

V-23-25

OFFICE USE ONLY
DATE REC'D

FILE NO. _____

**HERNANDO COUNTY ZONING DIVISION
ZONING APPEAL APPLICATION**

This application must be completed and returned, with all documents and check specified on the instruction sheet, to this office before a board hearing will be scheduled. Please note that the petitioner or representative is required to be present at the hearing.

Applicant Name: Charles Fernandez Date: 4/3/2023

Mailing Address: 430 Florian Way Spring Hill, FL 34609

Phone No. 352-650-3706 Fax: N/A

E-Mail: chchas8@hotmail.com

Representative Name (if applicable): _____

Mailing Address: _____

Phone No. _____ Fax: _____

E-Mail: _____

Address of Property: 6080 Waverly Rd Weeki Wachee, FL 34607

Legal Description: Weeki Wachee Gardens Co

Replat Lot 14 ORB 649 PG 1648

Key No.: 92526 Zoning District: RIA Residential District

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

Contact Name: _____

Contact Address: _____ City: _____ State _____ Zip _____

Signature of applicant or representative: Charles M Fernandez

OWNER AFFIDAVIT

I, Charles Fernandez, HEREBY STATE AND AFFIRM THAT:

I am the owner of the property and am making this application OR

I am the owner of the property and am authorizing the entity below to submit an application on the described property. The entity shall complete the affidavit below.

I have read the instructions for filing this application. All answers to the questions in said application, all sketches and data attached to and made part of this application are honest and true to the best of my knowledge and belief and are a matter of public record.

Charles M Fernandez
Signature of property owner

**STATE OF FLORIDA
COUNTY OF HERNANDO**

The foregoing instrument was acknowledged before me this 3 day of April, 2023
by Charles Fernandez, who is () personally known to me or who () has produced
_____ as identification.

Kelly Beier
Signature of Notary Public

Stamp of Notary Public



KELLY BEIER
Notary Public
State of Florida
Comm# HH183445
Expires 10/7/2025

AGENT/REPRESENTATIVE AFFIDAVIT

I, _____, HEREBY STATE AND AFFIRM THAT:

I am the legal representative of the owner or lessee of the property described, which is the subject matter of the application. I have been authorized by the owner identified above to proceed with this application.

I have read the instructions for filing this application. All answers to the questions in said application, all sketches and data attached to and made part of this application are honest and true to the best of my knowledge and belief and are a matter of public record.

Signature of representative

**STATE OF FLORIDA
COUNTY OF HERNANDO**

The foregoing instrument was acknowledged before me this _____ day of _____, 2_____
by _____, who is () personally known to me or who () has produced
_____ as identification.

Signature of Notary Public

Stamp of Notary Public