

OFFICE USE ONLY
DATE REC'D _____
FILE NO. _____

**HERNANDO COUNTY ZONING DIVISION
ZONING VARIANCE APPLICATION**

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: David L. Bratcher Date: June 9 2022

Mailing Address: 2306 Ring Rd Spring Hill FL 34609

Phone No. 704 689 7180 Fax: _____

E-Mail: dbratcher@carolina.rr.com

Representative Name (if applicable): _____

Mailing Address: _____

Phone No. _____ Fax: _____

E-Mail: _____

Address of Property: 2306 Ring Rd. Spring Hill FL 34609

Legal Description: LOT 3, Block 790 Spring Hill unit 13

Key No.: 00527380 Zoning District: Spring Hill unit 13

Homeowners Association Yes ___ No ___ If yes, name of HOA _____

Contact Name: _____

Contact Address: _____ City: _____ State _____ Zip _____

Variance being requested: To add a STREET facing door of enclosed garage
(brief description of variance, i.e. reduce setback, increase bldg. height, etc.)

Briefly state hardship justifying granting of the variance: for Life Safety (See Cover 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: David L. Bratcher