

**HERNANDO COUNTY ZONING DEPARTMENT
CLASS D SUBDIVISION REVIEW APPLICATION**

789 Providence Blvd
Brooksville, FL 34601
352-754-4048 ext. 29105
scaskie@hernandocounty.us

Date: 10/12/2022

16142 Sam c rd

APPLICANT: <u>Raymond Craig Campbell</u>	
Mailing Address:	<u>16142 Sam C Rd</u>
City, State, Zip Code:	<u>Brooksville FL 34613</u>
Daytime Phone:	<u>(352) 585-0184</u>
Email:	<u>R.Campbell 3131@gmail.com</u>
REPRESENTATIVE: <u>Raymond Craig Campbell</u>	
Mailing Address:	<u>16142 Sam C Rd</u>
City, State, Zip Code:	<u>Brooksville FL 34613</u>
Daytime Phone:	<u>(352) 585-0184</u>
Email:	<u>R.Campbell/3131@gmail.com</u>
Legal Description: Write the complete legal description of the property below. Include Section, Township and Range, Subdivision Name, Lot, Block, and Unit Number. Attach additional sheet if necessary.	
<u>South 680,00 FT of the east 1/4 of the Southeast 1/4 of the Southeast 1/4 of Section 23, Township 22S Range 18E Hernando Co FL Less the South 347.50 FT and east 15 FT For Road</u>	
PARCEL KEY NUMBER	<u>01456677</u> SEC <u>23</u> TWP <u>22</u> (S) RANGE <u>18</u> (E)
Size of Area Covered by Application:	<u>212,148 Square feet, 5 Acres</u>
Highway & Street Boundaries:	<u>Sam C Rd</u>
Number of Parcels Proposed:	<u>2</u>
Minimum Size(s) of Lot(s) Created:	<u>2.5 Acres</u>

ACKNOWLEDGMENT

This acknowledgment must be signed in the presence of a Notary Public.

I, Raymond Craig Campbell II, hereby state and affirm that I have read the instructions for filing this application and that:

- I am the owner of the property covered under this application.
- I am the legal representative of the owner of the property described, which is the subject matter of this application.

All answers to the questions in said application, all sketches and data attached and made part of this application are honest and true to the best of my knowledge and belief.

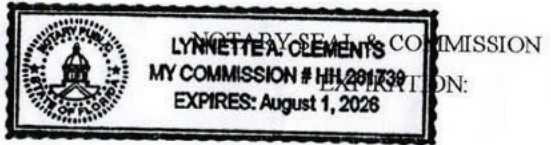
R. Craig Campbell
Signature of Applicant or Representative

STATE OF FLORIDA
COUNTY OF HERNANDO

On this the 12 day of October, 20 22, before me, the undersigned Notary Public of the State of Florida, personally appeared Raymond Craig Campbell and whose name(s) is/are subscribed to the within instrument, and acknowledge that he/she/they executed it.

WITNESS my hand and official seal

Lynnette A. Clements
Notary Signature



The individual(s) are personally known to me or presented the following Identification: FL/DL [REDACTED]

Property Split Tax Clearance Form

Florida Statutes: Title XIV
§197 Taxation and Finance

§197.192 *Land not to be divided or plat filed until taxes paid. No land shall be divided or subdivided and no drawing or plat of the division or subdivision of any land, or declaration of condominium of such land, shall be filed or recorded in the public records of any court until all taxes have been paid on the land.*

As a result of the above statute, you are required to provide this form signed by the Hernando County Tax Collector's Office certifying that the taxes on the property proposed to be split have been paid through the current tax year.

DATE: 6/20/2022

I, hereby certify that the property taxes on parcel

Key number 01456677 have been paid through the current tax year, for 2021.

Sally L. Daniel, CFC
Hernando County Tax Collector
Hernando County Government Center
20 North Main Street, Room 112
Brooksville, FL 34601
(352) 754-4180

By: Teresa Albarella
Print Name: Teresa Albarella
Title: Customer Service Rep

SEAL



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As a result of the above statute, you are required to provide this form signed by the Hernando County Tax Collector's Office certifying that the taxes on the property proposed to be split have been paid through the current tax year.

DATE: 6/20/2022

I, hereby certify that the property taxes on parcel

Key number 01402128 have been paid through the current tax year, for 2021.

Sally L. Daniel, CFC
Hernando County Tax Collector
Hernando County Government Center
20 North Main Street, Room 112
Brooksville, FL 34601
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By: Teresa Albarella
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SEAL



This is for South Sacres and is not part of the Split.

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