

**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 Stamp:

SE 24-05

Received

APR 03 2024

Planning Department  
Hernando County, Florida

Date: 03/11/2024

APPLICANT NAME: Carlos A Hernandez

Address: 1916 LANDOVER BLVD

City: Spring Hill

Phone: (813) 203-9277

Email: Carliti12373@yahoo.com

State: FL

Zip: 34608

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

REPRESENTATIVE/CONTACT NAME:

Company Name: N/A

Address:

City:

Phone:

Email:

State:

Zip:

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

Contact Name:

Address:

City:

State:

Zip:

PROPERTY INFORMATION:

1. PARCEL(S) KEY NUMBER(S): R3232317518011910240

2. SECTION 06, TOWNSHIP 23S, RANGE 18E

3. Current zoning classification:

4. Desired use:

5. Size of area covered by application: 14,866 Sq Ft.

6. Highway and street boundaries: 572 / LANDOVER BLVD.

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, Carlos A Hernandez, 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]*

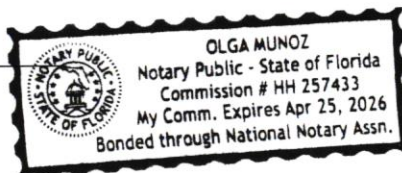
Signature of Property Owner

STATE OF FLORIDA  
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 11th day of March, 2023, by Carlos A Hernandez who is ☒ personally known to me or ☐ produced \_\_\_\_\_ as identification.

Signature of Notary Public

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



Notary Seal/Stamp

03/21/2024

My name is Carlos Hernandez, I'm writing this letter with the intention to explain on what my future plans are. Along side the Basic site plan; I'm Intending on opening a ALF. This ALF will have twelve rooms in which some would be private and co-ed. I expect to have maximum twenty five Residents. Each resident will have around the clock care, along with three meals a day. They will also have their own bathrooms as well as have a recreational center to play games, watch tv, or do as they please. Every Resident will have visitor's rights for their family to see them when they please. Each resident's primary doctors will still have their visits, we will also have an agency of home health in which provides nurses, doctors, and physical therapy. which is all in the facility visits for their check ups or anything they require. we also plan on having daily activities for those residents who would like to participate.