HERNANDO COU	JNTY ZONING AMENDMENT PETITION	File NoOfficial Date Stamp:
ANDO COL	Application to Change a Zoning Classification	H-24-4D
E C C Z	Application request (check one):	RECEIVED
T	Rezoning 🗆 Standard 🗖 PDP	RECEIVED
	Master Plan 🗖 New 🗖 Revised	JUN 17 2024
ORLE	PSFOD Communication Tower Other	
Date: June	PRINT OR TYPE ALL INFORMATION	Hernando County Development Services Zoning Division
Applicant NAME: Bharon Denise Warthen		
Address: PO BOX 462		
		to: Pl. 7::: 2460
Phone: 352 40	3-8108 Email: Sharon Warther (ahee.com
Property owner's name: (if not the applicant)		
REPRESENTATIVE/CONTACT NAME:		
Company Name:		
City:	Stat	ze. Zin:
Phone:	Stat	z.p
HOME OWNERS ASSOCIATION: Ves No (if applicable provide name)		
Contact Name		
Address:	City:	State:Zip:
PROPERTY INFORMATION:		
1. PARCEL(S) KEY NUMBER(S): 18/07/2 8 12/07/0 2. SECTION		
2. SECTION, TOWNSHIP, RANGE		
 Current zoning classification: RIB Desired zoning classification: RIA 		
5. Size of area covered by application:		
 Size of area covered by application: Highway and street boundaries: MLK and Twigg Street 		
7. Has a public hearing been held on this property within the past twelve monthas? \Box Yes \Box No		
8 Will expert witness(es) be utilized during the public hearings?		
9. Will additional time be required during the public hearing(s) and how much? Yes No (Time needed: none)		
PROPERTY OWNER AFFIDIVAT		
Charpon Danika Mainthan		
I, Sharon Denise Warthen, 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.		
that be would be the		
	NULL Simonra of	Mal V Dart H
STATE OF FLORIDA		
COUNTY OF HERNANDO		
The foregoing instrument was acknowledged before me by means of \square physical presence or \square online notarization, this $//$ day of		
Deriversonally known to me or produced as identification.		
as identification.		
formition Mmm		
Signature of Notary Public		
Effective Date: 05/15/20 Last Revision: 05/15/20 Bonded through National Notary Automatic Mars Mars My Commission # Hi Jan Bonded through National Notary Automatic Bonded through National National Notary Automatic Bonded through National		

Rezoning Application Form_05.15.20 Fillable Test

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Dear County Zoning Office/Planning Department:

I am writing this correspondence to request rezoning for 809 Twigg Street, Brooksville, FL 34601 Property Key #01810712 Parcel #R261 122 19 0460 000 0560.

The current zoning is Residential 1-B, my request is to have the property reclassified from current to Residential R1-A.

This zoning approval would show compatibility with surrounding properties and zoning. As there are several other properties within the community/neighborhood have the R1A zoning. There is a mobile home located just two doors down on the same street as above address. As recent as last month a beautiful double wide mobile home was placed directly behind the property listed above.

Thank you and I appreciate your timely consideration.

Sincerely. 2 ٨ Sharon D. Warthen