

HERNANDO COUNTY ZONING DIVISION
ZONING VARIANCE APPLICATION

OFFICE USE ONLY
DATE REC'D

FILE NO. 1438327

This application must be completed and returned, with all exhibits and other items listed on page 1 of the instruction sheet, to this office before consideration for the request is reviewed and a determination made. Bear in mind that the variance request must be justified and the mere filing of the application or appearance at a public hearing, if needed, does not assure approval of said application. If a public hearing is necessary, the applicant or representative is required to appear in person at the hearing.

Applicant Name: Brian Garrison and Vicki McMahan Date: 4/19/22

Mailing Address: 4465 Calienta Street, Hernando Beach, FL 34607

Phone No. 352-584-3699 Fax: _____

E-Mail: torityme))@yahoo.com

Representative Name (if applicable): ProCivil360, LLC

Mailing Address: 12 S. Main Street, Brooksville, FL 34601

Phone No. 352-593-4255 Fax: _____

E-Mail: fdicaro@procivil360.com

Address of Property: 4465 Calienta Street, Brooksville, FL 34601

Legal Description: Lots 1&2, Block 23, Gulf Coast Retreats Unit 3

Key No.: 155815 Zoning District: CM@

Homeowners Association Yes _____ No ☒ If yes, name of HOA _____

Contact Name: _____

Contact Address: _____ City: _____ State: _____ Zip: _____

Variance being requested: See attached narrative
(brief description of variance, i.e. reduce setback, increase bldg height, etc.)

Briefly state hardship justifying granting of the variance: See attached narrative
(see hardship criteria listed on page 4. Give full explanation in written narrative, see No. 7 of instruction sheet)

Signature of applicant or representative: 