

**HERNANDO COUNTY CONDITIONAL USE PERMIT
OR SPECIAL EXCEPTION USE PERMIT PETITION**

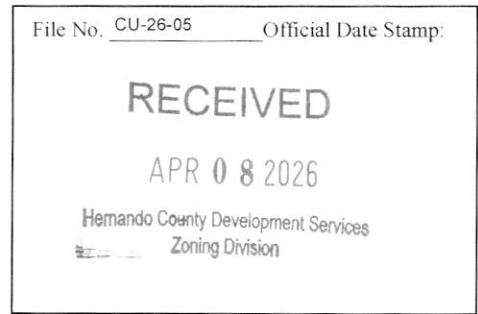
File No. CU-26-05 Official Date Stamp:



Application request (check one):

- Conditional Use Permit**
 Special Exception Use Permit

PRINT OR TYPE ALL INFORMATION



Date: 4/8/2026

APPLICANT NAME: Miledy Sanchez, Rafael Regus, Johanna Regus (formerly Brown)

Address: 18178 Evening Star Ave

City: Brooksville State: FL Zip: 34604

Phone: 352-842-7623 Email: johanna.r1975@hotmail.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): 203229
2. SECTION 17, TOWNSHIP 23, RANGE 19
3. Current zoning classification: R1A
4. Desired use: 2nd Residence for Medical Hardship
5. Size of area covered by application: 5
6. Highway and street boundaries: Evening Star and Station Blvd
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, Johanna Regus Miledy Sanchez RAFAEL REGUS, 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)**:

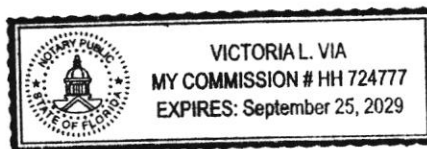
- I am the owner of the property and am making this application **OR**
 I am the owner of the property and am authorizing *(applicant)*: _____
and *(representative, if applicable)*: _____
to submit an application for the described property.

Miledy Sanchez
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 8th day of April, 2026, by Johanna Regus Miledy Sanchez Rafael Regus who is personally known to me or produced FLDL's as identification.

[Signature]
Signature of Notary Public



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

Notary Seal/Stamp

To Whom It May Concern,

My name is Johanna Regus, and I am writing to formally request approval to place an additional mobile home on our property.

My father, Rafael Regus, is 79 years old and has suffered several strokes. As a result, he is no longer able to care for himself independently. Recently, he became severely ill and unresponsive, and after medical testing, doctors discovered a cyst surrounding his pituitary gland. This condition has caused significant deterioration in his health, including loss of vision, memory impairment, and difficulty walking without assistance. Unfortunately, his condition is not expected to improve and continues to decline.

Currently, my father lives with my mother in the manufactured home on our property. My mother is 82 years old and is struggling to meet my father's daily care needs on her own. The physical and emotional demands of caregiving have become overwhelming for her.

Approval to place an additional mobile home on the property would allow me to live nearby and provide consistent support and care for both of my parents. Being on the property would give them peace of mind knowing that help is always available, and it would greatly ease the emotional strain my mother is experiencing as she worries about managing alone.

This arrangement has become a necessity for our family, and your approval would significantly improve our ability to care for my parents during this difficult time. Thank you for your time and consideration.

Sincerely,

Johanna Regus

1/2/26

