

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



Application request (check one):

- Conditional Use Permit
- Special Exception Use Permit

PRINT OR TYPE ALL INFORMATION

File No. CU-22-08 Official Date Stamp:

**Received**

JUN 03 2022

Planning Department  
Hernando County, Florida

Date: 06/01/2022

**APPLICANT NAME:** Joan Hahn

Address: 2187 Valley Ridge Lane

City: BROOKSVILLE State: Florida Zip: 34602

Phone: 352-442-1611 Email: Joan Hahn @ helping Injured people .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): 001262626

2. SECTION \_\_\_\_\_, TOWNSHIP \_\_\_\_\_, RANGE \_\_\_\_\_

3. Current zoning classification: AG

4. Desired use: Conditional Use permit

5. Size of area covered by application: \_\_\_\_\_

6. Highway and street boundaries: \_\_\_\_\_

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 AFFIDAVIT**

I, Joan Hahn, 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

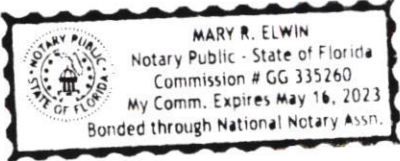
I am the owner of the property and am authorizing (applicant): \_\_\_\_\_ and (representative, if applicable): \_\_\_\_\_ to submit an application for the described property.

Joan E. Hahn  
Signature of Property Owner

**STATE OF FLORIDA**  
**COUNTY OF HERNANDO**

The foregoing instrument was acknowledged before me this 3<sup>rd</sup> day of June, 2022, by Joan E. Hahn who is personally known to me or produced FLDL Exp 12/29/2029 as identification.

Mary R Elwin  
Signature of Notary Public



Effective Date: 11/8/16 Last Revision: 11/8/16 Notary Seal/Stamp

Thank you for taking time to help us by considering the renewal of the Exceptional Use Permit, for our Special Needs Son William.

William requires daily supervision as noted in the letter from his treating doctor. He has medical issues that need active family involvement, so having him close is very important.

Having William close is of great concern for his quality of life. We are his legal guardians and, his only means of care, food, doctors, and social activities.

I still work a 40-hour full time employment to help support our household.

William's home is neatly maintained and, is in an area that is easily accessible to care for him daily, and to keep him from harms way, it is located directly behind our home. His house looks like a cottage with window awnings and flowers in the grow box, He is very proud of it.

Please consider the renewal for this permit, it would help me be able to care for my family.

Thank You

Joan Hahn

Received

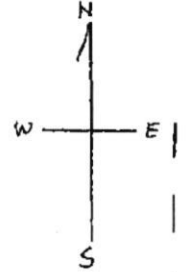
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SCALE 1" = 100'

