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HERNANDO COUNTY ZONING

**HERNANDO COUNTY ZONING DIVISION
ZONING VARIANCE APPLICATION**

OFFICE USE ONLY
DATE REC'D _____
FILE NO. _____

This application must be completed and returned, with all exhibits and other items listed on page 1 of the instruction sheet, to this office before consideration for the request is reviewed and a determination made. Bear in mind that the variance request must be justified and the mere filing of the application or appearance at a public hearing, if needed, does not assure approval of said application. If a public hearing is necessary, the applicant or representative is required to appear in person at the hearing.

Applicant Name: VINCIGUERRA, JOHN M Date: 8/6/2021

Mailing Address: 5303 TROPICAL PT WEEKI WACHEE FL 34607

Phone No. 727-501-5619 Fax: _____

E-Mail: jvince@tampabay.rr.com

Representative Name (if applicable): DAVID POINTEC

Mailing Address: 9901 IDEAL LANE

Phone No. 727-857-7037 Fax: _____

E-Mail: nicole@strongholdmarine.com

Address of Property: 5303 TROPICAL PT WEEKI WACHEE FL 34607

Legal Description: WEEKIWACHEE GARDENS ADD UNIT 3 LOT 55

Key No.: 00097442 Zoning District: B1A

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

Contact Name: _____

Contact Address: _____ City: _____ State _____ Zip _____

Variance being requested: Reduce side setback on west side / RPO pavers
(brief description of variance, i.e. reduce setback, increase bldg. height, etc.)

Briefly state hardship justifying granting of the variance: Needed for access to moored vessel
(see hardship criteria listed on page 4. Give full explanation in written narrative, see No. 7 of instruction sheet)

Signature of applicant or representative: [Signature]

FD# 19786