

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

Date: 4-12-2025

File No. _____

Official Date Stamp:

RECEIVED

APR 21 2025

Hernando County Development Services
Zoning Division

APPLICANT NAME:

John P Shank & JoAnn Shank

Address: 13013 Jacqueline Rd

City: BROOKSVILLE

State: FL

Zip: 34613

Phone: 352-312-6359

Email: jacknjo1@aol.com

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): R28-222-18-3040 0000 0192

2. SECTION _____

TOWNSHIP _____

RANGE _____

3. Current zoning classification: PDP(MF)

4. Desired zoning classification: AR

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 AFFIDIVAT

I, John P Shank JoAnn Shank, 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.

John P Shank JoAnn Shank
Signature of Property Owner

STATE OF FLORIDA

COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this 21st day of April, 2025, by John P Shank & JoAnn Shank who is personally known to me or produced FLDL Photo ID'S as identification.

Carrie L. Cline
Signature of Notary Public

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



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

Notary Seal/Stamp

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Hernando County Development Services
Zoning Division

4.21.25

I am looking to rezone back to
AR2, in order to have our garage onto
our parcel

Thank you.

Jo Ann Shank

John P. Shank