

RECEIVED
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HERNANDO COUNTY ZONING

**HERNANDO COUNTY ZONING DIVISION
ZONING VARIANCE APPLICATION**

OFFICE USE ONLY
DATE REC'D
1451120
FILE NO.

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: Alvin F. Knight III Date: 10-24-22
Mailing Address: 10096 Domingo Drive, Brooksville, FL 34601
Phone No. 352-549-7481 Fax: _____
E-Mail: knightsgarage@gmail.com

Representative Name (if applicable): _____
Mailing Address: 10096 Domingo Drive, Brooksville, FL 34601
Phone No. 352-549-7841 Fax: _____
E-Mail: _____

Address of Property: Same as above
Legal Description: _____

Key No.: 13933 Zoning District: PDP(CSF)
Homeowners Association Yes _____ No If yes, name of HOA _____

Contact Name: _____
Contact Address: _____ City: _____ State _____ Zip _____

Variance being requested: Roofing Material Type (Metal)
(brief description of variance, i.e. reduce setback, increase bldg. height, etc.)

Briefly state hardship justifying granting of the variance: see attached letter
(see hardship criteria listed on page 4. Give full explanation in written narrative, see No. 7 of instruction sheet)

Signature of applicant or representative: 