

HERNANDO COUNTY ZONING DIVISION
ZONING APPEAL APPLICATION

OFFICE USE ONLY
DATE REC'D

FILE NO. _____

This application must be completed and returned, with all documents and check specified on the instruction sheet, to this office before a board hearing will be scheduled. Please note that the petitioner or representative is required to be present at the hearing.

Applicant Name: Todd & Alexis Gask Date: 8/6/2025

Mailing Address: 5442 Queen Ave Spring Hill, FL 34609
727-364-7424 - Todd

Phone No. 352-398-9988 - Alexis Fax: N/A

E-Mail: tgask3082@gmail.com

Representative Name (if applicable): _____

Mailing Address: _____

Phone No. _____ Fax: _____

E-Mail: _____

Address of Property: 5442 Queen Ave Spring Hill, FL 34609

Legal Description: Lot 3, Block 1260, Spring Hill unit 20, According to the

Plat thereof as recorded in Plat Book 9 Pages 65-80 inclusive of
Public Records of Hernando County, Section 4, Township 23, Range 18

Key No.: 686403 Zoning District: Residential

Homeowners Association Yes _____ No X If yes, name of HOA _____

Contact Name: _____

Contact Address: _____ City: _____ State _____ Zip _____

Signature of applicant or representative: Todd & Alexis Gask

OWNER AFFIDAVIT

I, Todd Gorsk / Alexis Gorsk HEREBY STATE AND AFFIRM THAT:

X

I am the owner of the property and am making this application OR

I am the owner of the property and am authorizing the entity below to submit an application on the described property. The entity shall complete the affidavit below.

I have read the instructions for filing this application. All answers to the questions in said application, all sketches and data attached to and made part of this application are honest and true to the best of my knowledge and belief and are a matter of public record.

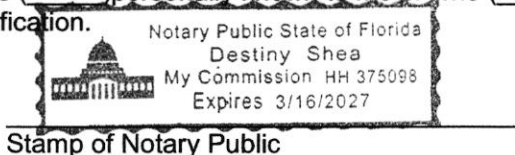
8/8/25

Todd Gorsk / Alexis Gorsk
Signature of property owner

STATE OF FLORIDA
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this 8 day of August, 2025
by Todd Gorsk and Alexis Gorsk, who is () personally known to me or who (X) has produced
FL. I.D. as identification.

Destiny Shea
Signature of Notary Public



AGENT/REPRESENTATIVE AFFIDAVIT

I, _____, HEREBY STATE AND AFFIRM THAT:

I am the legal representative of the owner or lessee of the property described, which is the subject matter of the application. I have been authorized by the owner identified above to proceed with this application.

I have read the instructions for filing this application. All answers to the questions in said application, all sketches and data attached to and made part of this application are honest and true to the best of my knowledge and belief and are a matter of public record.

Signature of representative

STATE OF FLORIDA
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this _____ day of _____, 2_____
by _____, who is () personally known to me or who () has produced
_____ as identification.

Signature of Notary Public

Stamp of Notary Public

Todd & Alexis Gosk

5442 Queen Avenue

Spring Hill, FL. 34609

Tgosk3082@gmail.com

(727) 364-7424

Zoning Division
Hernando County
1653 Blaise Drive
Brooksville, FL. 34601

August 6, 2025

Subject: Request for Hearing Before the Board of Commissioners – Variance Appeal

To Whom It May Concern:

I am writing to respectfully request a hearing before the Board of Commissioners regarding an appeal for a variance at my property located at 5442 Queen Avenue, Spring Hill, FL. 34609 (Parcel ID: R32-323-17-5200-1260-0030).

On July 31, 2025, we received notice of the Zoning Division's decision regarding my application for a variance from certain zoning requirements. After careful consideration, I wish to appeal this decision as I believe that unique circumstances exist with respect to my property that merit further review and consideration.

A previous denial letter from the zoning department dated 3/10/25 specified the reasoning for permitting denial was due to the patio extension having a composite roof and therefore requiring the setback to be a minimum of 10' unless there was an approved variance. An application was submitted requesting a zoning variance to reduce the side setback from 10 feet to 7.10 feet. To accommodate the patio extension including the composite roof. Our Variance denial stated that one of our neighbors at the back of our property are reporting issues with drainage. This neighbor has property at the bottom of the hill where multiple properties including ours sit above. I believe this is a personal issue and that the drainage issue is nonrelated to the addition of the patio extension. Thus, granting this variance will not adversely affect the public interest including drainage in any way.

I kindly request that a hearing be scheduled before the Board of Commissioners at the earliest possible opportunity. Please inform me of any additional information or documentation required to proceed with this appeal. I am prepared to provide supporting materials and will be present at the hearing to answer any questions.

Thank you for your attention to this matter. I look forward to the opportunity to present my case before the Board.

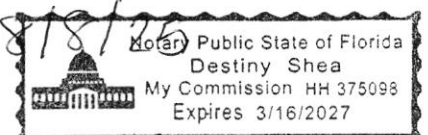
Sincerely,

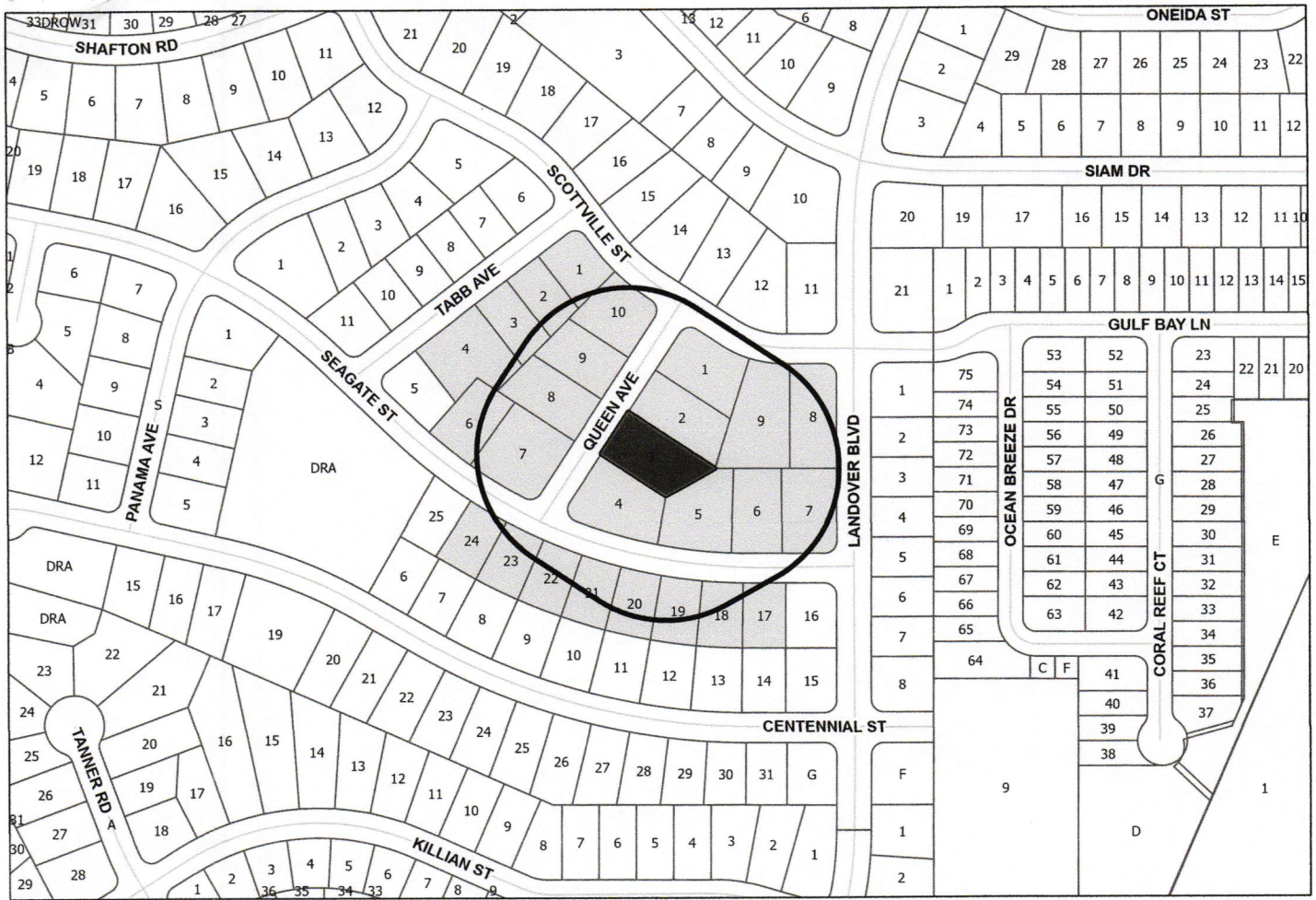
Todd Gosk 8/8/25

Alexis Gosk 8/8/25

Todd Gosk / Alexis Gosk

Destiny Shea
Destiny Shea 8/8/25





This map was prepared by this office to be used as an aid in land parcel location and identification only. All land locations, right-of-way widths, acreages, and utility locations are subject to field survey or other appropriate verification. Map reflects parcels and boundaries as they existed on 06/25/2025.

TODD & ALEXIS GOSK APO

- Subject Parcels
- 250 ft Buffer
- Parcels within 250 ft



PARCEL_KEY	PARCEL_SHO	PARCEL_NUM
686234	17	R32 323 17 5200 1258 0170
686243	18	R32 323 17 5200 1258 0180
686252	19	R32 323 17 5200 1258 0190
686261	20	R32 323 17 5200 1258 0200
686270	21	R32 323 17 5200 1258 0210
686289	22	R32 323 17 5200 1258 0220
686298	23	R32 323 17 5200 1258 0230
686305	24	R32 323 17 5200 1258 0240
686396	2	R32 323 17 5200 1260 0020
686412	4	R32 323 17 5200 1260 0040
686421	5	R32 323 17 5200 1260 0050
686430	6	R32 323 17 5200 1260 0060
686449	7	R32 323 17 5200 1260 0070
686458	8	R32 323 17 5200 1260 0080
686467	9	R32 323 17 5200 1260 0090
686476	2	R32 323 17 5200 1261 0020
686485	3	R32 323 17 5200 1261 0030
686494	4	R32 323 17 5200 1261 0040
686519	6	R32 323 17 5200 1261 0060
686528	7	R32 323 17 5200 1261 0070
686537	8	R32 323 17 5200 1261 0080
686546	9	R32 323 17 5200 1261 0090
686555	10	R32 323 17 5200 1261 0100
302112	1	R32 323 17 5200 1260 0010
302121	1	R32 323 17 5200 1261 0010

OWNER_NAME	OWNER_NA_1
TADIC SLADANA, TADIC DAMIR	
HPA BORROWER 2016 ML LLC	
KIRBY BRIAN	
LOUX SUSAN A, MISKINIS JAMES, HARRIS	LEEANN
BARRIL OSMANY, BARRIL GUSTAVO, GONZALEZ	YAQUELIN ORAMA
LAURENT CINDY M	
ZAMOR JEANNE C CO-TTEE, LAURENT CINDY M	CO-TTEE
TRICHILO VICENZO	
REED PHILLIP, REED CHARLAINE	
KLIESEN NICHOLAUS, MARSH MARJORIE K	
MUSSULLI JOSEPH A, MUSSULLI MARY B	
CAMILLERI MARIE	
WARNKE NICHOLAS RYAN, ALTUVE EDELIN	JOELI
ROGERS TED A	
PROGRESS RESIDENTIAL BORROWER 23 LLC	
DESROSIERS BRITTNEY	
DULL BRIAN A, DULL CHRISTINA	
KOJIAN GREG, KOJAOGHLANIAN AZATOUI,	KOJAOGHLANIAN SARKIS
WHITING DON, WHITING GAIL	
PASTRANA HEATHER MICHELLE, PASTRANA MARK F	
SOPPA RICHARD H JR, SOPPA MARISOL V	
FIorentino CHARLES A TTEE	
CLAPS KATHLEEN J	
MAS JOSE	
OLIVA RODRIGUEZ JAIME E, QUINTANILLA DE	OLIVA MAYRA L

MAIL_ADDR1	MAIL_ADDR2	MAIL_ADDR3	MAIL_ADDR4
13056 SEAGATE ST	SPRING HILL FL 34609-1360		
PO BOX 4900	SCOTTSDALE AZ 85261-4900		
176 E HIGHLAND AVE	CLERMONT FL 34711-2536		
13032 SEAGATE ST	SPRING HILL FL 34609-1360		
19821 SW 116TH AVE	MIAMI FL 33157-1046		
22857 MENTONE AVE	LAURELTON NY 11413-2930		
178 LUDLAM AVE	ELMONT NY 11003-2915		
1346 HIGH RIDGE RD	STAMFORD CT 06903-4904		
5452 QUEEN AVE	SPRING HILL FL 34609-1305		
5432 QUEEN AVE	SPRING HILL FL 34609-1305		
13045 SEAGATE ST	SPRING HILL FL 34609-1361		
13055 SEAGATE ST	SPRING HILL FL 34609-1361		
901 22ND AVE NW APT 10A	MINOT ND 58703-0837		
13122 SCOTTVILLE ST	SPRING HILL FL 34609-1347		
PO BOX 4090	SCOTTSDALE AZ 85261-4090		
5508 TABB AVE	SPRING HILL FL 34609-1374		
5500 TABB AVE	SPRING HILL FL 34609-1374		
5492 TABB AVE	SPRING HILL FL 34609		
2415 OLAR CT	SPRING HILL FL 34608-4571		
12507 SEAGATE ST	SPRING HILL FL 34609-1320		
5441 QUEEN AVE	SPRING HILL FL 34609-1340		
5451 QUEEN AVE	SPRING HILL FL 34609-1340		
5463 QUEEN AVE	SPRING HILL FL 34609-1340		
55 CHURCH ST	ELLENVILLE NY 12428-2620		
5516 TABB AVE	SPRING HILL FL 34609-1374		

Department of Health • Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE


USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

2017ML149478

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. NAME OF SPOUSE (First, Middle, Last) TODD EDWARD GOSK		1b. MAIDEN SURNAME (If applicable) GOSK	2. DATE OF BIRTH (Month, Day, Year) 09/28/1971
3a. RESIDENCE - CITY, TOWN, OR LOCATION SPRING HILL	3b. COUNTY HERNANDO	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) NEW YORK
5a. NAME OF SPOUSE (First, Middle, Last) ALEXIS ANN DANIELS		5b. MAIDEN SURNAME (If applicable) FYOCK	6. DATE OF BIRTH (Month, Day, Year) 07/30/1983
7a. RESIDENCE - CITY, TOWN, OR LOCATION SPRING HILL	7b. COUNTY HERNANDO	7c. STATE FLORIDA	8. Birthplace (State or Foreign Country) FLORIDA
<small>WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.</small>			
9. SIGNATURE OF SPOUSE (Sign full name in black ink) <i>Todd Edward Gosk</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/05/2017	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Lisa Truncale</i>	
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Alexis Ann Daniels</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/05/2017	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Lisa Truncale</i>	
LICENSE TO MARRY			
<small>AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.</small>			
17. COUNTY ISSUING LICENSE HERNANDO	18. DATE LICENSE ISSUED 05/05/2017	18a. DATE LICENSE EFFECTIVE 05/08/2017	19. EXPIRATION DATE 07/04/2017
20a. SIGNATURE OF COURT CLERK OR JUDGE DON BARBEE JR		20b. TITLE CLERK OF THE CIRCUIT COURT	
		20c. BY D.C. LT	
CERTIFICATE OF MARRIAGE			
<small>I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.</small>			
21. DATE OF MARRIAGE (Month, Day, Year) June 17 2017		22. CITY, TOWN, OR LOCATION OF MARRIAGE Key West	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Rebecca Gleason</i>		23c. ADDRESS (Of person performing ceremony) 3 Kestral Way Key West FL 33040	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)  REBECCA GLEASON Notary Public - State of Florida My Comm. Expires Apr 20, 2018 Commission # FF 090108		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED