

**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. 42217 Official Date Stamp:

Received

DEC 09 2022

Planning Department  
Hernando County, Florida

Date: 12/7/2022

**APPLICANT NAME:** Matthews Family Limited Partnership

Address: 2248 Culbreath Rd

City: Brooksville

State: FL

Zip: 34602

Phone: 352-398-2448

Email: papajoe@mflps.org

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

**REPRESENTATIVE/CONTACT NAME:** Matthews Family Limited Partnership

Company Name: Jim Orr

Address: 10028 Preston Rd

City: Brooksville

State: FL

Zip: 34601

Phone: 352-232-5167

Email: jorr268411@aol.com

**HOME OWNERS ASSOCIATION:** ☐ Yes ☒ No (if applicable provide name) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**PROPERTY INFORMATION:**

1. PARCEL(S) **KEY** NUMBER(S): 383999
2. SECTION 24, TOWNSHIP 23, RANGE 19
3. Current zoning classification: AG with Special Exception to Operate a Dude Ranch
4. Desired use: Amend AG with Special Exception to include Activites Center- Please see narrative
5. Size of area covered by application: 120
6. Highway and street boundaries: Culbreath Rd/Ayers Rd
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, Joseph Matthews, 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): Jim Orr

to submit an application for the described property.

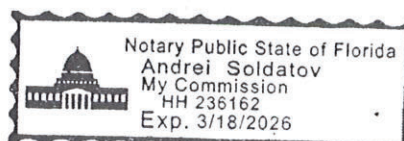
Joseph Matthews  
Signature of Property Owner

STATE OF FLORIDA  
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this 08 day of December, 2022, by Matthews Joseph Edward who is personally known to me or produced FL DL as identification.

Signature of Notary Public

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



Notary Seal/Stamp



PO Box 15133, Brooksville, FL 34604  
352-585-8326- CELL  
THEPERMITTECH@GMAIL.COM

## PROJECT NARRATIVE

12/9/2022

*Proposal:*

*a. Proposed use and its relation to the parcel of property;*

The proposed structure is an Activity Center for use by the Farm's Guests.

*b. Existing and future structures; and*

The revision requested is an Activity Center for assembly uses in addition to the previously approved structures.

*c. Access and parking.*

This is an Accessory Structure. No additional parking demand is anticipated.

*d. If applicable, hours of operation and number of employees;*

Existing Staff will attend to the structure, no additional employees will be required.