HERNANDO COUNTY ZONING AMENDMENT PETITION



Date: 09/04/2025

Application to Change a Zoning Classification

	on request (check one):	
	✓ Standard ✓ PDP	
Master Plan	New □ Revised	
PSFOD □	Communication Tower	☐ Othe
DDINTAL	TVPE ALL INFORM	ATION

File 1	- off Lu - 7	icial Date Stamp.

APPLICANT NAME:				
Address: 9801 Compass Point Way				
City: Tampa			State: FL	Zip: 33615
Phone: 727-307-6008	Email: matt.kodsi@yahoo.d	com		
Property owner's name: (if n	not the applicant)			
REPRESENTATIVE/CONTACT	NAME:			
Company Name: ARL Design Gro	oup, LLC			
Address: 8209 State Road 52				
City; Hudson			State: FL	Zip:_34667
Phone: 727-488-1002	Email: Rick@arldesign.net			
HOME OWNERS ASSOCIATIO	N: Yes No (if applica	able provide name)		
Contact Name:				
Address:		City:	St	ate: Zip:
PROPERTY INFORMATION:				
1. PARCEL(S) KEY NUMBER	.(S): 62345, 634353, & 634406			
2. SECTION 1	, TOWNSHII	P 21	, RANGE 17	7
3. Current zoning classification:	R1C			
Desired zoning classification:				
Size of area covered by applic				
Highway and street boundarie	EL CONTRACTOR DE LA CON	ACCORDING TO A STATE OF THE PARTY OF THE PAR	Constitution	Avenue
Has a public hearing been held	d on this property within the	he past twelve months?	Yes No	
8 Will expert witness(es) be util	lized during the public hea	rings?	☐ Yes ✓ No (If ye	es, identify on an attached list.)
9. Will additional time be require	ed during the public hearing	ng(s) and how much?		
PROPERTY OWNER AFFIDIVA			in concession.	
1				
1. Medhat Kod!	Si	, have the	proughly examined th	e instructions for filing this
application and state and affirm that		within this petition are	true and correct to the	e best of my knowledge and
belief and are a matter of public reco	rd, and that (check one):	uno petition ale	ti de dire con cer to the	b book of my knowledge and
I am the owner of the property		ication OR		
I am the owner of the property	0 11			
and (representative, if applicable): F			Secure and a second	the same of the sa
to submit an application for th		ир, пс		
to submit an application for th	ie described property.	()
			The state of the s	
		Sid	gnature of Property Owner	
STATE OF FLORIDA			Service Servic	
COUNTY OF HERNANDO				
The foregoing instrument was acknown	wledged before me this	4th day of S	entember	, 20 <u>25</u> , by
Medhat kodsi	who is p	ersonally known to me	or produced DV	Cense as identification.
≈ 110			SHALYVETTE PENA	D. C.
TY WY.		No De No	otary Public, State of Florida	HERITAGE PROF
Signature of Notary Public		i An'	Commission# HH 636500 ly comm. expires Feb. 4, 2029	
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Effective Date: 11/8/16 Last Revision: 11/8/16

Notary Seal/Stamp