

**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. CU-25-06 Official Date Stamp:
RECEIVED
JUL 28 2025
Hernando County Development Services
Zoning Division

Date: _____

APPLICANT NAME:

Address: _____

City: _____

Phone: _____

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

Pamela J. Merrill
10087 Scott William Trail

Brooksville

352-584-3881

Email: spmerrill@bellsouth.net

State: FL

Zip: 34601

REPRESENTATIVE/CONTACT NAME:

Company Name: _____

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): 21250256 Parcel R13 422 19 7011 0000 0070
2. SECTION _____, TOWNSHIP _____, RANGE _____
3. Current zoning classification: Agricultural
4. Desired use: Family member to live next to me for medical help
5. Size of area covered by application: 1/2 Acre
6. Highway and street boundaries: Croom road, Javelin Rd & Scott William Trail
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, Pamela J. Merrill, 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.

Pamela J. Merrill
Signature of Property Owner

**STATE OF FLORIDA
COUNTY OF HERNANDO**

The foregoing instrument was acknowledged before me this 16 day of June, 20 25, by Pamela J. Merrill who is personally known to me or produced Drivers license as identification.

Cindy Spoo
Signature of Notary Public

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



Notary Seal/Stamp

HERNANDO COUNTY CONDITIONAL USE PERMIT
OR SPECIAL EXCEPTION USE PERMIT PETITION

File No. CU-2506 Official Date Stamp:



Application request (check one):

- ☒ Conditional Use Permit
☐ Special Exception Use Permit

PRINT OR TYPE ALL INFORMATION

HERNANDO COUNTY ZONING

NOV 14 2025

RECEIVED

Date: Nov. 14, 25

APPLICANT NAME:

Mary L. Toth
Address: 10087 Scott William Trail

City: Brooksville, FL State: Florida Zip: 34601

Phone: 352-584-3881 Email: spmerri@bellsouth.net

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

REPRESENTATIVE/CONTACT NAME:

Company Name:

Address:

City:

Phone:

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): 21250256 Parcel R13 422 19 7011 0000 0070
2. SECTION _____, TOWNSHIP _____, RANGE _____
3. Current zoning classification: Agricultural
4. Desired use: Family member to live next door for medical assistance & care
5. Size of area covered by application: 1/2 Acre
6. Highway and street boundaries: Croom road Javelin Rd + Scott William Trail
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, Mary L. Toth, 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 Co-owner with Pamela J. Merrill
☐ I am the owner of the property and am authorizing (applicant): _____
and (representative, if applicable): _____
to submit an application for the described property.

Mary L. Toth
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 14th day of Nov., 20 25, by Mary Lynn Toth who is
☐ personally known to me or ☒ produced FL DL as identification.

Candida R. Surme
Signature of Notary Public

RECEIVED

NOV 14 2025

HERNANDO COUNTY ZONING

Notary Seal/Stamp

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

PETITION FOR CONDITIONAL USE PERMIT

For 10087 Scott William Trail

Narrative Description of Request

- Proposed Use in Relation to Property Parcel: Additional housing for sister with serious health issues and mobility concerns.
- Existing Structures: My home (10087 Scott William Trail) and my sister's home (10065 Scott William Trail) and one (1) 10'x12' aluminum tool shed.
- Access and Parking: Access from Scott William Trail on current gravel driveway to current structure (for sister) with current drive to current second structure set off of current driveway.
- Not Applicable:
- Proof of Hardship: See attached letter from doctor.