## HERNANDO COUNTY ZONING AMENDMENT PETITION



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

File No.	Official Date Stamp:	
H-24	+-7-4 Received	
NO	V 08 2024	

Planning Department Hernando County, Florida

Date: 11/04/2024			ocality, Florida
APPLICANT NAME: Hillt	on 408 LLC		
Address: 401 Commerce St, Suite 8	.00	Ctata: TN	Zip: 37219
City: Nashville	F - 1	State: TN	
Phone:	Email:e: (if not the applicant)		
REPRESENTATIVE/CONT	ACT NAME: lan Anderson		
Company Name: Catalyst De	esign Group		and the second s
Address: 1085 W Morse Blvd			
City: Winter Park		State: FL	Zip: 32789
Phone: 689-219-8900	Email: ianderson@catalyst-dg.com		
HOME OWNERS ASSOCI	ATION:    Yes   No (if applicable provide n	name)	
		City:St	ate:Zip:
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	•
PROPERTY INFORMATION	ON:		
1. PARCEL(S) KEY NUM	MBER(S): 1775877		
2. SECTION 30		, RANGE _18	E
<ol><li>Current zoning classific</li></ol>			
4. Desired zoning classific	ation: PDP(OP) (Master plan revision)		
5. Size of area covered by	application: 1.75 ac		
<ol><li>Highway and street bou</li></ol>	ndaries: Spring Hill Dr (north), Lindsay Ave (south, Deering Ave (east)		
	en held on this property within the past two		
8 Will expert witness(es)			es, identify on an attached list.)
9. Will additional time be	required during the public hearing(s) and h	now much? ☐ Yes ■ No (Tim	e needed:)
PROPERTY OWNER AFFI	DIVAT		
		1	a instructions for filing this
I, Hilltop 408, LLC		, have thoroughly examined the	a bast of my knowledge and
	m that all information submitted within this	s petition are true and correct to the	le best of my knowledge and
	ic record, and that (check one):	_	
	roperty and am making this application OF		
I am the owner of the p	roperty and am authorizing (applicant): Catalysi	st Design Group (See attached Letter of Authorization)	
and (representative, if applied	cable):		
to submit an application	n for the described property.		
-	C		lerson (CDG), Authorized Agent
renness	ee.	Signature of Property Owne	<del>-</del>
Tenness STATE OF FLORIDA COUNTY OF HERNANDO	Davidson		4h
The foregoing instrument was	acknowledged before me by means of $\Box$	physical presence or Zonline not	arization, this 4 day of
Youenber	, 20_24, by	anderson	who is
personally known to me or	produced as identification.	WILLA KAN	
		I'm Some AN	
1 00	4/	STATE	
1 7 siorilla	l'ance	OF TENNESSEE	
Signature of Notary Public		NOTARY	
orginature of Fronty Facility		PUBLIC . A SA	
Effective Date: 05/15/20 La	st Revision: 05/15/20	Complete Country	Notary Seal/Stamp
		mission with MA	
		LYDILES	



November 4, 2024

Spring Hill FSER
Civil Engineering Narrative
Hernando County, Florida

## PROJECT DESCRIPTION / REQUEST

The proposed project is the development of a free-standing emergency room (FSER). The site is located on the south side of Spring Hill Drive between the Fellowship Community Church and the Seven Hills Shopping Plaza in Hernando County, Florida. The property consists of a  $\pm 1.75$ -acre vacant parcel, Parcel Key number 1775877. The parcel is zoned Planned Development Project - Office Professional [PDP(OP)] and associated with Hernando County Resolution Number 2019-68. The proposed development consists of an approximate 11,000 square foot FSER, and will include parking, secondary storm system, stormwater and associated utility infrastructure. The development has potential for future expansion which has been evaluated for the location of infrastructure. A master plan revision for the above referenced planned development is requested.