

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

File No. SE2301 Official Date Stamp:



**Application request (check one):**

- Conditional Use Permit  
 Special Exception Use Permit

**PRINT OR TYPE ALL INFORMATION**

Received  
FEB 08 2023  
Planning Department  
Hernando County, Florida

Date: 2/9/2023

**APPLICANT NAME:** Timothy Mullins and Deborah Mullins

Address: 270 Longleaf Ct  
City: Spring Hill State: FL Zip: 34609  
Phone: 352.217.8137 Email: debimullins4@gmail.com  
**Property owner's name:** (if not the applicant) \_\_\_\_\_

**REPRESENTATIVE/CONTACT NAME:** Timothy Mullins and Deborah Mullins

Company Name: Timothy Mullins and Deborah Mullins  
Address: 270 Longleaf Ct  
City: Spring Hill State: FL Zip: 34609  
Phone: 352.217.8137 Email: debimullins4@gmail.com

**HOME OWNERS ASSOCIATION:**  Yes  No (if applicable provide name) \_\_\_\_\_

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

**PROPERTY INFORMATION:**

1. PARCEL(S) **KEY** NUMBER(S): 00456009
2. SECTION 32, TOWNSHIP 23, RANGE 17
3. Current zoning classification: PDP(MF)
4. Desired use: Add square footage and beds to existing assisted living facility
5. Size of area covered by application: 0.25 acres
6. Highway and street boundaries: Canterbury St
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, Timothy Mullins and Deborah Mullins, 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):

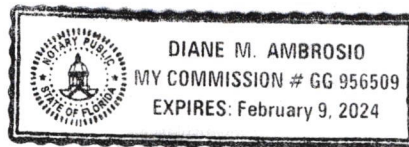
- I am the owner of the property and am making this application **OR**  
 I am the owner of the property and am authorizing (applicant): \_\_\_\_\_  
and (representative, if applicable): \_\_\_\_\_  
to submit an application for the described property.

Timothy Mullins / Deborah Mullins  
Signature of Property Owner

STATE OF FLORIDA  
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this 9 day of February, 2023, by Timothy Mullins and Deborah Mullins who is personally known to me or produced Davis as identification. License

Diane M. Ambrosio  
Signature of Notary Public



Effective Date: 11/8/16 Last Revision: 11/8/16

Notary Seal/Stamp

## Canterbury Arms Assisted Living

We would like to add one bedroom a half Bathroom, move the Front door to the side of the house where there is a window and add four more beds to my license, total of 14.