HERNANDO COUNTY ZONING AMENDMENT PETITION



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 07 2023

	Date: 6-6-2023	Plannir	g Department	
A DD	LICANT NAME: OLICE TO CERROR TILL & SLAVER PONTE	Corene	County, Florida	
APP.	Address GUI 9 M - Visias Stone Dr	Green		
	City: 1-1- hs +	E Florida	Zip: 33597	
	Phone: CD8/300-8005 Email: The Broken Accow 23 @ amail	com		
	Address: 8469 Medicine Stone Dr City: We beter Phone: 678/300-8005 Email: The Broken Arrow 23 @ gmail. Property owner's name: (if not the applicant)			
REP	REPRESENTATIVE/CONTACT NAME:			
	Company Name:			
	Address:	V	7:	
	City: State Phone: Email:	e:	Z1p:	
	Phone:Email:			
HON	ME OWNERS ASSOCIATION: ☐ Yes No (if applicable provide name)			
	Contact Name:	Ctata	7in:	
	Address: City:	State	Zip	
PRO	PERTY INFORMATION:			
1.	PARCEL(S) KEY NUMBER(S): R21 - 121 - 21 - Ø9ØØ - Ø75 SECTION 19839 , TOWNSHIP Current zoning classification: R1	50-0260		
2.	SECTION 19839 TOWNSHIP	, RANGE		
3.	Current zoning classification: R1			
4.	Desired zoning classification:			
5.	Size of area covered by application: 4.15 Ac			
6.	Highway and street boundaries: Medicine Stone Dr. Has a public hearing been held on this property within the past twelve months? Yes	V No		
7.		Mo (If wee ide	entify on an attached list.)	
8	Will expert witness(es) be utilized during the public hearings? ☐ Yes Will additional time be required during the public hearing(s) and how much? ☐ Yes			
9.	Will additional time be required during the public hearing(s) and now much?	No (Time nee		
PROPERTY OWNER AFFIDIVAT				
-ici Du C				
I, Otis J Greene II & Shannon Parker Greene, 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.			
	///a// 1 _ //	'C II U	Lum 17 Llou	
	Signature of	Property Owner	4	
CTATE OF ELOPIDA				
COUNTY OF HERNANDO DICE.				
The foregoing instrument was acknowledged before me this				
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M/ all Madies				
	11/100 11/100000 yich	VIICE		
Sign	ature of Natary Public			

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



Notary Seal/Stamp



Narrative Description of Request for Re-Zoning Application Otis J. Greene, III and Shannon P. Greene 8469 Medicine Stone Drive

Webster, FL 33597

Parcel: R22-122-21-0900-0750-0260

Key Number: 19839

To Whom It May Concern:

We are requesting re-zoning for the above-mentioned property at the corner of Medicine Stone Drive and Rolling Stone Drive in Ridge Manor Estates. Our current zoning is R1 and we would like to re-zone to AR.

1. Proposal

- a. Proposed land uses and their specific acreage: a small family farm with a garden and a few animals. The property is 4.15 acres.
- b. Proposed density level of residential uses: a single-family residential home approximately 2,800 square feet
- c. Proposed sq. ft. of development and building height(s) of commercial uses: N/A
- d. Proposed deviations from code: N/A

2. Site Characteristics

- a. Site Size (acres): 4.15
- b. Existing land uses and their specific acreage: vacant undeveloped land
- c. Known activities or uses on-site: none

3. Environmental Considerations

- a. Flood Zone: at the far south end of the property is a small area for a flood zone approximately 1-acre that will be a used portion for any structures.
- b. Drainage Features: N/A
- c. Water Features: N/A
- d. Habitats: N/A
- e. Conditions and Impacts on Natural Features: N/A

