

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

File No. _____ Official Date Stamp: _____



Application request (check one):
 Conditional Use Permit
 Special Exception Use Permit

PRINT OR TYPE ALL INFORMATION

Date: 7-27-2022

APPLICANT NAME: Amber Stulley / Albert Allen Sr / Cynthia Allen

Address: 3282 Horseshoe Ln
 City: Spring Hill State: FL Zip: 34606
 Phone: 3525841417 Email: amber080970@icloud.com
Property owner's name: (if not the applicant) _____

REPRESENTATIVE/CONTACT NAME: Amber Stulley (owner)

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

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

Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____

PROPERTY INFORMATION:

1. PARCEL(S) **KEY** NUMBER(S): 01026339
2. SECTION _____, TOWNSHIP _____, RANGE _____
3. Current zoning classification: _____
4. Desired use: ADDITIONAL RESIDENCE
5. Size of area covered by application: 2.2 ACRES
6. Highway and street boundaries: STAR RD & QUANT ST
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, Amber Stulley, 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):

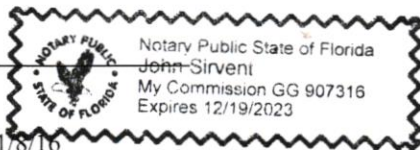
- I am the owner of the property and am making this application **OR**
 I am the owner of the property and am authorizing (applicant): _____
 and (representative, if applicable): _____
 to submit an application for the described property.

Amber Stulley
 Signature of Property Owner

**STATE OF FLORIDA
COUNTY OF HERNANDO**

The foregoing instrument was acknowledged before me this 27 day of July, 2022, by Amber Stulley 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

Notary Seal/Stamp

Amber Stulley
3282 Horseshoe Ln
Spring Hill, FL 34606

RE: Special Exception Use Permit

To Whom It May Concern:

July 22, 2017, my mother Cynthia E. Allen suffered a stroke which took over 70% of her brain -making her immediately disabled and unable to care for herself. We were able to help her recover but she is unable to be left unsupervised and suffers from delusions and dementia caused by the stroke.

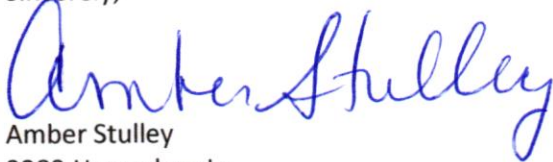
My father Albert Allen has been her primary caregiver for my mom but has since been suffered his own health issues with Congestive Heart Failure, COPD and has had to have a pacemaker and defibrillator put in June 2020.

My request to be allowed to put an additional home on his 2.2 acres of property to allow me immediate access to them to help with their daily care and in case of emergencies with my mother who suffers falls in the home.

It is my hope that I am able to keep them in their own home as long as possible. I am the Power of Attorney for both my parents and have their blessing to move forward to give them both peace of mind and relief towards the end of their lives.

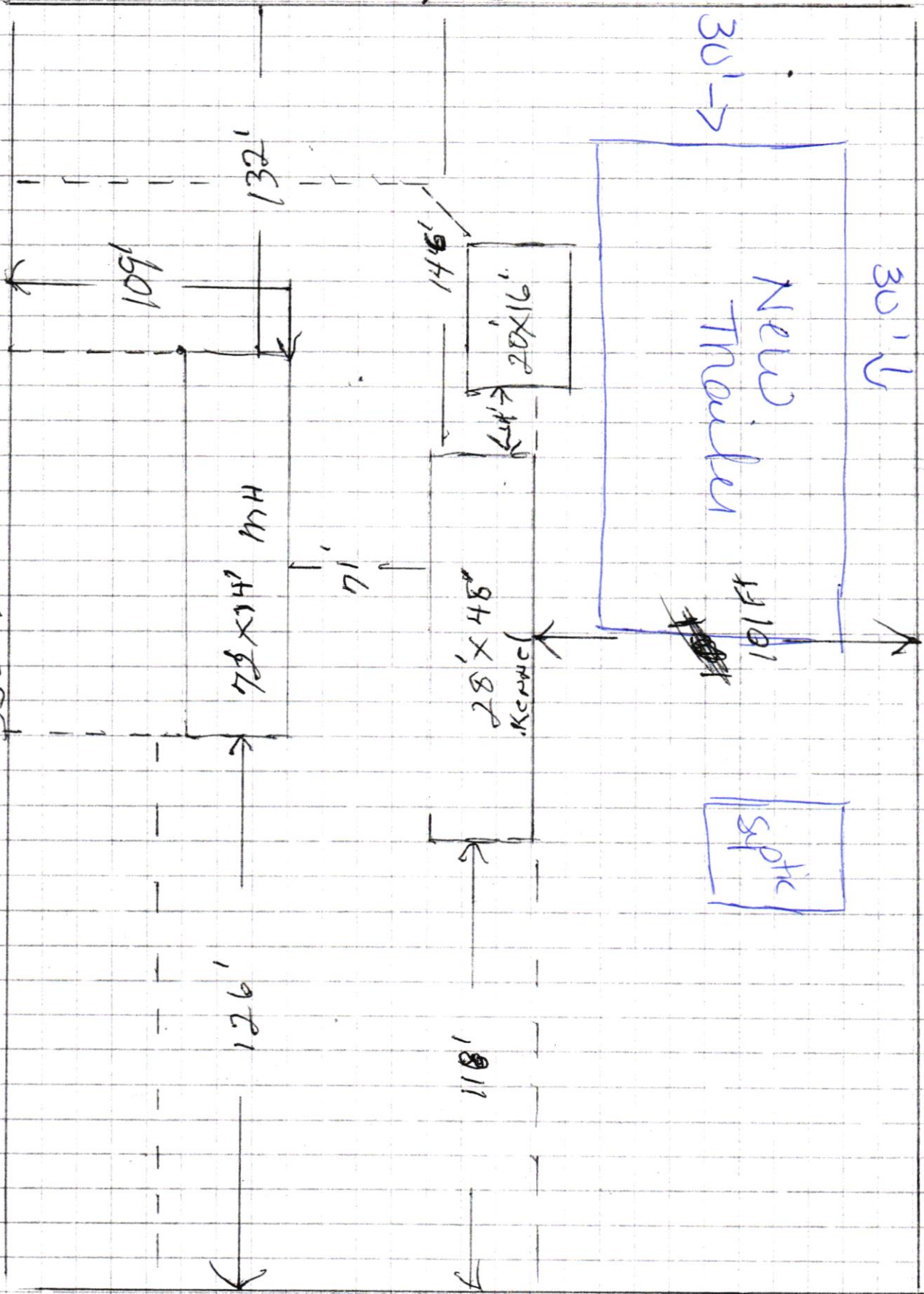
Please feel free to contact me if there are any further questions or if any other documentation is required.

Sincerely,



Amber Stulley
3282 Horseshoe Ln
Spring Hill, FL 34606

GRAN STREET
310'



County easment

330 FT.

New Trailer

Septic

72' x 14' MH

28' x 48' .Keruc

28' x 16'