

OFFICE USE ONLY
DATE REC'D

FILE NO. 1486989

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: John m Laplaca Date: 3/8/22

Mailing Address: 8248 Maltby Rd Spring Hill FL 34606

Phone No. 352-428-2008 Fax: _____

E-Mail: John Laplaca @ Yahoo.com

Representative Name (if applicable): Jonathan Page

Mailing Address: 11139 Norvell Rd Spring Hill FL 34608

Phone No. 989-302-0159 Fax: _____

E-Mail: RepoJP48629 @ Yahoo.com

Address of Property: 8248 Maltby Rd Spring Hill FL 34608

Legal Description: Spring Hill, Unit 21, BIK 1461 Lot 1

Key No.: 00316483 Zoning District: ADU1F

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

Contact Name: _____

Contact Address: _____ City: _____ State _____ Zip _____

Variance being requested: Detached Garage using metal roof material
(brief description of variance, i.e. reduce setback, increase bldg. height, etc.)

Briefly state hardship justifying granting of the variance: See attached
(see hardship criteria listed on page 4. Give full explanation in written narrative, see No. 7 of instruction sheet)

Signature of applicant or representative: [Signature]