

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: 11-5-2025

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 Sft

6. Highway and street boundaries: N-Ganster 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, 2025, by Julie Vadell who is

☐ personally known to me or ☐ produced _____ as identification.

Signature of Notary Public

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



Notary Seal/Stamp

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Hernando County Development Services
Zoning Division

Date: 11-5-25

APPLICANT NAME:

Address: 15249 Rester Drive

City: Brooksville

State: FL

Zip: 34613

Phone: (352) 428-2608 Email: mammamita56@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:

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PROPERTY INFORMATION:

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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.

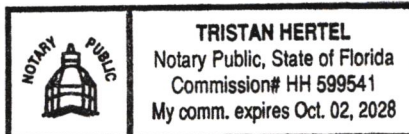
Sabato Del Pozzo
Signature of Property Owner

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

Notary Seal/Stamp

The reason I want 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

Julie Vadell
Soledad Del Razo

Julie Vadell
Soledad Del Razo

State of Florida
County of Hernando
The foregoing instrument was acknowledged
before me 4th day of November
Hope Figueroa
Your Name Here, Notary Public
My Commission Expires 9/29/2029

