

**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-23-18
Received
NOV 06 2023
Planning Department
Hernando County, Florida

Date: 10/30/23

APPLICANT NAME: STACY MOREHOUSE KEN MOREHOUSE
Address: 13438 PAM DR
City: WEEKI WACHEE State: FL Zip: 34614
Phone: 813-310-2443 Email: morehouse11c@verizon.net
Property owner's name: (if not the applicant) _____

REPRESENTATIVE/CONTACT NAME: _____
Company Name: _____
Address: 13438 PAM DR
City: WEEKI WACHEE State: FL Zip: 34614-1847
Phone: 813 310 2443 Email: _____

HOME OWNERS ASSOCIATION: ☐ Yes ☒ No (if applicable provide name) _____
Contact Name: _____
Address: _____ City: _____ State: _____ Zip: _____

PROPERTY INFORMATION:
1. PARCEL(S) KEY NUMBER(S): 1459451
2. SECTION 29, TOWNSHIP 21, RANGE 18
3. Current zoning classification: AR 2
4. Desired use: Provide care to elderly parent
5. Size of area covered by application: 13X37
6. Highway and street boundaries: PAM DR
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 AFFIDAVIT

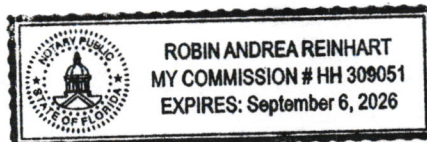
I, KENNETH E MOREHOUSE STACY MOREHOUSE, have thoroughly examined the instructions for filing this application and state and affirm that all information submitted within this petition are true and correct to the best of my knowledge and belief and are a matter of public record, and that (check one):

- ☒ 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.

Stacy Morehouse
Signature of Property Owner

STATE OF FLORIDA
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this 7 day of November, 2023, by
Kenneth Morehouse
Stacy Morehouse who is personally known to me or produced FL DL as identification.



Robin Reinhart
Signature of Notary Public

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

Notary Seal/Stamp

November 5, 2023

To whom it may concern,

This letter is in regards to the medical hardship application my husband and I are submitting on behalf of my mother, Patricia T. Smith. We are requesting she be permitted to place a park model on our property in order for my husband and me to provide assistance with her daily activities and eventually provide more skilled care as needed.

Although my mother requires minimal assistance at this time, she is seventy-nine years of age with a history of comorbid health conditions which will require more skilled care moving forward. I am a Registered nurse and want to care for my mother in her own home to maintain her dignity and quality of life for as long as we are blessed to have her live with us.

We would sincerely appreciate the approval of this application which allows my mother to be cared for by her daughter and live safely, supervised, and peacefully during this period of her life.

Sincerely,



Stacy S. Morehouse



Kenneth E. Morehouse

DOCS

Outside the Box!

Cardiothoracic Surgery of Hyde Park

Florida Cardiac Therapeutics

8950 9th Street N

Suite #102

St. Petersburg, FL 33702

Phone #: 727-498-8898 Fax#: 727-800-5998

To Whom It May Concern:

Patricia Smith DOB [REDACTED] is under my care and must be allowed to build mobile home close to her daughter on her sufficient land. The patient is a [REDACTED] and [REDACTED] and for her safety, allow to live alongside her daughter, which is a RN.

Yours Sincerely,



Dr. Leah Teekell-Taylor