

# 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

Date: 11-5-2025

File No. SE-26-02 Official Date Stamp:

RECEIVED

NOV 04 2025

Hernando County Development Services  
Zoning Division

APPLICANT NAME:

Julie Vadell

Address: 15249 Rester Drive

City: Brooksville

State: FL

Zip: 34613

Phone: (352) 428-0640

Email: mamamita56@gmail.com

Property owner's name: (if not the applicant) \_\_\_\_\_

REPRESENTATIVE/CONTACT NAME:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

HOME OWNERS ASSOCIATION:

Yes  No (if applicable provide name) \_\_\_\_\_

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

Address: \_\_\_\_\_

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

PROPERTY INFORMATION:

1. PARCEL(S) KEY NUMBER(S): 00973520
2. SECTION 14, TOWNSHIP 22, RANGE 18
3. Current zoning classification: 01- Residential Single Family
4. Desired use: mausoleum
5. Size of area covered by application: 225 Sqft
6. Highway and street boundaries: N-Gaaster Dr, W-Suncoast Hwy, S-Rester Dr, E-Long Island Rd.
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, Julie Vadell, 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.

Julie Vadell  
Signature of Property Owner

STATE OF FLORIDA  
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 28 day of October, 2015, by Julie Vadell who is  personally known to me or  produced \_\_\_\_\_ as identification.

Heather Carpenter  
Signature of Notary Public



Effective Date: 05/15/20 Last Revision: 05/15/20

Notary Seal/Stamp

# 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. SE-26-02 Official Date Stamp:

RECEIVED

NOV 04 2025

Hernando County Development Services  
Zoning Division

Date: 11-5-25

APPLICANT NAME: Sabato Del Pozzo

Address: 15249 Rester Drive

City: Brooksville

State: FL

Zip: 34613

Phone: (352)478-2608

Email: mamamita56@gmail.com

Property owner's name: (if not the applicant) \_\_\_\_\_

REPRESENTATIVE/CONTACT NAME: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

PROPERTY INFORMATION:

1. PARCEL(S) **KEY NUMBER(S):** 00973520
2. SECTION 14, TOWNSHIP 22, RANGE 18
3. Current zoning classification: 01- Residential Single Family
4. Desired use: Mausoleum
5. Size of area covered by application: 225 Sqft
6. Highway and street boundaries: N. Gandy Dr., W. Suncoast Hwy, S. Rester Dr., E. Island Rd.
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, Sabato Del Pozzo, 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**

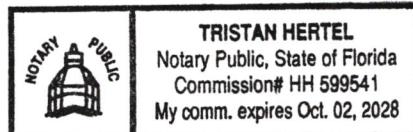
I am the owner of the property and am authorizing (applicant): \_\_\_\_\_  
and (representative, if applicable): \_\_\_\_\_  
to submit an application for the described property.

Signature of Property Owner

STATE OF FLORIDA  
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 3 day of November, 2025, by Sabato Del Pozzo who is  personally known to me or  produced FL ID as identification.

Signature of Notary Public



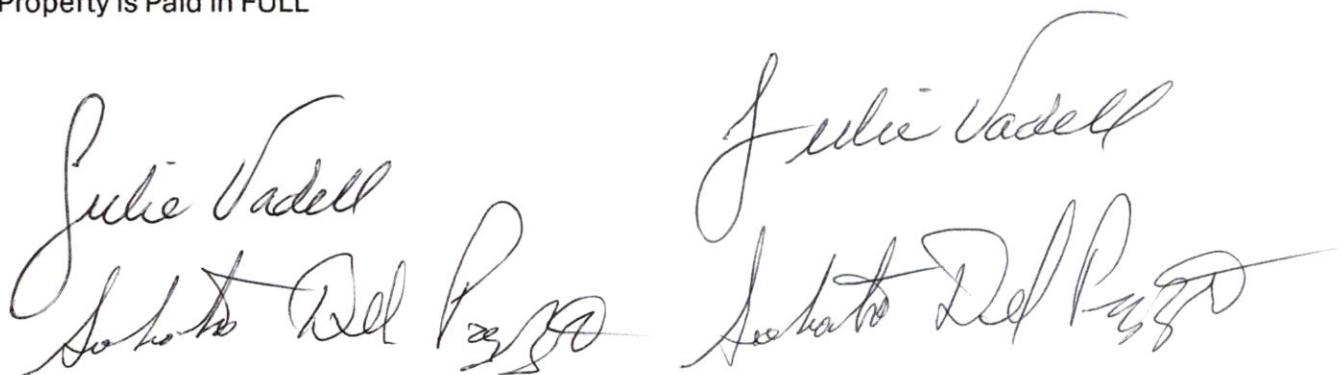
Effective Date: 05/15/20 Last Revision: 05/15/20

The reason I what to do a Mausoleum:

I am Bless with six kids, and I would like to create a deeply meaningful plan for our family. It's important for me preserving my family connection creating a Mausoleum on the property that seems like a beautiful way to honor my family bond, ensuring that my husband and I stay close to our children even after we are gone. It's important for us a physical space where the family can gather. Reflect and stay connected, especially since our children value being close home. We all came to an agreement about the property being kept in the family as a place for future generations to gather.

Property address: 15249 Rester Drive, Brooksville, FL 34613

Property is Paid in FULL



State of Florida

County of Hernando

The foregoing instrument was acknowledged  
before me 4<sup>th</sup> day of November

Hope Figueroa

Your Name Here, Notary Public

My Commission Expires 9/29/2029

