## HERNANDO COUNTY PLANNING DEPARTMENT CLASS D SUBDIVISION REVIEW APPLICATION

1653 Blaise Dr Brooksville, FL 34601 352-754-4057e akidd@co.hernando.fl.us Date: 4-21-25

| APPLICANT: Gary JMCBee Val  | ier e Mober                  |  |
|---|------------------------------|--|
| Mailing Address: 35290 Train Pas  | ζζ                           |  |
| City, State, Zip Code: Web Ster FL 33597  |                              |  |
| Daytime Phone: 352-467-4907 Emai  | 1: The 3 McBees @ Gmail: Com |  |
| Daytime Phone: 352-467-4907 Email: The 3 McBers @ GMRil: COM  REPRESENTATIVE: Gary J McBer Value McBer  |                              |  |
| Mailing Address:  |                              |  |
| City, State, Zip Code:  |                              |  |
| Daytime Phone: Emai   | 1:                           |  |
| <b>Legal Description:</b> Write the complete legal description of the property below. Include Section, Township and Range, Subdivision Name, Lot, Block, and Unit Number. Attach additional sheet if necessary. |                              |  |
|   |                              |  |
| PARCEL KEY NUMBER 839258  | SEC TWP(S) RANGE(E)          |  |
| Size of Area Covered by Application: 10.5   |                              |  |
| Highway & Street Bur well Rd  |                              |  |
| Number of Parcels 2<br>Proposed:  |                              |  |
|   |                              |  |

| ACKNOWLEDGMENT  |
|---|
| This acknowledgment must be signed in the presence of a Notary Public.  |
| I, Gary J McBec Valerie MCB-e , hereby state and affirm that I have read the instructions for filing this application and that:  I am the owner of the property covered under this application. |
| I am the legal representative of the owner of the property described, which is the subject matter of this application.  |
| All answers to the questions in said application, all sketches and data attached and made part of this application are honest and true to the best of my knowledge and belief.                  |
| Signature of Applicant or Representative  |
| STATE OF FLORIDA COUNTY OF HERNANDO   |
| On this the 2 day of Notice VALETIE A Make and whose name(s) is/are subscribed to the within instrument, and acknowledge that he/she/they executed it.  |
| WITNESS my hand and official seal  CHERYL K BOYS  Notary Public - State of Florida  Commission # HH 098493  |
| Notary Signature  My Comm. Expires Apr 24, 2025  Bonded through National Social Associations:  EXPIRATION:  |
| The individual(s) are personally known to me or, presented the following  Identification: Florida Driver Lic Physical PRESENCE  |

## **Property Split Tax Clearance Form**

Florida Statutes: Title XIV §197 Taxation and Finance

<u>§197.192</u> Land not to be divided or plat filed until taxes paid. No land shall be divided or subdivided and no drawing or plat of the division or subdivision of any land, or declaration of condominium of such land, shall be filed or recorded in the public records of any court until all taxes have been paid on the land.

As a result of the above statute, you are required to provide this form signed by the Hernando County Tax Collector's Office certifying that the taxes on the property proposed to be split have been paid through the current tax year.

| DATE: 04-21-2095                                    |  |  |
|---|--|--|
| I, hereby certify that the property taxes on parcel |  |  |
| Key number <u>839258</u>                            | have been paid through the current tax year. |  |

Sally L. Daniel, CFC Hernando County Tax Collector Hernando County Government Center 20 North Main Street, Room 112 Brooksville, FL 34601 (352) 754-4180

By: Sabatha Reagn Print Name: Tabatha Reagn Title: CSR

**SEAL** 

