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:
	omitted bare bramp.

CU-24-10

Received

JUN 4 2024

Planning Department Hernando County, Florida

Date:	Herna	ando County, Florida
APPLICANT NAME: JOAN HAHN		
Address: 2187 Valley Ridge Lane City: Brooksville Phone: 352-442-1611 Email: Joanetta Hal		
City: Brooksville	State: FloRidA	7in: 34607
Phone: 352-442-1611 Email: Joan etta Hall	NO T Cloud, COM	_ zip. <u></u>
Property owner's name: (if not the applicant)		
REPRESENTATIVE/CONTACT NAME:		
Company Name:		
Address:		
City:	State:	Zip:
City: Email:		
HOME OWNERS ASSOCIATION: ☐ Yes 🗘 No (if applicable provide name)		
Contact Name:		
Contact Name: City:_	State:	Zip:
PROPERTY INFORMATION:		
2. SECTION TOWNSHIP	. RANGE	
3. Current zoning classification: 4. Desired use: To Allow handicap Son a part of area covered by application: 9. 6 ACRES		
4. Desired use: 10 A 110W Manoli Cap 30N ac 1	place to Live	
6. Highway and street boundaries: Valley Ridge Can	2	
7. Has a public hearing been held on this property within the past twelve n		
	☐ Yes 🗖 No (If yes, iden	
9. Will additional time be required during the public hearing(s) and how m	uch? Yes 🖾 No (Time neede	ed:)
PROPERTY OWNER AFFIDIVAT		
TOALL C. Habai		
I, JOAN E. HAHN,	ave thoroughly examined the instru	actions for filing this
application and state and affirm that all information submitted within this petit	on are true and correct to the best of	of my knowledge and
pelief 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.		
Q ₂	in & Hahr	
	Signature of Property Owner	
STATE OF FLORIDA		
COUNTY OF HERNANDO	MAN	$\Omega \Pi$
The foregoing instrument was acknowledged before me thisday of	10101	, 20 <u>0</u> , by
JOUN ETTA HOVIII who is personally known	to me or produced FUV	as identification.
Chille Volly	CHELSEA WORTHINGTON Commission # HH 010414 Expires June 15, 2024 Bonded Thru Budget Notary Services	

CUP - SPEX Application Form_11-08-16.Docx

Effective Date: 11/8/16 Last Revision: 12/8/16

Notary Seal/Stamp

Page 1 of 1

5 copies

1 - My house 2 - Sons home 3 - Barn 4 - garage 6 - garden Shed 6 - green house Neighbor 8. Neighbor

Received

5 2024 JUN

Planning Department Hernando County. Florida



Thank you for taking time to consider my request to renew the exceptional use permit for my special needs son, William. William reguises daily adult supervision as noted in the letter from his treating doctor. Having William Close is of great Concern for his and my quality of life. I am seventy years of widow and his legal guardian, I live on a fixed income, and Williams means of Care, Food, Doctors and Social Activities. Williams home is a 600 Square foot building which is required by Hernando Country for a human to live in it is reatly maintenance, and easily accessible for me to care for him Laily. William Will require adult superiosid for the remainder of his life, please allow me to provide him his hocessary Care. William dosent cause any disruptions Chanke-you

pan Hahr

M. L.T.

Dirank you forking Time to consider we seamit for my special rada Joh, William. Villedon Bequires Sais golden supervisites do roted in the atten from no theat one sector. Facional blueciano Cieso de Guest Jencon too his and my queety of see. & don soverty secusion undow and me segal queredian, I sive on it fixed interns, and with many preduce of care, Forse, Beetween and could thetweetern WINGERED TONE IS IN 1600 SQUARE -1007 missione which is required to protectionale country is a function of leve in es theatre, million to move and seasing William for pre 18 dere les him Laine. William will require adult superionia the the commence of the sofe, please CULENT THE PO provide home her Hoteldower ciere. William Collect Buck Cons. Charup Trans to some some

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Trinity Behavioral Health

Robert W. Young, Ph.D.
Licensed Psychologist PY 6915

905 East Martin Luther King Jr. Drive, Suite 211
Tarpon Springs, Florida 34689
Telephone: 727.848.0840 Fax: 727.255.5075

E mail: mumhd@gmail.com

E-mail: rwyphd@gmail.com

May 22nd, 2024

TO:

Whom It May Concern

FM:

Robert W. Young, PhD

RE:

Mr. William "Bill" Updike

Dear Sir or Madam,

At the request of Mr. Updike and his mother, Joan Hahn, I have drafted this letter regarding the special needs Mr. Updike requires because of his disability. I have been treating Mr. Updike since March 12th, 2012 when I completed my initial comprehensive evaluation. We also completed additional intellectual and academic achievement testing with him in June, 2012. Over the past twelve years I have provided treatment to him via standard psychotherapy at the rate of twice a month one-hour sessions. Due to the nature of his intellectual functioning and the associated deficits in adaptive functioning and personality traits, he has not experienced much in the way of meaningful behavioral change. He continues to require constant, daily, adult supervision in order to complete any meaningful tasks in his life including hygiene and grooming and other simple basic household chores. While over the years we have been able to realize minimal improvement in some of his agreeableness with his family members although these changes have been inconsequential if anything more than a minor demand is placed upon him. Due to the chronic nature of Mr. Updike's intellectual disability and personality traits he can be expected to require some form of trusted daily adult supervision for the remainder of his adult life.

If you have any additional questions concerning Mr. Updike please do not hesitate to contact me.

Robert W. Young, PhD

Florida Licensed Psychologist PY 6915

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