

HERNANDO COUNTY ZONING DIVISION
ZONING VARIANCE APPLICATION

OFFICE USE ONLY
DATE REC'D
FILE NO. 1489387

This application must be completed and returned, with all exhibits and other items listed on page 1 of the instruction sheet, to this office before consideration for the request is reviewed and a determination made. Bear in mind that the variance request must be justified and the mere filing of the application or appearance at a public hearing, if needed, does not assure approval of said application. If a public hearing is necessary, the applicant or representative is required to appear in person at the hearing.

Applicant Name: JOHN & ANGELA LOCKHART Date: 5.9.22

Mailing Address: 2193 CARRIAGE LANE SPRING HILL FL 34606

Phone No. 810.624.5527 Fax: _____

E-Mail: ANG JACK 2008 @ YAHOO.COM

Representative Name (if applicable): _____

Mailing Address: _____

Phone No. _____ Fax: _____

E-Mail: _____

Address of Property: 2193 Carriage Lane, Spring Hill, FL

Legal Description: Timber pines tract 8 unit 1 Lot 49
DRB 2694 PGS 235-238

Key No 1097529 Zoning District: PDP SF

Homeowners Association Yes No _____ If yes, name of HOA TIMBER PINES

Contact Name: PATTI YOST 352.666.2302

Contact Address: _____ City: _____ State _____ Zip _____

Variance being requested: REDUCE SETBACK IN REAR FROM 5' TO 0'
(brief description of variance, i.e. reduce setback, increase bldg. height, etc.)

Briefly state hardship justifying granting of the variance: WITHOUT VARIANCE NO POOL
(see hardship criteria listed on page 4. Give full explanation in written narrative, see No. 7 of instruction sheet)

Signature of applicant or representative: Angela M Lockhart