

H-24-43

HERNANDO COUNTY ZONING AMENDMENT PETITION

File No. _____ Official Date Stamp:



Application to Change a Zoning Classification

Application request (check one):

- Rezoning [X] Standard [] PDP
Master Plan [] New [] Revised
PSFOD [] Communication Tower [] Other
PRINT OR TYPE ALL INFORMATION



Date: June 10th 2024

APPLICANT NAME: Timothy Fiore

Address: 840 Petal Mist Ln
City: Brooksville State: FL Zip: 34604
Phone: 352-691-0451 Email: Fiore Timothy@gmail.com
Property owner's name: (if not the applicant)

REPRESENTATIVE/CONTACT NAME:

Company Name:
Address:
City: State: Zip:
Phone: Email:

HOME OWNERS ASSOCIATION: [] Yes [X] No (if applicable provide name)

Contact Name:
Address: City: State: Zip:

PROPERTY INFORMATION:

- 1. PARCEL(S) KEY NUMBER(S): 858423
2. SECTION 27, TOWNSHIP 22, RANGE 19
3. Current zoning classification: RIC
4. Desired zoning classification: AR2
5. Size of area covered by application: 3.7 ACRES
6. Highway and street boundaries: HOPE HILL RD
7. Has a public hearing been held on this property within the past twelve months? [] Yes [X] No
8. Will expert witness(es) be utilized during the public hearings? [] Yes [X] No (If yes, identify on an attached list.)
9. Will additional time be required during the public hearing(s) and how much? [] Yes [X] No (Time needed: none)

PROPERTY OWNER AFFIDAVIT

I, my name Timothy Fiore, 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):

- [X] 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.

Signature of Property Owner

STATE OF FLORIDA
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me by means of [X] physical presence or [] online notarization, this 14th day of June, 2024, by Tim Fiore who is [] personally known to me or [] produced as identification.

Signature of Notary Public
Effective Date: 05/15/20 Last Revision: 05/15/20



Notary Seal/Stamp

2nd Page has 2nd Person on Deed Property owner Affidavit

1062

H-24-43

HERNANDO COUNTY ZONING AMENDMENT PETITION

File No. _____ Official Date Stamp: RECEIVED JUN 21 2024 Hernando County Development Services Zoning Division



Application to Change a Zoning Classification

Application request (check one): Rezoning [] Standard [] PDP Master Plan [] New [] Revised PSFOD [] Communication Tower [] Other PRINT OR TYPE ALL INFORMATION

Date: _____

APPLICANT NAME: Amber Fiori Address: 840 Petal Mist Ln City: Brooksville State: FL Zip: 34604 Phone: _____ 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): 858423 2. SECTION _____, TOWNSHIP _____, RANGE _____ 3. Current zoning classification: RIC 4. Desired zoning classification: AR2 5. Size of area covered by application: _____ 6. Highway and street boundaries: _____ 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, Amber Fiori, 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): [X] 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.

Signature of Property Owner: Amber Fiori

STATE OF FLORIDA COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this 21st day of June, 2024, by Amber Fiori who is [] personally known to me or [X] produced FL Notary as identification.

Signature of Notary Public: Carrie L. Cline



CARRIE L. CLINE Commission # HH 259804 Expires May 1, 2026

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

Notary Seal/Stamp

Formal Request for Zoning Designation Change:

Subject: Request for Zoning Designation Change from R1C to AR-2 for Property Parcel Number R27-422-19-0000-0430-0040

Dear Zoning Department,

I am writing to formally request a change in zoning designation for property parcel number R27-422-19-0000-0430-0040, encompassing a total area of 3.7 acres. The proposed alteration seeks to transition the zoning classification from R1C to AR-2.

The site in question is currently described as a 3.7-acre wooded uninhabited lot, featuring one flood zone AE and one flood Zone A channel. Furthermore, the property is devoid of any known habitats. Importantly, our thorough assessment assures that rezoning to AR-2 will not impose adverse impacts on natural features. The intended development plan entails the establishment of a manufactured home on the premises incorporating minimal grassing livestock. I assure you that all facets of development will meticulously adhere to the county's building codes. In terms of utilities, the site will be equipped with a self-contained septic system for sewage disposal, complemented by access to City of Brooksville water utilities.

I trust that this request will be considered judiciously, bearing in mind its adherence to regulatory frameworks and its commitment to responsible land use practices.

Thank you for your attention to this matter.

Sincerely,

Timothy and Amber Fiori