



**HERNANDO COUNTY ZONING DIVISION
ADMINISTRATOR DECISION APPEAL
APPLICATION**

OFFICE USE ONLY
DATE REC'D

FILE NO. _____

This application must be completed and returned, with all documents and check specified on the instruction sheet, to this office before a board hearing will be scheduled. Please note that the petitioner or representative is required to be present at the hearing.

Applicant Name: LARRY PRESCOTT Date: 04/13/2026

Mailing Address: 16157 APPENNINE DRIVE, BROOKSVILLE, FL 34601

Phone No. 727-919-0396 Fax: _____

E-Mail: larryprescott2@hotmail.com

Representative Name (if applicable): LISA WILSON

Mailing Address: PO Box 15133 Brooksville, FL 34604

Phone No. 352-585-8326 Fax: _____

E-Mail: lisa@thepermittech.com

Address of Property: 16157 APPENNINE DRIVE, BROOKSVILLE, FL 34601

Legal Description: TUKER HILLS UNIT-2 LOT 7

Key No.: 00574453 Zoning District: _____

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

Contact Name: _____

Contact Address: _____ City: _____ State _____ Zip _____

Signature of applicant or representative: Lisa Wilson