of y Attorney to dracks) within a yarding Official and Plessed/resolved a y structures anywequences, and pefficial was consultaff discussed alter accessory in the	homes. The aft an d. When lanning and and, upon where in a erhaps more lted and has ernatives
10	. Recon	nmended Approval			
	a.	Department Director:	Yes □	No □	N/A ⊠
	b.	County Attorney:	Yes □	No □	N/A ⊠
	c.	County Coordinator:	Yes □	No □	N/A ⊠
	d.	Other:	Vac \square	No 🗆	N/A ⊠



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