

**HERNANDO COUNTY CONDITIONAL USE PERMIT
OR SPECIAL EXCEPTION USE PERMIT PETITION**

File No. _____ Official Date Stamp:



Application request (check one):

- Conditional Use Permit
 Special Exception Use Permit

PRINT OR TYPE ALL INFORMATION

Received
 MAR 5 2024
 Planning Department
 Hernando County, Florida

Date: 3/4/24

APPLICANT NAME: Jeffrey Hughes

Address: 12375 Pine Cone St. B
 City: Brooksville State: FL Zip: 34613
 Phone: (727) 4090810 Email: Jd+nten@gmail.com
 Property owner's name: (if not the applicant) _____

REPRESENTATIVE/CONTACT NAME: _____

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

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

Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____

PROPERTY INFORMATION:

- PARCEL(S) KEY NUMBER(S): 004221625
- SECTION _____ TOWNSHIP _____, RANGE _____
- Current zoning classification: ADPSE
- Desired use: conditional use RV for second residence
- Size of area covered by application: _____
- Highway and street boundaries: Pine Cone / weeping willow
- 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, Jeffrey Hughes, 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):

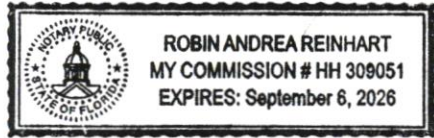
- I am the owner of the property and am making this application **OR**
 I am the owner of the property and am authorizing (applicant): _____
 and (representative, if applicable): _____
 to submit an application for the described property.

Jeffrey Hughes
 Signature of Property Owner

**STATE OF FLORIDA
 COUNTY OF HERNANDO**

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 5 day of March, 2024, by Jeffrey Hughes who is personally known to me or produced FLD as identification.

Robin Reinhart
 Signature of Notary Public



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

To Whom it may concern,

We are applying for this conditional use permit for our residence for my Father-in-Law to stay with us. He has many health issues, but as of late has been declining and is not in a state of health where he can safely live on his own. He had diabetes and had a kidney pancreas transplant in the past, which has been doing well and made him not a diabetic anymore. However, he still has the pre-existing issues before the transplant, and since then has become blind in his R eye, he has had his foot amputated, and many fingers amputated due to infections and not feeling them with his neuropathy. It is difficult for him to perform his daily living tasks like cooking and cleaning due to these complications.

Recently he was hospitalized with an infected ulcer on his good foot that was into the bone, and he had to have surgery to remove part of the bone in that foot. With him living on his own and these issues he was not properly able to take care of that ulcer he had and clean it. This improper care led to his infection, hospitalization, and surgery. I'm sure the sanitary level he is able to keep up also contributed to this infection to a degree.

With him moving in with my family, we will be able to help him properly take care of himself and hopefully prevent more issues. He needs assistance with his everyday life habits to maintain a healthy safe lifestyle. My wife and I have an 11-month-old son, and for the sake of him we want his grandfather to be as healthy as he can for as long as he can.

Thank you in advance,

Jeffrey D. Hughes

KIMBERLY GRAY-WHITE, M.D.
508 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33603

DEA # BG 7831440

(813) 229-1924 TEL.
(813) 229-3503 FAX
BATCH # MDI237106016142505

NAME Wynn, Anthony DOB 2/13/1963
ADDRESS 12/14/1963 DATE 1/20/24

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

Rx

To Whom It May Concern:

The above patient is under my care. He has the following chronic diagnosis: Coronary Artery Dz, Left foot DM ulcer, Kidney/Pancreas transplant, Anemia in chronic renal disease and peripheral vascular dz.

Label
Refill NR 1 2 3 4 5

NONACUTE PAIN
ACUTE PAIN EXCEPTION

Kimberly White
(Signature)

In order for a brand name product to be dispensed the prescriber must write 'Medically Necessary' on the front of this prescription.

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