

**HERNANDO COUNTY CONDITIONAL USE PERMIT  
OR SPECIAL EXCEPTION USE PERMIT PETITION**



Application request (check one):

- Conditional Use Permit
- Special Exception Use Permit

PRINT OR TYPE ALL INFORMATION

File No. \_\_\_\_\_ Official Date Stamp:  
CU 24-01  
 Received  
 JAN 5 2024  
 Planning Department  
 Hernando County, Florida

Date: 12-28-2023

APPLICANT NAME: Glen Zydorski

Address: 9370 Pinero St.

City: Spring Hill State: FL Zip: 34608

Phone: 352-398-5649 Email: ~~glen.zydorski@herncounty.com~~ Zydorfish@aol.com

Property owner's name: (if not the applicant) Glen Zydorski

REPRESENTATIVE/CONTACT NAME:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: Zydorfish@aol.com

HOME OWNERS ASSOCIATION:  Yes  No (if applicable provide name) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PROPERTY INFORMATION:**

1. PARCEL(S) KEY NUMBER(S): 01459941
2. SECTION 21 TOWNSHIP 18 RANGE 17
3. Current zoning classification: Mobile Homes
4. Desired use: conditional use permit to care for elderly mother
5. Size of area covered by application: 2.5 acres
6. Highway and street boundaries: Thrasher Ave #11420
7. Has a public hearing been held on this property within the past twelve months?  Yes  No
8. Will expert witness(es) be utilized during the public hearings?  Yes  No (If yes, identify on an attached list.)
9. Will additional time be required during the public hearing(s) and how much?  Yes  No (Time needed: \_\_\_\_\_)

**PROPERTY OWNER AFFIDIVAT**

I, Glen Zydorski, have thoroughly examined the instructions for filing this application and state and affirm that all information submitted within this petition are true and correct to the best of my knowledge and belief and are a matter of public record, and that (check one):

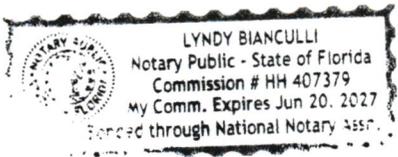
- I am the owner of the property and am making this application OR
- I am the owner of the property and am authorizing (applicant): \_\_\_\_\_ and (representative, if applicable): \_\_\_\_\_ to submit an application for the described property.

[Signature]  
Signature of Property Owner

**STATE OF FLORIDA  
COUNTY OF HERNANDO**

The foregoing instrument was acknowledged before me this 3 day of Jan, 2024, by Glen Zydorski who is personally known to me or produced \_\_\_\_\_ as identification.

[Signature]  
Signature of Notary Public



Effective Date: 11/8/16 Last Revision: 11/8/16

Dec 28, 2023

I am requesting to renew the Conditional Use Permit to continue to care for my mother, Virginia Malsbury. My mother is 92 years old and needs assistance due to her frail health. We want her in her own place but be very close by to help her daily.

Respectfully,  


Glen Zydorski

**Simrita Sidhu,MD  
Ramnik Banwatt,MD  
4428 Commercial Way,  
Spring Hill, FL 34606  
Tel: (352) 597 -1011**

12-21-2023

To whom it may concern,

Regarding:

Virginia Malsbury  
16099 MACORLA RD  
WEEKI WACHEE FL 34614-1026

Patient Virginia Malsbury DOB: 02/08/1931 is 92 years old and is of sound mind, but should be close by family to assist her. If you have any concerns or questions you can contact our office at the above information.



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Simrita Sidhu,MD

Date: 12/21/2023