

OFFICE USE ONLY
DATE REC'D

FILE NO. 1428919

**HERNANDO COUNTY ZONING DIVISION
ZONING VARIANCE APPLICATION**

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: Mooney Todd A Date: _____

Mailing Address: 7561 CR 663, Bushnell, FL 33513

Phone No. 352-796-5124 Fax: _____

E-Mail: dwj@djohnstonlaw.com

Representative Name (if applicable): Darryl Johnston

Mailing Address: _____

Phone No. _____ Fax: _____

E-Mail: _____

Address of Property: 4380 Paradise Cir, Hernando Beach

Legal Description: GULF COAST Retreats, Unit 6, Blk 71,
Lots 16 + 17

Key No.: 161354 Zoning District: R1B

Homeowners Association Yes ☐ No ☐ If yes, name of HOA _____

Contact Name: Daryl Johnston

Contact Address: _____ City: _____ State _____ Zip _____

Variance being requested: to reduce height of columns from 2' to 8'
(brief description of variance, i.e. reduce setback, increase bldg. height, etc.)

Briefly state hardship justifying granting of the variance: see attached letter
(see hardship criteria listed on page 4. Give full explanation in written narrative, see No. 7 of instruction sheet)

Signature of applicant or representative: 