

**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. SE-25-10 44-25-04 Official Date Stamp:

RECEIVED

MAY 06 2025

HERNANDO COUNTY ZONING

Date: May 5 2025

APPLICANT NAME: Joseph Regan

Address: 12020 Sunshine Grove Rd

City: Brooksville

State: FL

Zip: 34614

Phone: 352-345-2926 Email: _____

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

REPRESENTATIVE/CONTACT NAME: _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____ Email: _____

HOME OWNERS ASSOCIATION: ☐ Yes ☒ No (if applicable provide name) _____

Contact Name: _____

Address: _____

City: _____

State: _____

Zip: _____

PROPERTY INFORMATION:

1. PARCEL(S) KEY NUMBER(S): 00102819

2. SECTION 4, TOWNSHIP 22, RANGE 18

3. Current zoning classification: A9

4. Desired use: Commercial Parking for Semi Trucks (3)

5. Size of area covered by application: 4.70

6. Highway and street boundaries: Sunshine Grove 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 Regan, 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.

by Joseph Regan
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 5th day of May, 20 25, by Joseph Regan who is

☐ personally known to me or ☒ produced FL ID as identification.

Jill Johnson
Signature of Notary Public



JILL JOHNSON
Notary Public
State of Florida
Comm# HH289562
Expires 7/19/2026

Notary Seal/Stamp

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

**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. _____ Official Date Stamp:

Date: May 2 2025

APPLICANT NAME: Sonja Regan

Address: 12020 Sunshine Grove Rd

City: Brooksville

State: FL

Zip: 34614

Phone: 352-631-9167 Email: SonjaRegan1@gmail.com

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

REPRESENTATIVE/CONTACT NAME:

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____ Email: _____

HOME OWNERS ASSOCIATION: ☐ Yes ☒ No (if applicable provide name) _____

Contact Name: _____

Address: _____

City: _____

State: _____

Zip: _____

PROPERTY INFORMATION:

1. PARCEL(S) KEY NUMBER(S): 00102819

2. SECTION 4, TOWNSHIP 22, RANGE 18

3. Current zoning classification: A3

4. Desired use: Commercial Parking for Semi trucks (3)

5. Size of area covered by application: 4.70 acres

6. Highway and street boundaries: Sunshine Grove 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 AFFIDAVIT

I, Sonja Regan, 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.

Sonja Regan
Signature of Property Owner

**STATE OF FLORIDA
COUNTY OF HERNANDO**

The foregoing instrument was acknowledged before me this 2nd day of May, 20 25, by Sonja Regan who is personally known to me or produced Florida driver license as identification.

Please see attachment

Signature of Notary Public

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

Notary Seal/Stamp

May 2nd, 2025

Regan, Sonja R.

Parcel Key: R03-222-18-5500-0010-0140

I am requesting a SPECIAL EXCEPTION USE PERMIT to park commercial vehicles on my property located at 12020 Sunshine Grove Rd. Brooksville FL 34614.

I am the owner of 3 semi-trucks; myself, my husband and my son all hold a CDL and have driven truck over the road for many years.

Generally we are out over the road anywhere from six weeks to several months and return home for a maximum of one week before going back out, all at different times.

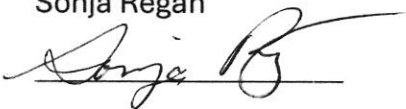
There is no mechanical work for these trucks done while on the property and only minor maintenance such as cleaning out the cab, changing windshield wipers, or checking fluids. All which is done during daylight hours.

The property contains the following buildings and structures:

- mobile home [28'x76'] with patio [12'x20'], front wood deck [12'x16'], and back wood deck [12'x14']
- RV parked east side of mobile (being stored)
- Utility bldg [30'x40'] east of mobile
- Detached utility bldg [16'x32'], with patio/concrete along side [12'x24'] northeast of the mobile.

The trucks are parked approximately 400+ feet from the road, southeast from the mobile, and we have had no prior issues or complaints from neighbors.

Sonja Regan

A handwritten signature in black ink, appearing to read "Sonja R.", is written over a horizontal line.