## HERNANDO COUNTY PLANNING DEPARTMENT CLASS D SUBDIVISION REVIEW APPLICATION

1653 Blaise Dr. Brooksville, FL 34601 352-754akidd@co.hernando.fl.us Date: Dec 2, 2024

APPLICANT: William & Debra Goldman	
Mailing Address: 18733 Phillips Rd	
City, State, Zip Code: Brocksrille FL 34604	
Daytime Phone: 127-le42-0230 Email: devora 850 Kloud, com	
REPRESENTATIVE:	
Mailing Address:	
City, State, Zip Code:	
Daytime Phone: Email :	
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. Parcel R33-423-19-0000-0040-0000-0000-0000-0000-0000-0	Мф
APPROVED BY PLANNING DEPT (5-06-065) ACAYERS RD/WISCON PKWY	E (Acby)
PARCEL KEY NUMBER 1314839 SEC 33 TWP 2.3 (S) RANGE 19 (E)	
Size of Area Covered by 20 3 cres	
Highway & Street Phillips of Ayers	
Number of Parcels 2 Proposed:	
Minimum Size(s) of Lot(s) Greated: 4.597006	

**RECEIVED** 

DEC 03 2024

Hernando County Development Services Zoning Division

ACKNOWLEDGMENT
This acknowledgment must be signed in the presence of a Notary Public.
I, Debra Goldman + William Goldman 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.
Signature of Applicant or Representative  STATE OF FLORIDA
COUNTY OF HERNANDO
On this the 3 day of December, 2024, before me, the undersigned Notary Public of the State of Florida, personally appeared Debra Olificky Goldman, William and whose name(s) is/are subscribed to the within instrument, and acknowledge that he/sho/they executed it.
WITNESS my hand and official seal
ROBIN ANDREAD MART ROBIN ANDREAD MY COMMISSION MY COMMISSION MY COMMISSION MY COMMISSION EXPIRES: September 6, 22 HXPIRATION:
The individual(s) are □ personally known to me or, □ presented the foll light in the individual(s) are □ personally known to me or, □ presented the foll light in the individual(s) are □ personally known to me or, □ presented the following in the individual(s) are □ personally known to me or, □ presented the following in the individual(s) are □ personally known to me or, □ presented the following in the individual(s) are □ personally known to me or, □ presented the following in the individual(s) are □ personally known to me or, □ presented the following in the individual(s) are □ personally known to me or, □ presented the following in the individual (s) are □ personally known to me or, □ presented the following in the individual (s) are □ personally known to me or, □ presented the following in the individual (s) are □ personally known to me or, □ presented the following in the individual (s) are □ personally known to me or, □ presented the following in the individual (s) are □ personally known to me or, □ presented the individual (s) are □ personally known to me or, □ personally known to me or