

**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. \_\_\_\_\_ Official Date \_\_\_\_\_  
**CU-23-14**  
Received  
**DEC 12 2023**  
Planning Department  
Hernando County, Florida

Date: Nov. 15, 2023

**APPLICANT NAME:** James and Kerrie McGregor

Address: 8269 Allen Dr.  
City: Weeki Wachee State: FL Zip: 34613  
Phone: (727) 389-2555 Email: kerriemcgregor23@gmail.com  
Property owner's name: (if not the applicant) James and Kerrie McGregor

**REPRESENTATIVE/CONTACT NAME:** \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**HOME OWNERS ASSOCIATION:**  Yes  No (if applicable provide name) N/A

Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PROPERTY INFORMATION:**

1. PARCEL(S) KEY NUMBER(S): 01736214
2. SECTION 23, TOWNSHIP 22 S, RANGE 17 E
3. Current zoning classification: Residential
4. Desired use: Second Residence for care of Family member
5. Size of area covered by application: 10.30 Acres
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, Kerrie McGregor James McGregor, 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 14 day of December, 20 23, by James McGregor who is  personally known to me or  produced FDI as identification.

[Signature]  
Signature of Notary Public



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

Notary Seal/Stamp

To Whom it May Concern,

I am submitting a request for a special exemption for a mobile mother-in-law dwelling on my property. My elderly parents live there and need medical care. There is no portion of the property that is on the main road of Allen Dr. It is considered a Flag shaped property with the flagpole leading to Allen Road. I have medical Power of Attorney to care for my parents, and I have included the doctors note. When the home is no longer needed it will be removed from the property.

Thank you for this consideration.

Kerrie and James McGregor

8269 Allen Dr.

Weeki Wachee, FL 34613

727-389-2555



Palm Medical Centers  
Location Address and Telephone

[www.palmmedicalcenters.com](http://www.palmmedicalcenters.com)

Date: 12/13/2023

This letter is served as notification that Mrs. Joan Ulitto DOB: 12/19/1953 is a current patient as Palm Medical Centers Spring Hill. Mrs. Ulitto's daughter Kerrie McGregor is her Durable Power of Attorney and due to the patient medical conditions needs to live in close proximity to her to provider assistance when needed.

Mrs. Joan Ulitto is currently leaving on her daughter's Kerrie's property to ensure timely medical assistance when needed.

If my office can provide any assistance or any additional information please do not hesitate to contact me.

Sincerely,

Joanna Berkite

Office Administrator.

Sincerely,

A handwritten signature in blue ink, appearing to be "Joanna Berkite", written over a horizontal line.