

**HERNANDO COUNTY ZONING DIVISION
ZONING VARIANCE APPLICATION**

1458528

This application must be completed and returned, with all exhibits and other items listed on page 1 of the instruction sheet, to this office before consideration for the request is reviewed and a determination made. Bear in mind that the variance request must be justified and the mere filing of the application or appearance at a public hearing, if needed, does not assure approval of said application. If a public hearing is necessary, the applicant or representative is required to appear in person at the hearing.

Applicant Name: Vincent J Shopp Date: 11/21/2022

Mailing Address: 13231 Ester Dr

Phone No. 352-585-8326 Fax: _____

E-Mail: thepermittech@gmail.com

Representative Name (if applicable): Lisa Wilson- The Permit Tech Inc

Mailing Address: PO Box 15133, Brooksville, FL 34604

Phone No. 352-585-8326 Fax: _____

E-Mail: thepermittech@gmail.com

Address of Property: 13231 Ester Dr.

Legal Description: Hexam Heights Unit 2 BLK C W1/2 of Lot 7 AKA A Par

In Class I Sub as Approved by Planning Dept

Key No.: 01563196 Zoning District: Residential

Homeowners Association Yes ___ No If yes, name of HOA _____

Contact Name: Lisa Wilson - The Permit Tech Inc.

Contact Address: 13144 Angler St. City: Spring Hill State FL Zip 34609

Variance being requested: Variance requested due to Accessory Structure Ordinance 2016-17
(brief description of variance, i.e. reduce setback, increase bldg height, etc.)

Briefly state hardship justifying granting of the variance: Purchased property with intent to put up Metal Building
(see hardship criteria listed on page 4. Give full explanation in written narrative, see No. 7 of instruction sheet)

Signature of applicant or representative: 