## 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 - 27/Afficial Date Stamp:

## Received

NOV

Planning Department Hernando County. Florida

| APPLICANT NAME: Lowonder Jernigan  Address: 22014 Snow Hill Rd.  City: Brooksville Phone: (352)544-8719  | Date: 09/08/2022                  |  | Language and the second |                                |
|--|-----------------------------------|--|--|--------------------------------|
| Address: 22014 Snow Hill Rd.  City: Brooksville Phone: (352)544-8719   |                                   |  |  |                                |
| City: Brooksville Phone: (352)544-8719   |                                   |  |  |                                |
| Phone: (352)84-8719  |                                   | Hill Rd.   |  | 0.4004                         |
| REPRESENTATIVE/CONTACT NAME:   Lowonder Jernigan   | City: Brooksville                 |  |  | Zip:34601                      |
| Company Name:   Address:   State:   Zip:   Phone:   Email:   State:   Zip:   Email:   State:   Zip:   Email:   State:   Zip:   State:   Zip:   Phone:   Email:   State:   Zip:   State:   Zip:   State:   Zip:   State:   Zip:   Phone:   State:   Zip:   State:   Zip:   Phone:   State:   Zip:   State:   Zip:   Phone:   State:   Zip:   State:   Zip:   PROPERTY INFORMATION:   PARCEL (S) KEY NUMBER(S):   946276   SECTION 19  |                                   |  |  |                                |
| Company Name: Address: City: Phone: Email:  HOME OWNERS ASSOCIATION: PROPERTY INFORMATION: 1. PARCEL(s) KEY NUMBER(s): 946276 2. SECTION 19 3. Current zoning classification: AG 4. Desired use: Medical conditional use 5. Size of area covered by application: 6. Highway and street boundaries: Snow Hill Rd. 7. Has a public hearing been held on this property within the past twelve months? 9. Will expert witness(es) be utilized during the public hearings? 9. Will additional time be required during the public hearings? 9. Will additional time be required during the public hearings 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 an 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 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.    State:   Zip:   | Property owner's name             | : (if not the applicant)                               |  |                                |
| Address:  City:  Phone:  Email:  HOME OWNERS ASSOCIATION:  Octuat Name:  Address:  City:  State:  Zip:  PROPERTY INFORMATION:  1. PARCEL(S) KEY NUMBER(S):  2. SECTION 19  3. Current zoning classification:  4G  4. Desired use: Medical conditional use  5. Size of area covered by application: 1 acre  6. Highway and street boundaries: Snow Hill Rd.  7. Has a public hearing been held on this property within the past twelve months?  8 Will expert witness(es) be utilized during the public hearings?  9. Will additional time be required during the public hearings?  No (If yes, identify on an attached I yes \infty No (Time needed:  PROPERTY OWNER AFFIDIVAT  Lowonder Jernigan  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 an elicif and are a matter of public record, and that (check one):  A lam the owner of the property and am making this application OR  I am the owner of the property and am making this application OR  I am the owner of the property and am making this application OR  A matter of Property Owner  Signature of Property Owner  Signature of Property Owner  Signature of Property Owner  Signature of Property Owner  A day of October  20,22, by a day of Oct | REPRESENTATIVE/CONTA              | ACT NAME: Lowonder Jernigan                            |  |                                |
| Address:  City: Phone: Email:  HOME OWNERS ASSOCIATION:    Yes   No (if applicable provide name)   | Company Name:                     |  |  |                                |
| City: State: Zip: HOME OWNERS ASSOCIATION:   | Address:                          |  |  |                                |
| Contact Name: Address:   City:   State:   Zip:   | City:                             |  | State:   | Zip:                           |
| Contact Name: Address:   City:   State:   Zip:   | Phone:                            | Email:   |  |                                |
| Contact Name: Address: City: State: Zip:  PROPERTY INFORMATION:  1. PARCEL(S) KEY NUMBER(S): 2. SECTION 19  7. TOWNSHIP 421  7. RANGE 23  3. Current zoning classification: 4. Desired use: Medical conditional use 5. Size of area covered by application: 1 acre 6. Highway and street boundaries: Snow Hill Rd. 7. Has a public hearing been held on this property within the past twelve months?  9. Will expert witness(es) be utilized during the public hearings?  9. Will additional time be required during the public hearings?  9. Will additional time be required during the public hearing(s) and how much?  PROPERTY OWNER AFFIDIVAT  1. Lowonder Jernigan  7. 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 an eleief and are a matter of public record, and that (check one):  1. I am the owner of the property and am making this application OR  1. I am the owner of the property and am authorizing (applicant): and (representative, if applicable): to submit an application for the described property.  STATE OF FLORIDA COUNTY OF HERNANDO  The foregoing instrument was acknowledged before me this 20 th Agy of October (2022, b) and one produced as identification as identification.   |                                   |  |  |                                |
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| Lowender Jernigan  |                                   |  |  |                                |
|  | 9. Will additional time be re     | equired during the public hearing(s) and how much?     | ☐ Yes ☑ No (Time   | e needed:                      |
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| and (representative, if applicable):  to submit an application for the described property.  Signature of Property Owner  Signature of Property Owner  Signature of Property Owner  A country of Hernando  The foregoing instrument was acknowledged before me this 20 day of 10 day  |                                   |  |  |                                |
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| STATE OF FLORIDA  COUNTY OF HERNANDO  The foregoing instrument was acknowledged before me this 20 th day of 10ctober, 2022, by 2 consider Ternigan who is personally known to me or produced as identification   |                                   |  |  |                                |
| STATE OF FLORIDA COUNTY OF HERNANDO The foregoing instrument was acknowledged before me this 20 th day of 10 to ber, 2022, by 20 20 as identification, 2022 as identification  |                                   |  | <u> </u>   |                                |
| STATE OF FLORIDA COUNTY OF HERNANDO The foregoing instrument was acknowledged before me this 20 th day of 10 to ber, 2022, by 20 20 as identification, 2022 as identification  |                                   | to Dans  | and lonned   | Ser.                           |
| COUNTY OF HERNANDO  The foregoing instrument was acknowledged before me this 20 th day of 1 choper, 2022, by 2 counter Jernigan who is personally known to me or produced as identification  |                                   |  | Signature & Property Owner   | ,                              |
| The foregoing instrument was acknowledged before me this 20 day of 1/ctober 322, by 2022, by 2000 der Jernigan who is personally known to me or produced as identification   | STATE OF FLORIDA                  |  | 0 4  |                                |
| who is personally known to the of produced as identification   | COUNTY OF HERNANDO                | anth   | 7 / /  | 2.5                            |
| who is personally known to the of produced as identification   | The foregoing instrument was a    | cknowledged before me this <u>20 — day of </u>         | crober   |                                |
| ANRY PUR. HOLLY C. ROJERO  | Lowender Je                       | who is personally known to m                           | ne or produced   | as identification.             |
| AND HOLLY C. ROJERO  |                                   |  |  |                                |
|  | . 1                               | ARY PUA.   | HOLLY C. ROJERO  |                                |
| Commission # HH 177075   | Stoll 1 K                         | ) · · · · · · · · · · · · · · · · · · ·                |  |                                |
| Trough C. / College Sanuary 11, 2026   | Tracy C. K                        | FILM (1971)  |  |                                |

Signature of Notary Public

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Bonded Thru Budget Notary Services

Received

October 20, 2022

NOV 2 2022

Planning Department Hernando County, Florida

Hernando County Planning Department Attn: Mr. Omar Depablo

Re: Lowonder Jernigan, Parcel #946276, Special Use Permit Petition

I am requesting a special permit to allow my daughter, Dianna Rusk Yoder, to place a single family residence (mobile or modular home) on my property due to my health and need to have her assist me with my activities of daily living.

My doctor has attested, by letter, that I have multiple health issues and it would be in my best interest.

Thank you for your consideration and if you need anything further, please do not hesitate to contact myself of my daughter for any additional information. She can be contacted at (352) 544-8719 or by email at <a href="mailto:ydiamail@jampabay.cr.com">ydiamail@jampabay.cr.com</a>.

Lowonder Jernigan V 22014 Snow Hill Rd.

Brooksville, FL 34601