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7/26/22

OFFICE USE ONLY DATE REC'D <u>7/26/22</u> FILE NO. _____

**HERNANDO COUNTY ZONING DIVISION
ZONING VARIANCE APPLICATION**

This application must be completed and returned, with all exhibits and other items listed on page 1 of the instruction sheet, to this office before consideration for the request is reviewed and a determination made. Bear in mind that the variance request must be justified and the mere filing of the application or appearance at a public hearing, if needed, does not assure approval of said application. If a public hearing is necessary, the applicant or representative is required to appear in person at the hearing.

Applicant Name: Allan da Fonte & Michelle Rogers Date: 7-20-2022

Mailing Address: 4375 3rd Isle, Hernando Beach,

Phone No. 231 620 9202 Fax: none.

E-Mail: alandafonte@icloud.com

Representative Name (if applicable): Allan da Fonte

Mailing Address: as above 1445268

Phone No. — Fax: —

E-Mail: —

Address of Property: — Same as above

Legal Description: _____

Key No.: 00162834 Zoning District: Hernando

Homeowners Association ~~Yes~~ No — If yes, name of HOA N.A.

Contact Name: _____

Contact Address: _____ City: _____ State _____ Zip _____

Variance being requested: For 2 Piles ~~#5~~ & #6 on Plan
(brief description of variance, i.e. reduce setback, increase bldg. height, etc.)

Briefly state hardship justifying granting of the variance: So our boat can be kept safely at our house,
(see hardship criteria listed on page 4. Give full explanation in written narrative, see No. 7 of instruction sheet)

Signature of applicant or representative: Allan da Fonte.