

# HERNANDO COUNTY ZONING AMENDMENT PETITION



## Application to Change a Zoning Classification

### Application request (check one):

- Rezoning  Standard  PDP
- Master Plan  New  Revised
- PSFOD  Communication Tower  Other

**PRINT OR TYPE ALL INFORMATION**

Date: 12/04/2023

File No. _____	Official Date Stamp:
----------------	----------------------

**APPLICANT NAME:** Hernando County Housing and Supportive Services

Address: 621 West Jefferson Street

City: Brooksville State: FL Zip: 34601

Phone: 352-540-4338 Email: vramirez@hernandocounty.us

Property owner's name: (if not the applicant) Hernando County

**REPRESENTATIVE/CONTACT NAME:** Veda Ramirez

Company Name: Hernando County

Address: 621 West Jefferson Street

City: Brooksville State: FL Zip: 34601

Phone: 352-540-4338 Email: vramirez@hernandocounty.us

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

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

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

### PROPERTY INFORMATION:

1. PARCEL(S) **KEY** NUMBER(S): R32 323 17 5250 00F0 0000 KEY ;00431483
2. SECTION \_\_\_\_\_, TOWNSHIP \_\_\_\_\_, RANGE \_\_\_\_\_
3. Current zoning classification: Parksite
4. Desired zoning classification: Residential
5. Size of area covered by application: 9.60
6. Highway and street boundaries: Century Drive; Parkhurst Lane; Purdy Street
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, \_\_\_\_\_, 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 of Property Owner

### STATE OF FLORIDA COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

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

Notary Seal/Stamp