HERNANDO COUNTY ZONING AMENDMENT PETITION



Date: Tung 10th 2024

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

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File No. ____Official Date Stamp:

RECEIVED

JUN 2 1 2024

Hernando County Development Services Zoning Division

Date. Some 10 2021		
APPLICANT NAME: Timothy Fiori		
Address: 840 Petal Mist LA		
City: Brooksville	State: F1	Zip: 34604
Phone: 352 - 691-0451 Email: Fiori +imstry	a brail com	•
Property owner's name: (if not the applicant)		
REPRESENTATIVE/CONTACT NAME:		
Company Name:		
Address:		
City:	State:	Zip:
City: Email:		
HOME OWNERS ASSOCIATION: ☐ Yes ☒ No (if applicable provide name		
Contact Name:		
Address: Cit	y: Sta	te:Zip:
PROPERTY INFORMATION:	•	•
1. PARCEL(S) <u>KEY</u> NUMBER(S): 858423	DANICE	10
2. SECTION 27 , TOWNSHIP 22	, RANGE	19
 Current zoning classification: Desired zoning classification: AR 2		
4. Desired zoning classification: 5. Size of area covered by application: 3.7 ACRES		
the second of th	a mantha? T Vas P Na	
7. Has a public hearing been held on this property within the past twelve		'.1 - 1'C 1 - 1 I' - 1 \
	70.7 Table 10.7 Table	s, identify on an attached list.)
 Will additional time be required during the public hearing(s) and how 	v much?	needed: _none)
PROPERTY OWNER AFFIDIVAT		
I, my name Timothy Flori	, have thoroughly examined the	instructions for filing this
application and state and afterm that all information submitted within this pe	etition 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.	7	
(/	1-4 (/)	
77.44	M Z	
	Signature of Property Owner	-
STATE OF FLORIDA		
COUNTY OF HERNANDO		
The foregoing instrument was acknowledged before me by means of Thy	sical presence or Online notar	rization, this 14th day of
Juge , 20 24 , by Tim Fi	2/1	who is
personally known to me or produced as identification.	-	9.00000 985.1
/ / < / /		
In I all		State of Florida
Signature of Notary Public	Joshua E. C My Commiss	ion .
Signature of rotal fit dolle	Exp. 5/15/2	026
Effective Date: \$5/15/20 Last Revision: 05/15/20		Notary Seal/Stamp
1/		

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Page 1 of 1

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Hernando County Development Services Zoning Division

Date:		
Mask to		
Address: SUD Petal Mist In		
City: Brooks VIIIe	State: F	Zip: 341004
Phone: Email:		,
Property owner's name: (if not the applicant)		
REPRESENTATIVE/CONTACT NAME:		
Company Name:		
Address:	C. C.	7.
City:Email:	State:	Zip:
Harden May 1 of the control of the c		
HOME OWNERS ASSOCIATION: ☐ Yes ☐ No (if applicable provided)	le name)	
Contact Name:	C:	7:
Address:	_ City: Si	tate:Zip:
PROPERTY INFORMATION: 1. PARCEL (S) KEY NUMBER (S): 858423		
1. TARCEL(S) KET NOMBER(S).), RANGE _	
	, RANGE _	
	avelve months? \(\Pi\) \(\text{Ves} \(\Pi\)\(\text{No}\)	
		es, identify on an attached list.)
8 Will expert witness(es) be utilized during the public hearings?		
9. Will additional time be required during the public hearing(s) and	a now much?	ie needed)
PROPERTY OWNER AFFIDIVAT		
1. Amber Fiori	, have thoroughly examined the	he instructions for filing this
application and state and affirm that all information submitted within t	his petition are true and correct to the	he hest of my knowledge and
belief and are a matter of public record, and that (check one):	ms petition are true and correct to a	ie oest of my mie wronge men
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.	Λ	
to submit an application for the described property.	11. 1. 11 -	
, \	An Res Flyons	
	Signature of Property Own	er
STATE OF FLORIDA	/	
COUNTY OF HERNANDO		215+
The foregoing instrument was acknowledged before me by means of	□physical presence or □online not	tarization, this 21 day of
June , 20 24 , by AM !!	er fior.	who is
personally known to me or produced FL havinas identification	1.	
	CARRIE L. CLI	NE .
() ~ ~ ~ ~ () () .	* Commission # HH 2	59804
alung Clem	Expires May 1, 20	
Signature of Notary Public	, , , , ,	

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

Notary Seal/Stamp



Formal Request for Zoning Designation Change:

Subject: Request for Zoning Designation Change from R1C to AR-2 for Property Parcel Number R27-422-19-0000-0430-0040

Dear Zoning Department,

I am writing to formally request a change in zoning designation for property parcel number R27-422-19-0000-0430-0040, encompassing a total area of 3.7 acres. The proposed alteration seeks to transition the zoning classification from R1C to AR-2.

The site in question is currently described as a 3.7-acre wooded uninhabited lot, featuring one flood zone AE and one flood Zone A channel. Furthermore, the property is devoid of any known habitats. Importantly, our thorough assessment assures that rezoning to AR-2 will not impose adverse impacts on natural features. The intended development plan entails the establishment of a manufactured home on the premises incorporating minimal grassing livestock. I assure you that all facets of development will meticulously adhere to the county's building codes. In terms of utilities, the site will be equipped with a self-contained septic system for sewage disposal, complemented by access to City of Brooksville water utilities.

I trust that this request will be considered judiciously, bearing in mind its adherence to regulatory frameworks and its commitment to responsible land use practices.

Thank you for your attention to this matter.

Sincerely,

Timothy and Amber Fiori