

**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. _____ Official Date Stamp:

C4-24-10

Received

JUL 8 2024

Planning Department
Hernando County, Florida

Date: **7-08-2024**

APPLICANT NAME:

Donna L. Smart

Renewal

Address: **6117 NODOC ROAD**

City: **Spring Hill**

State: **Florida** Zip: **34609**

Phone: **727-400-1169** Email: _____

Property owner's name: (if not the applicant) **SAME Donna.S@defendingyounow.com**

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): **R0322318240000001011**
2. SECTION **03NE** TOWNSHIP **23 South** RANGE **18 East**
3. Current zoning classification: **AR2**
4. Desired use: **Primary Residence**
5. Size of area covered by application: **2 acres**
6. Highway and street boundaries: **NODOC ROAD**
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, **Donna Louise Smart**, 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.

Donna L. Smart

Signature of Property Owner

STATE OF FLORIDA
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this **8th** day of **July**, 20 **24**, by **Donna Smart** who is personally known to me or produced _____ as identification.

Cynthia D. Paonessa

Signature of Notary Public



CYNTHIA D. PAONESSA
Commission # HH 125045
Expires June 26, 2025
Bonded Thru Budget Notary Services

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

Notary Seal/Stamp

Donna L. Smart
6117 NoDoc Road
Spring Hill, Florida 34609
Phone: (727) 400-1169 Cell
Work: (727) 442-2800
email: donna@defendingyounow.com
dsmart7938@gmail.com

July 08, 2024

NARRATIVE

I went to Plant City Housing, LLC. and was in the process of purchasing a new mobile home. The Realtor told me it was zoned residential and I could put (2) homes on the property.

I am requesting this special permit because I bought two acres in Spring Hill, one acre for my son Mike and the other acre for me and my son Ron. I am getting ready to retire in about 3 years and my son, Mike and his wife moved back from Alaska and wanted to buy the acres with me so that as I get older and already have medical issues, he wanted to make sure we could be within close distance to help me out. The realtor told us that the rule in Hernando was 1 house per acre. I also have my older son, Ron, living with me. He is recovering from stage 4 throat cancer. He is still very weak and has other medical issues, which is another reason we need family close by.

My son and I had been looking for property for over a year when this property came up. I still owned a home in Pasco County and Mike and I agreed that he would move to the property in Hernando with the mobile home already on it and pay for half and I would sell my house in Pasco and buy a new mobile home to put on the property for Ron and I. Ron and I have lived there for 1 year, 3 months.

I also have medical issues and have two letters from my doctors.

Sincerely,

A handwritten signature in black ink, appearing to read "Donna L. Smart", with a stylized flourish at the end.

Donna L. Smart



04/30/2024

To Whom It May Concern:

Re: Donna Smart DOB: 09/13/1947

This letter is to state that my patient, Donna, suffers from multiple medical conditions which prohibit her from performing many of her daily living activities. Donna requires assistance from a caregiver who resides with or near her home.

Please do not hesitate to contact me with any questions.

Thank you.

J. Khabra MD

Jessica Khabra, M.D.

April 29, 2024

To whom it may concern,

Ms. Donna Smart has been under my Dermatology care for the last 10 years.

This pleasant 77-year-old has had skin cancer and multiple other problems that have needed biopsy through the years. I view it as medically necessary that she be allowed to live near family members who can help in her care.

If you have further questions, feel free to contact me at the address below.

A handwritten signature in black ink, appearing to read 'Brian T Johnson', with a long, sweeping horizontal line extending to the right.

Brian T Johnson MD
1805 Cypress Brook Dr., #101
Trinity, Florida 34655
727-264-8833