

**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: 10/24/2025

File No. SE-2549 Official Date Stamp:

RECEIVED

NOV 04 2025

HERNANDO COUNTY ZONING

APPLICANT NAME: Evelyn Gonzalez

Address: 4432 Mariner Blvd.

City: Spring Hill State: FL Zip: 34609

Phone: 813-397-3060 Email: absolutequalityservices752@gmail.com

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

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): 576095
2. SECTION 07 TOWNSHIP 23S, RANGE 18E
3. Current zoning classification: POPSF
4. Desired use: Group Home under AOD
5. Size of area covered by application: 6 Residents - Increase to 7-14 Residents
6. Highway and street boundaries: MARINER BLVD OAKIN
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, Evelyn Gonzalez, 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):

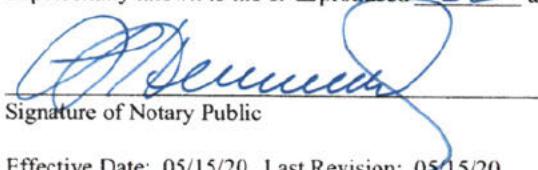
I am the owner of the property and am making this application OR

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

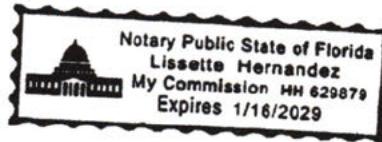

Signature of Property Owner

**STATE OF FLORIDA
COUNTY OF HERNANDO**

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 24 day of October, 20 25, by _____ who is personally known to me or produced DC as identification.


Signature of Notary Public

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



Notary Seal/Stamp

Mariner Group Home
4432 Mariner Blvd.
Spring Hill, FL 34609

Date: October 24, 2025

To:

Zoning and Planning Department
Hernando County
1653 Blaise Drive
Brooksville, FL 34601

Subject: Request for Increase in Licensed Capacity from 6 to 14 Residents – Mariner Group Home

Dear Zoning and Planning Department,

I am writing on behalf of **Mariner Group Home**, located at **4432 Mariner Blvd., Spring Hill, FL**, to formally request consideration for an increase in our current licensed census from **six (6)** residents to up to **fourteen (14)** residents.

Our facility is currently certified to provide residential care for six individuals under the **Agency for Persons with Disabilities (APD)**. Over time, we have witnessed a growing demand within our community for high-quality residential services and support for individuals with developmental disabilities. In response to this need, we are seeking to expand our capacity in order to continue fulfilling our mission of providing a safe, nurturing, and person-centered environment for those we serve.

The requested increase will allow Mariner Group Home to accommodate additional residents who are currently awaiting placement through APD. Our goal is to ensure that every individual in need of residential care has access to the necessary support, supervision, and resources to thrive. We are fully committed to complying with all **APD rules, state licensing standards, zoning requirements, and life safety regulations** associated with this proposed expansion.

We respectfully request the Zoning and Planning Department to review our request and provide guidance on any additional steps, documentation or inspections required to approve this increase in capacity.

Thank you for your time and consideration of this important request. Please feel free to contact me at your earliest convenience should you require further information or clarification.

Sincerely,

Evelyn Gonzalez

Administrator / Owner

Mariner Group Home

4432 Mariner Blvd.

Spring Hill, FL 34609

Phone: 813-347-3060

Email: absolutequalityservices752@gmail.com