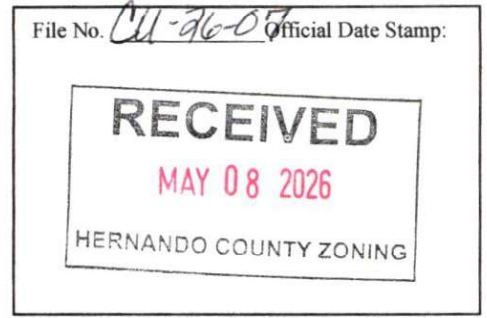


**HERNANDO COUNTY CONDITIONAL USE PERMIT
OR SPECIAL EXCEPTION USE PERMIT PETITION**



Application request (check one):
 Conditional Use Permit
 Special Exception Use Permit

PRINT OR TYPE ALL INFORMATION



Date: 5/8/2026

APPLICANT NAME: Nathan Pollack
 Address: 9408 Rockbay Rd
 City: Brooksville State: FL Zip: 34601
 Phone: 727-415-3010 Email: nathan@pollackhome.com / rone@pollackhome.com
Property owner's name: (if not the applicant) Nathan Pollack + Ronald Pollack

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:
 1. PARCEL(S) **KEY** NUMBER(S): 1356236
 2. SECTION 16, TOWNSHIP 22, RANGE 20
 3. Current zoning classification: Res. Ag.
 4. Desired use: Add ADU
 5. Size of area covered by application: 5 acres
 6. Highway and street boundaries: Rockbay Rd + Richbarn
 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 AFFIDIVAT

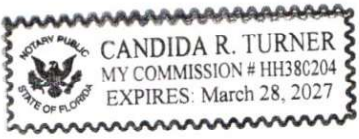
I, Nathan Pollack, have thoroughly examined the instructions for filing this application and state and affirm that all information submitted within this petition are true and correct to the best of my knowledge and belief and are a matter of public record, and that (check one):
 I am the owner of the 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.

Nathan Pollack
 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 8th day of May, 2026, by Nathan I. Pollack who is personally known to me or produced FL DL as identification.

Candida R Turner
 Signature of Notary Public



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

Notary Seal/Stamp

**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. CU-26-07 Official Date Stamp:

RECEIVED

MAR 04 2026

Hernando County Development Services
Zoning Division

Date: 3/3/2026

APPLICANT NAME: RONALD J POLLACK, NATHAN POLLACK

Address: 9408 ROCKBAY RD
 City: BROOKSVILLE State: FL Zip: 34601-6421
 Phone: 227-692-8624 Email: RON@POLLACKHOME.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:

1. PARCEL(S) **KEY** NUMBER(S): 1356286
2. SECTION 16, TOWNSHIP 22, RANGE 20
3. Current zoning classification: 02
4. Desired use: RESIDENCIAL MOBILE HOMES 02 2ND RESIDENCE
5. Size of area covered by application: 5.5 ACRES
6. Highway and street boundaries: ROCKBAY RD + RICHBARN RD
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 AFFIDIVAT

I, RONALD POLLACK, NATHAN POLLACK 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):

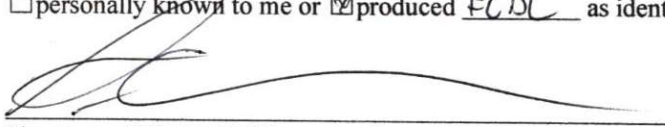
- I am the owner of the property and am making this application **OR**
- I am the owner of the property and am authorizing (applicant): _____
and (representative, if applicable): _____
to submit an application for the described property.



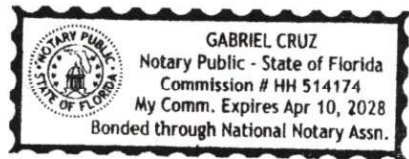
 Signature of Property Owner

**STATE OF FLORIDA
COUNTY OF ~~HERNANDO~~ PINELLAS**

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 3 day of March, 2026, by Ronald Pollack who is personally known to me or produced FLDL as identification.



 Signature of Notary Public



Notary Seal/Stamp

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

**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. CU-26-07 Official Date Stamp:
RECEIVED
MAR 04 2026
 Hernando County Development Services
 Zoning Division

Date: 3/4/26

APPLICANT NAME: NATHAN POLLACK
 Address: 9048 ROCKBAY
 City: BROOKSVILLE State: _____ Zip: _____
 Phone: _____ Email: _____
 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:

1. PARCEL(S) **KEY** NUMBER(S): _____
2. SECTION _____, TOWNSHIP _____, RANGE _____
3. Current zoning classification: _____
4. Desired use: 2nd Residence for medical Hardship
5. Size of area covered by application: 5.5
6. Highway and street boundaries: _____
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, NATHAN POLLACK, 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):

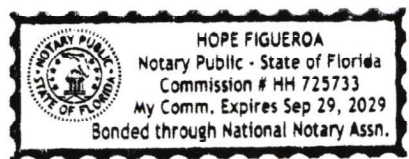
- I am the owner of the property and am making this application **OR**
- I am the owner of the property and am authorizing (applicant): _____ and (representative, if applicable): _____ to submit an application for the described property.

Nathan Pollack
 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 4th day of March, 2026, by Nathan Pollack who is personally known to me or produced FLDL as identification.

Hope Figueroa
 Signature of Notary Public



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

Notary Seal/Stamp

CONDITIONAL-SPECIAL EXCEPTION USE PERMIT APPLICATION
FOR 9408 ROCKBAY RD

We are asking for a conditional use/special exception permit in order to add a second residence (a former Pinellas County auxilliary modular school building) which will be attached by deck to the current residence, which is also a modular/mobile home.

Attached are floor plans and elevations to show that the usage is for residence. Also attached is a letter from his doctor stating need.

Owner Nathan is handicapped and the father of 4 babies all under 2 years of age.

This second residence will be so that an additonal family member can live on site to help care for everyone. With the 4 babies, there's not enough room in the main house.