

**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-2416 Official Date Stamp:

RECEIVED

SEP 23 REC'D

**Hernando County
Zoning Division**

Date: 9/20/2024

APPLICANT NAME: QASR LLC

Address: 6390 Arizona St

City: Brooksville

State: FL

Zip: 34604

Phone: 8133001799

Email: Alia@SuncoastArchitect.com

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

REPRESENTATIVE/CONTACT NAME: QASR LLC Alia Qureshi

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): 1001089
2. SECTION 35, TOWNSHIP 22S, RANGE 18E
3. Current zoning classification: AR2
4. Desired use: Assisted Living Facility
5. Size of area covered by application: 4.56 Acres
6. Highway and street boundaries: Gar St and Grove 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 AFFIDIVAT

I, Alia Qureshi for QASR LLC, 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.

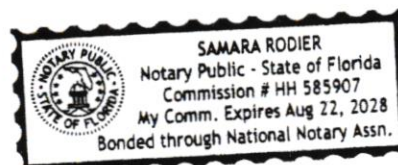
Alia Qureshi
Signature of Property Owner

**STATE OF FLORIDA
COUNTY OF HERNANDO**

The foregoing instrument was acknowledged before me this 23rd day of September, 2024, by Alia Qureshi who is personally known to me or produced FL DL as identification.

Samara Rodier
Signature of Notary Public

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



Notary Seal/Stamp

Narrative Description Of The Request

The subject property, consisting of 4.56 acres, located in Section 35, Township 22 and Range 18 of Hernando County, Florida has the parcel key No. 1001089.

This property is currently zoned AR2 (Vacant). The current Hernando County Zoning letter allows an Assisted Living Facility for 6 residents on the subject property (letter attached).

Increase the # of residents
This request is to ~~allow~~ an Assisted Living Facility for 16 residents on this lot. The proposed house will be a single storey concrete block structure, approximately 7,100 sq ft. There will be plenty of parking available for guests and staff. The required setbacks will be provided and no deviations are being requested.

The subject property is not in a flood zone and is at an elevation higher than Gar Street (Flood Map of the area is attached). A Boundary survey with spot elevations is also attached.

Hernando County Utilities Department has advised that the subject parcel falls within the HCUD utilities map and a water connection is available, however a septic will be required. The nearest County sewer connection is on the west side of Grove Road. The Hernando County Water And Sewer Map is attached.