

HERNANDO COUNTY ZONING AMENDMENT PETITION



Application to Change a Zoning Classification

Application request (check one):

- Rezoning ☐ Standard ☐ PDP
Master Plan ☐ New ☐ Revised
PSFOD ☐ Communication Tower ☐ Other
PRINT OR TYPE ALL INFORMATION

File No. _____ Official Date Stamp:

RECEIVED

SEP 26 2025

HERNANDO COUNTY ZONING

Date: 9/24/2025

APPLICANT NAME:

APD Advanced Stabilization dba APD Foundation Repair

Address: 13049 Spring Hill Dr.

City: Spring Hill

State: FL

Zip: 34609

Phone: 352 200 9740 Email: apdfoundationrepair@gmail.com

Property owner's name: (if not the applicant) _____

REPRESENTATIVE/CONTACT NAME:

Company Name: January Slocum

Address: 13049 Spring Hill Dr.

City: Spring Hill

State: FL

Zip: 34609

Phone: 352 200 9740 Email: apdfoundationrepair@gmail.com

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

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

PROPERTY INFORMATION:

1. PARCEL(S) KEY NUMBER(S): 00350907 R15 422 19 0000 0030 0000
2. SECTION _____, TOWNSHIP _____, RANGE _____
3. Current zoning classification: 01 Residential
4. Desired zoning classification: 10 Commercial
5. Size of area covered by application: 0.70 Acres
6. Highway and street boundaries: Monroe and Ponce de Leon
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 AFFIDAVIT

I, January Slocum, 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]
Signature of Property Owner

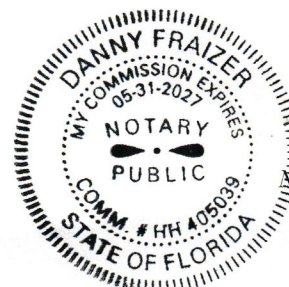
STATE OF FLORIDA COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 25 day of September, 20 25, by January Slocum who is

☒ personally known to me or ☐ produced _____ as identification.

[Signature]
Signature of Notary Public

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



Notary Seal/Stamp