Application to Change a Zoning Classification Application request (check one): Rezoning Standard PDP Master Plan □ New □ Revised PSFOD □ Communication Tower □ Other Hernando County Development Services PRINT OR TYPE ALL INFORMATION Zoning Division APPLICANT NAME: Address: State: Phone: 352 403-8108 Email: Sharon Warthen 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: PROPERTY INFORMATION: PARCEL(S) **KEY** NUMBER(S): 2. SECTION TOWNSHIP Current zoning classification: 3. Desired zoning classification: Size of area covered by application: Highway and street boundaries: MLK and Has a public hearing been held on this property within the past twelve months? \(\sim\) Yes \(\sim\) No Will expert witness(es) be utilized during the public hearings? 8 ☐ 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 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** The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this , 20 2 4 , by_ Sharon Denise □ personally known to me or □ produced ____ as identification. Signature of Notary Public JACQUELINE MARIE MAYS Notary Public - State of Florica Commission # Effective Date: 05/15/20 Last Revision: 05/15/20 My Comm. Notary Ser Bonded through National Notary Assn

File No.

Official Date Stamp:

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HERNANDO COUNTY ZONING AMENDMENT PETITION

Rezoning Application Form 05.15.20 Fillable Test

Dear County Zoning Office/Planning Department:

I am writing this correspondence to request rezoning for 809 Twigg Street, Brooksville, FL 34601 Property Key #01810712 Parcel #R261 122 19 0460 000 0560.

The current zoning is Residential 1-B, my request is to have the property reclassified from current to Residential R1-A.

This zoning approval would show compatibility with surrounding properties and zoning. As there are several other properties within the community/neighborhood have the R1A zoning. There is a mobile home located just two doors down on the same street as above address. As recent as last month a beautiful double wide mobile home was placed directly behind the property listed above.

Thank you and I appreciate your timely consideration.

Sincerely,

Sharon D. Warthen