

**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. \_\_\_\_\_ Official Date Stamp:

**RECEIVED**

**JUN 04 2025**

Hernando County Development Services  
Zoning Division

Date: June 3, 2025

**APPLICANT NAME:** Terrance Schabillon / Aliviya Rose Manor

Address: 14180 Amers Lane

City: Spring Hill

State: FL

Zip: 34609

Phone: 762-721-4765 Email: office@aliviayarosemanor.com

**Property owner's name:** (if not the applicant) Revolve Investment Group LLC

**REPRESENTATIVE/CONTACT NAME:** Terrance Schabillon / Alyssa Schabillon

Company Name: Aliviya Rose Manor

Address: 14180 Amers Lane

City: Spring Hill

State: FL

Zip: 34609

Phone: 762-721-4765 Email: office@aliviayarosemanor.com

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

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**PROPERTY INFORMATION:**

1. PARCEL(S) **KEY** NUMBER(S): 00417301
2. SECTION 22, TOWNSHIP 23, RANGE 18
3. Current zoning classification: PDP (SF)
4. Desired use: One 14 bed assisted Living Home
5. Size of area covered by application: 7.5 Acres
6. Highway and street boundaries: Ferguson Ave and Arrendandia Ave
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, Zachary Sorrentino for Revolve Investment Group LLC, 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): Terrance Schabillon / Aliviya Rose Manor  
and (representative, if applicable): Alyssa Schabillon  
to submit an application for the described property.

Zachary Sorrentino  
Signature of Property Owner

**STATE OF FLORIDA  
COUNTY OF HERNANDO**

The foregoing instrument was acknowledged before me this 3rd day of June, 2025, by Zachary Sorrentino who is personally known to me or produced D.L. as identification.

Sharon Wheatley  
Signature of Notary Public



SHARON WHEATLEY  
Commission # HH 423366  
Expires August 7, 2027

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

**PRINT FORM**

**CLEAR FORM**

Notary Seal/Stamp

This proposal seeks zoning approval for the development of a 14 bed assisted living home on a currently vacant parcel of land. The intended use aligns with community needs for residential care facilities and is designed to be consistent with applicable zoning ordinances governing residential health care and group living arrangements.

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**Intended Use:**

The proposed project involves the construction of a single-story assisted living home, licensed to accommodate up to 14 residents. This home will provide non-institutional, long-term residential care for seniors who require assistance with daily activities but do not need full-time skilled nursing care.

**Zoning Considerations:**

We respectfully request that the proposed use be reviewed and approved under the applicable zoning category for residential care facilities or similar group housing. The development is intended to operate within the scope of a Residential Care Home/Facility classification and will comply with all density, setback, height, and parking requirements as outlined in local ordinances.

**Site and Design Overview:**

- The home will house a maximum of 14 residents in private or semi-private rooms.
- The design mimics traditional residential architecture to blend into the surrounding community and avoid institutional appearance.
- The building will include common living and dining areas, ADA-compliant restrooms, caregiver space, and a full-service kitchen.
- Outdoor green space, walking paths, and sitting areas will be incorporated to promote resident wellness.
- Driveways and parking areas will be designed to accommodate staff, visitors, and emergency access.
- Buffer zones and landscaping will be installed to minimize impact on neighboring properties.

**Public Interest and Compatibility:**

This development addresses a critical community need by expanding local capacity for elder care in a setting that promotes dignity, safety, and social connection. The project is

intentionally low-impact, with 24/7 supervision, minimal traffic generation, and no commercial signage, maintaining the quiet character of the area.

**Licensing and Operational Oversight:**

The home will be licensed in accordance with state and local regulations for assisted living facilities, including building codes, zoning requirements, fire safety standards, and healthcare licensing.

Operations will be overseen by experienced administrators, with a staffing model that supports individualized care and emergency preparedness.

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Zoning Division

**Request:**

We are requesting a zoning determination or approval to permit the use of the vacant land for a 14 -bed assisted living home. We are prepared to provide site plans, traffic analysis, drainage studies, and any other documentation necessary for review.

**Conclusion:**

We believe this proposed development is an appropriate and beneficial use of the property that is consistent with the city's planning goals and zoning framework. We respectfully seek the department's support and guidance to move forward with this important project.