

H-25-52

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: _____

Date: 10/1/2025

APPLICANT NAME: Joseph Pastore

Address: 11192 Archer Avenue

City: Spring Hill

State: FL

Zip: 34608

Phone: 352-683-3363

Email: office@pastorecustombuilders.com

Property owner's name: (if not the applicant)

REPRESENTATIVE/CONTACT NAME: Frank DiCaro

Company Name: ProCivil 360, LLC

Address: 12 S. Main Street

City: Brooksville

State: FL

Zip: 34601

Phone: 352-593-4255

Email: permitting@procivil360.com

HOME OWNERS ASSOCIATION: ☐ Yes ☒ No (if applicable provide name)

Contact Name: _____

Address: _____

City: _____

State: _____

Zip: _____

PROPERTY INFORMATION:

- PARCEL(S) **KEY** NUMBER(S): 86622
- SECTION 25, TOWNSHIP 22, RANGE 17
- Current zoning classification: PDP (GC) with Outside Storage
- Desired zoning classification: PDP (GC) with Outside Storage
- Size of area covered by application: 1.4
- Highway and street boundaries: US 19 and Long Lake Avenue
- Has a public hearing been held on this property within the past twelve months? ☐ Yes ☒ No
- Will expert witness(es) be utilized during the public hearings? ☐ Yes ☒ No (If yes, identify on an attached list.)
- Will additional time be required during the public hearing(s) and how much? ☐ Yes ☒ No (Time needed: _____)

PROPERTY OWNER AFFIDAVIT

I, Joseph Pastore and Robin Pastore, 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): ProCivil 360, LLC

to submit an application for the described property.

[Signature]

Signature of Property Owner

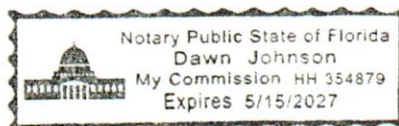
STATE OF FLORIDA
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this 2nd day of January, 2026, by Anthony Crescenzo who is personally known to me or produced as identification.

[Signature]

Signature of Notary Public

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



Notary Seal Stamp