

**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. CU-23-13 Official Date Stamp:

Received
JUN 26 2023
Planning Department
Hernando County, Florida

Date: 6-23-23

APPLICANT NAME: William E. Barnes
 Address: 26158 Atlantis Lane
 City: Brooksville State: Florida Zip: 34601
 Phone: 352 770 3043 Email: Cheryl 02262006@gmail.com
 Property owner's name: (if not the applicant) _____

REPRESENTATIVE/CONTACT NAME:
 Company Name: William Barnes, Shirley Barnes
 Address: 801 Cooper Ave
 City: Inverness State: Florida Zip: 34450
 Phone: 352 422 0459 Email: Cheryl 02262006@gmail.com

HOME OWNERS ASSOCIATION: Yes No (if applicable provide name) _____
 Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____

PROPERTY INFORMATION:

1. PARCEL(S) KEY NUMBER(S): R33 422 20 7057 0000 0090
2. SECTION _____, TOWNSHIP 22 South, RANGE 20 East
3. Current zoning classification: Residential (mobile Homes) AE Zone
4. Desired use: 2nd Residence
5. Size of area covered by application: 9.7 acres
6. Highway and street boundaries: Atlantis Lane
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 AFFIDAVIT

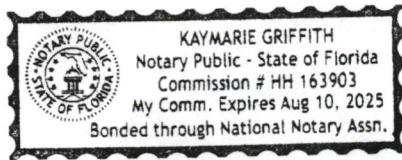
I, William Eugene Barnes, have thoroughly examined the instructions for filing this application and state and affirm that all information submitted within this petition are true and correct to the best of my knowledge and belief and are a matter of public record, and that (check one):

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

William E Barnes
Signature of Property Owner

**STATE OF FLORIDA
COUNTY OF HERNANDO**
 The foregoing instrument was acknowledged before me this 23rd day of June, 2023, by William Eugene Barnes who is personally known to me or produced FFDL as identification.

Kaymarie A Griffith
Signature of Notary Public



June 23, 2023

To Herando County Building inspector
William Barnes my father n law
needs me to help care for him
He also needs daily assistance
if you could please consider

Shirley Da

352 422 0459



Department of Veterans Affairs
James A. Haley VA Hospital
Brooksville VA Clinic
14540 Cortez Blvd
Brooksville, FL 34613
352-597-8287

June 6, 2023

To the Hernando County Building Inspector,

William Barnes needs family near to help care for him. Mr Barnes needs daily assistance and supervision.

If you have any questions, comments, concerns, or need assistance, you can reach me during business hours (Monday-Friday from 8am-3:30pm) by phone or walk-in. I look forward to assisting you.

Respectfully,

A handwritten signature in black ink, appearing to read "Amanda Lewis", is written over a horizontal line.

Amanda Lewis, MSW, LCSW
PACT Social Worker
Ph: 352-597-8287 Ext. 354121
James A. Haley VA Medical Center
Brooksville VA Clinic
14540 Cortez Blvd Ste 108 MS-122
Brooksville, FL 34613