HERNANDO COUNTY ZONING AMENDMENT PETITION

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1x	OR	10	*

Application to Change a Zoning Classification

Application request (check one): Rezoning

Standard

PDP

Master Plan □ New □ Revised

PSFOD ☐ Communication Tower ☐ Other

PRINT OR TYPE ALL INFORMATION

File No. Official Date Stamp:

Received

JUN 1 3 2024

Planning Department

Date: Hernando County, Florida
APPLICANT NAME: Thomas GAULIN and Lamira Jometo
Address: 11177 5186, 1 / ADIC 2411
City: Weeki Wachee State: // Zip: 34614
Phone: 3525845851 Email: TGAULIN Z482 9MAIL COM
Property owner's name: (if not the applicant)
REPRESENTATIVE/CONTACT NAME:
Company Name:
Address:
City:
HOME OWNERS ASSOCIATION: ☐ Yes ☑ No (if applicable provide name)
Contact Name:
PROPERTY INFORMATION:
1. PARCEL(S) <u>KEY</u> NUMBER(S): 362/73 2. SECTION 35, TOWNSHIP 77, RANGE 19
 3. Current zoning classification: 4. Desired zoning classification:
5 Size of area covered by application: 13 AC
6. Highway and street boundaries: Ottey RD & Mitchell RP
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? \(\subseteq \text{Yes} \subseteq \text{No (Time needed:)} \)
PROPERTY OWNER AFFIDIVAT
I, Thomas Caleda & Dom Row, 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.
Laure Dury Variation
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 day of
June , 20 24, by Thomas Gaulin, Zami va Com Bue Volo is personally known to me or Sproduced FLDL as identification.
personally known to the of Exproduced PCDC as Identification.
Signature of Notary Public DANIELLE WALTERS
製 MY COMMISSION # HH 307871 ■
Effective Date: 05/15/20 Last Revision: 05/15/20 EXPIRES: September 1, 2026 Notary Seal/Stamp

HERNANDO COUNTY ZONING AMENDMENT PETITION



Date:

Application to Change a Zoning Classification

Application request (check one):
Rezoning Standard □ PDP
Master Plan □ New □ Revised
PSFOD □ Communication Tower □ Other
PRINT OR TYPE ALL INFORMATION

APPLICANT NAME: Thomas GAUL	LIN				
Address: 1/123 SNOW LAR					
City: WEEKI WAChee		State:	Zip: 34614		
City: WEEK! WACHER Phone: 352 584 865 Email: TGA	w +12/2481	Damail 2	om		
Property owner's name: (if not the applicant)					
REPRESENTATIVE/CONTACT NAME:					
Company Name:					
Address:					
City: Email:		State:	Zıp:		
HOME OWNERS ASSOCIATION: Yes V No (if applicable)					
Contact Name:	O'.	C	7.		
Address:	City:	St	tate: Zip:		
PROPERTY INFORMATION:					
1. PARCEL(S) <u>KEY</u> NUMBER(S): 362173 2. SECTION 35 , TOWNSHIP	5		10:		
2. SECTION 35, TOWNSHIP	22	, RANGE _	_79		
, 30					
	2 \$ M. K	hall RO			
6. Highway and street boundaries:	U F OITE	2 D Ves The			
7. Has a public hearing been held on this property within the			:1 ::6		
8 Will expert witness(es) be utilized during the public heari	ngs?	Yes W No (If ye	es, identify on an attached list.)		
Will additional time be required during the public hearing	g(s) and how much?	Yes No (Tim	e needed: none		
PROPERTY OWNER AFFIDIVAT					
The Contract					
I, my name Thomas GAULIN	, have th	oroughly examined th	ne instructions for filing this		
application and state and affirm that all information submitted w	ithin this petition are	e true and correct to the	ne 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 applic					
☐ I am the owner of the property and am authorizing (applicant):					
and (representative, if applicable):					
to submit an application for the described property.	-0				
	The	me 1 of	5.0.		
_ flored Duden					
CTATE OF FLORIDA	2	Signature of Property Owne	r		
STATE OF FLORIDA COUNTY OF HERNANDO					
	ne of Inhysical pres	sence or Donline not	arization, this 3 day of		
The foregoing instrument was acknowledged before me by means of Pphysical presence or Conline notarization, this day of who is					
personally known to me or produced Das identification.					
as the little	Carlott.				
tolognet untant	*****				

Signature of Notary Public

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



ROBIN ANDREA REINHART MY COMMISSION # HH 309051 EXPIRES: September 6, 2026

lotary Seal/Stamp

I Would hike TO Rezowe My LOT TO Residential USe.

Thank you!