HERNANDO COUNTY ZONING DEPARTMENT CLASS D SUBDIVISION REVIEW APPLICATION

RECEIVED

NOV 2 6 REC'D

789 Providence Blvd Brooksville, FL 34601 352-754-4048 ext. 29105 scaskie@hernandocounty.us

Date: NOV 8, 2 OHerrando County Zoning Division

DAMA 1/0000 TTO 10/01/50
APPLICANT: DANA KENNETH WOLFANGER
Mailing Address: 8172 SHAW RD City, State, Zip Code: BROOKSVILLE FL 34602
Daytime Phone: 352 345 4693 Email: WOLFAIVGEROTAMFABAT, RR, COM
REPRESENTATIVE:
Mailing Address:
City, State, Zip Code:
Daytime Phone: Email :
Legal Description: Write the complete legal description of the property below. Include Section, Township and Range, Subdivision Name, Lot, Block, and Unit Number. Attach additional sheet if necessary.
PARCEL KEY NUMBER 0111 42 34 SEC 26 TWP 22 (S) RANGE 20 (E)
Size of Area Covered by Application:
Highway & Street Boundaries: SHAW RD
Number of Parcels Proposed:
Minimum Size(s) of Lot(s) Created: 5 acres

Certified to:

D. Kenneth & Karen Wolfanger

Legal Description:

The North 1/2 of the South 1/2 of the Northwest 1/4 of the Northwest 1/4 of Section 26, Township 22 South, Range 20 East, Hernando County, Florida;

TOGETHER WITH an Easement for Ingress and Egress over and across the East 15 feet and the West 15 feet of the South 1/2 of the North 1/2 of the Northwest 1/4 of the Northwest 1/4 of Section 26, Township 22 South, Range 20 East, Hernando County, Florida

AND (Subject to verification) an Easement for Ingress and Egress over and across the East 15 feet and the West 15 feet of the North 1/2 of the North 1/2 of the Northwest 1/4 of Section 26, Township 22 South, Range 20 East, Hernando County, Florida

ACKNOWLEDGMENT		
This acknowledgment must be signed in the presence of a Notary Public.		
I, Dana Kenneth Wolfanger, hereby state and affirm that I have read the instructions for filing this application and that:		
I am the owner of the property covered under this application. I am the legal representative of the owner of the property described, which is the subject matter of this application.		
All answers to the questions in said application, all sketches and data attached and made part of this application are honest and true to the best of my knowledge and belief. Signature of Applicant or Representative		
STATE OF FLORIDA		
On this the 26 day of November, 2024, before me, the undersigned Notary Public of the State of Florida, personally		
appeared Lenneth Whanger and whose name(s) is/are subscribed to the within instrument, and acknowledge that he/she/they executed it.		
WITNESS my hand and official seal ELISSA MARIE ST. GERMAIN Notary Public - State of Florida Commission # HH 470987 My Comm. Expires Deg 7: 297A1 & COMMISSION Bonded through National Notary Assn. Notary Signature		
The individual(s) are personally known to me or, presented the following Identification:		

ACKNOWLEDGMENT		
This acknowledgment must be signed in the presence of a Notary Public.		
I, Land Walf Karen Joy Wolfanger, hereby state and affirm that I have read the instructions for filling this application and that:		
I am the owner of the property covered under this application.I am the legal representative of the owner of the property described, which is the subject matter of this application.		
All answers to the questions in said application, all sketches and data attached and made part of this application are honest and true to the best of my knowledge and belief.		
Kan J Wol		
Signature of Applicant or Representative		
STATE OF FLORIDA		
COUNTY OF HERNANDO		
On this the 26 day of Notember, 2024, before me, the undersigned Notary Public of the State of Florida, personally appeared Karley Tay Wolfanger and whose name(s) is/are subscribed to the within instrument, and acknowledge that he/she/they executed it.		
WITNESS my hand and official seal WITNESS my hand and official seal Notary Public - State of Florida		
End Commission # HH 470987 My Comm. Expires Dec 7, 2027 Bonded through Marianal Notary Asso. COMMISSION		
Notary Signature EXPIRATION:		
The individual(s) are □ personally known to me or, ☑ presented the following Identification:		

Property Split Tax Clearance Form

Florida Statutes: Title XIV §197 Taxation and Finance

§197.192 Land not to be divided or plat filed until taxes paid. No land shall be divided or subdivided and no drawing or plat of the division or subdivision of any land, or declaration of condominium of such land, shall be filed or recorded in the public records of any court until all taxes have been paid on the land.

As a result of the above statute, you are required to provide this form signed by the Hernando County Tax Collector's Office certifying that the taxes on the property proposed to be split have been paid through the current tax year.

11 7 011	
DATE:	
I, hereby certify that the property taxes on pa Key number	have been paid through the current tax year.
Sally L. Daniel, CFC Hernando County Tax Collector Hernando County Government Center 20 North Main Street, Room 112 Brooksville, FL 34601 (352) 754-4180	3034.
By:	- - -
SEAL OF FICE	

Board Of County Commissioners Hernando County Planning and Zoning Department			
Brooksville, Florida			
RECEIVED FROM D Kenneth Wolfanger \$ 150.00			
PURPOSE OF PAYMENT RENT GOODS DEPOSIT Key # 011/4239			
AMOUNT DUE PAYMENT METHOD DATE			
THIS PAYMENT 150 TO CREDIT CARD CASH RECEIVED BY MONEY ORDER CASH No. 34042			
BALANCE DUE MONEY ORDER CASH No. 34042			