Application to Change a Zoning Classification Application to Change a Zoning Classification Application request (sheek one): Rezoning Standard PDP Master Plan Revised PSFOD Communication Tower Other PRINT OR TYPE ALL INFORMATION Date: Image: Address: IZQ42 Property owner's name: Address: Company Name: Address: Company Name: Address: Company Name: Address: Contact Name: Address: City: Property INFORMATION: 1 PARCEL(S) KEY NUBER(S): £[12-222-17-3720-004-0020 00078347 2 State: Zip: Yes Do Access State: Zip: Address: City: State: Zip: Property INFORMATION: Property Contact Name: Contact Name:		UNTY ZONING AMENDMENT PETITION	File NoOfficial Date Stamp:
Master Plan New Revised PSFOD Communication Tower Other PRINT OR TYPE ALL INFORMATION Planning Department Matter Hernando County. Florida Address: TRAVIS SCHULDT Address: I/203. CLEEVER.ST. City: L/227-Q12-25%. Email: TAVISBEOH@YPHCO.COM Property owner's name: (front the applicant) REPRESENTATIVE/CONTACT NAME: Company Name: Company Name:	NDO CO	Application to Change a Zoning Classification	1-21-129
Master Plan New Revised PSFOD Communication Tower Other PRINT OR TYPE ALL INFORMATION Planning Department Address: TRAVIS SCHUCDT Address: IP33 CLEEVER ST. City: L/262/EX Email: TAVIS BEOUT Property owner's name: (more the applicant) REPRESENTATIVE/CONTACT NAME: Company Name: Company Name:	J. C.	Application request (check one):	M-ag UI
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Date: Planning Department Address: IRAVIS SCHUCDT Address: Lig3 CLEEVER ST. City: Ligacki When and o County. Florida Phone: 227-9258 Email: TRAVISSEOU@YAHCO.COM Property owner's name: (from the applicant)	ACTION	PSFOD 🗖 Communication Tower 🗖 Other	FEB 5 2024
APPLICANT NAME: TRAVIS SCHULDT Address: [1293] CLEEVER ST. City: LEEVERSET Zip: 34613 Phone: 227-292-2352 Email: TRAVISBEOH@YAHCO.COM Property owner's name: (if not the applicant) REPRESENTATIVE/CONTACT NAME: Company Name: Address: Zip:	ORI	PRINT OR TYPE ALL INFORMATION	
APPLICANT NAME: TRAVIS SCHUCDT Address: [1293_CLEEYER_ST. City: Zip: 34613 Phone: 227-23% Email: TRAVIS BEO4@YAHCO_COM Property owner's name: (f not the applicant) Property owner's name: Zip: 34613 REPRESENTATIVE/CONTACT NAME:	Date:		Planning Department
City:ZIP: 54613 Phone: 227-Q92-2352 Email: TGAVIS BEOH@YAHGO.COM Property owner's name: [(front he applicant)	APPLICANT NAME:	TRAVIS SCHULDT	
City:ZIP: 54613 Phone: 227-Q92-2352 Email: TGAVIS BEOH@YAHGO.COM Property owner's name: [(front he applicant)	Address: 11293	CLEEVER ST.	
Property owner's name: (if not the applicant) [REPRESENTATIVE/CONTACT NAME:] Company Name: Address: City: Phone: Email: Phone: Contact Name: Address: City: State: Zip: PROPERTY INFORMATION: 1 PARCEL(S) KEY NUMBER(S): & Stize of area covered by application: Address: Stize of area covered by application: Address: 1. PARCEL(S) KEY NUMBER(S): RLT222-17-3220-0040-0020 . RANGE 1. PARCEL(S) KEY NUMBER(S): RL12-222-17-3220-0040-0020 . Size of area covered by application: Address: . Size of area covered by	City: WEEKI	WACHEE	State: <u>F.L.</u> Zip: <u>34613</u>
REPRESENTATIVE/CONTACT NAME: Company Name: Address: City: Phone: Email: IMME OWNERS ASSOCIATION: Yes IN 0 (if applicable provide name) Contact Name:	Phone: <u>727-6</u>	72-2386 Email: TRAVIS8604@YAHOO.COM	7
Company Name:			
Address:			
City:	Address:		
HOME OWNERS ASSOCIATION: □ Yes IN 0 (if applicable provide name) Contact Name:	City:		_State: Zip:
Contact Name:	Phone:	Email:	
Address:			
PROPERTY INFORMATION: 1. PARCEL(S) KEY NUMBER(S): K12-222-17-3720-0040-0020 2. SECTION 12 3. Current zoning classification: 4. Desired zoning classification: 5. Size of area covered by application: 7. Has a public hearing been held on this property within the past twelve months? 9. Will expert witness(es) be utilized during the public hearings? 9. Will additional time be required during the public hearing(s) and how much? 9. Will additional time be required during the public hearing(s) and how much? 1. my name 1. my name	Contact Name:	2'	<u></u>
1. PARCEL(S) KEY NUMBER(S): K12-222-17-3720 -0000 000000000000000000000000000000			State: Zip:
 4. Desired zoning classification:	PROPERTY INFORM	IATION:	
 4. Desired zoning classification:	1. PARCEL(S) <u>KEY</u>	NUMBER(S): <u>R12-222-17-3720-0040-0020</u>	00078347
 4. Desired zoning classification:	2. SECTION	RIGHTIGHT RIA TOWNSHIP	, RANGE
 5. Size of area covered by application: <u>1.50 Acres</u> 6. Highway and street boundaries: <u>1103 CLEEVERST. Week. (Wachee, F.L. 34613</u> 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: <u>none</u>) PROPERTY OWNER AFFIDIVAT 1, <u>my name TRAVIS SCHUCDT</u>, 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): 	4. Desired zoning cla	assification:	
 6. Highway and street boundaries: (1103 CLEEVERST. Week. Wachne, F.L. 34613 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: none) PROPERTY OWNER AFFIDIVAT 1, my name TRAVIS SCHUCDT, 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): 	5 Size of area cover	ed by application: 1.50 Acros	
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belief and are a matter of public record, and that (check one):			
			e and correct to the best of my knowledge and
I am the owner of the property and am making this application OR			
I am the owner of the property and am authorizing <i>(applicant)</i> :	102000		
and (representative, if applicable):			
to submit an application for the described property.			
Signature of Property Owner		Signal	ure of Property Owner
STATE OF FLORIDA			
COUNTY OF HERNANDO The foregoing instrument was acknowledged before me by means of \Box physical presence or \Box online potarization, this \Box day of			e or \Box online notarization this $\int \Omega = day af$
The foregoing instrument was acknowledged before me by means of \Box physical presence or \Box online notarization, this \Box day of F and F day of \Box by \Box and \Box day of \Box who is	-		
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Signature of Notary Public

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

ROBIN ANDREA REINHART MY COMMISSION # HH 309051 EXPIRES: September 6, 2026

Notary Seal/Stamp

Attn To:

Hernando County Zoning Division

1653 Blaise Drive

Brooksville, FL. 34601

Received

FEB 5 2024

Planning Department Hernando County. Florida

Travis and Terra Schuldt Zoning Proposal for 11293 Cleever Street

2/5/2024

- 1. Proposal
 - a) Residential agricultural for single family residence on property with size of 1.50 acres.
 - b) One single family residence with 2305 square feet living space.
 - c) No commercial use.
 - d) No deviations from code.
- 2. Site Characteristics
 - a) 1.50 acres
 - b) The land is currently residential and vacant.
 - c) No known activities on site.
- 3. Environmental Considerations
 - a) Zone AE.
 - b) No drainage features.
 - c) No water features.
 - d) No habitats.
 - e) No impact on natural features.
- 4. Site Plan Discussion in the Narrative
 - a) We will be putting a single-family residence on the property.
 - b) Proposed use is for full time residence, with the ability to keep livestock on the property such as hooved animals as pets.
 - c) Entire lot will be used as one, without individual sections. Lot dimensions are as follows: 180 ft wide x 370 ft long.
 - d) The only impact will be the single-family residence.
 - e) N/A.



- 5. Impacts to Public Facilities
 - a) No impact on infrastructure.
 - b) N/A.
- 6. Water and Sewer Services
 - a) Once the single-family residence is completed, the property will have it's own septic and well system in place for water and sewage needs.
- 7. Senior, Age-Restricted or Affordable Housing N/A.

Planning Department Hernando County. Florida