CU-25-07

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

File No: [redacted] Official Date Stamp:

RECEIVED
JUL 31 2025
HERNANDO COUNTY ZONING

Application request *(check one)*:
- [X] **Conditional Use Permit**
- [ ] **Special Exception Use Permit**

PRINT OR TYPE ALL INFORMATION

Date: 7/31-25

APPLICANT NAME: Roberto HEINZ & Andra HEINZ
Address: 34084 CORNERSTONE DR
City: WESLEY State: FL Zip: 33597-3001
Phone: 352 457 6459 Email: RHEINZ99@MSN.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): R23 00.584843 / R23 122 21 0890 0H7B 0220
2. SECTION 26, TOWNSHIP 22, RANGE 21
3. Current zoning classification: Single family
4. Desired use: Adding Tiny house 1/second Residence for family member
5. Size of area covered by application:
6. Highway and street boundaries: NO
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, Roberto HEINZ & Andra HEINZ, 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)**:

- [X] 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.

Andra Heinz
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 31st day of July, 2025, by Roberto & Andria Heinz who is ☐ personally known to me or ☑ produced FL.DL as identification.

Candida R Turner
Signature of Notary Public

CANDIDA R. TURNER
MY COMMISSION # HH380204
EXPIRES: March 28, 2027
Notary Seal/Stamp

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

I am writing to humbly request special permission to add an additional dwelling to our estate located at 34084 Cornerstone Dr, Webster, FL 33597. This request arises from a deeply personal and urgent need to support the long-term health and well-being of our son, Michael, who has endured a series of significant health challenges that have left him disabled.

Michael's health decline began in 2017 when he was diagnosed with ulcerative colitis. In 2019, he faced further adversity when he developed conjunctivitis, which subsequently during the treatment for that led to total hearing loss in his right ear and partial hearing loss in his left ear, requiring the use of a hearing aid. His struggles continued into 2021 when he was diagnosed with cholangiocarcinoma, a form of bile duct cancer. Michael underwent chemotherapy and radiation treatments, which were physically taxing but ultimately successful in managing the cancer. However, following these treatments, Michael required a liver transplant, which he received on June 1, 2023. Additionally, he underwent Whipple surgery, which involved the removal of part of his intestines.

While we are profoundly grateful for the life-saving care and the gift of life Michael has received, these extensive health conditions and surgeries have left him physically debilitated and unable to support himself independently. Michael's only source of income is his small disability check, which does not allow him to afford housing on his own in today's market, whether through renting or purchasing.

It is with this reality in mind that we wish to construct a separate dwelling on our property to provide Michael with a private, accessible space of his own. Such an arrangement would not only foster a sense of independence and dignity for him but also enable us to remain close as his primary caregivers, ensuring he continues to receive the support and care he requires for the rest of his life.

We are fully committed to adhering to all local regulations and guidelines and are prepared to take any necessary steps to ensure compliance. We kindly ask for your understanding and compassion in granting this request, as it would profoundly improve Michael's quality of life and allow our family to navigate this challenging situation with greater stability and hope.

Thank you for considering our request. Please do not hesitate to contact us if additional information or documentation is needed to support this application. We are more than willing to provide any details necessary to facilitate this process.

Sincerely,

Robert & Andria Heinz