

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: 08/18/2025

File No. H-25-51 Official Date Stamp:



APPLICANT NAME: SOFFRON HOLDINGS, LLC

Address: 396 Washington St, STE 137

City: Wellesley Hills

State: MA

Zip: 02481

Phone: _____ Email: sullivan.chrisr@gmail.com

Property owner's name: (if not the applicant) _____

REPRESENTATIVE/CONTACT NAME: _____

Company Name: Coastal Engineering Associates, Inc.

Address: 966 Candlelight Blvd

City: Brooksville

State: FL

Zip: 34601

Phone: 352-796-9423 Email: permits@coastal-engineering.com

HOME OWNERS ASSOCIATION: ☐ Yes ☒ No (if applicable provide name) _____

Contact Name: _____

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

PROPERTY INFORMATION:

1. PARCEL(S) **KEY** NUMBER(S): 00417481
2. SECTION 18, TOWNSHIP 23, RANGE 18
3. Current zoning classification: PDP(GC) with C-2 for mini warehouse and outdoor storage
4. Desired zoning classification: PDP (GC) with C-2 for mini warehouse
5. Size of area covered by application: 4.2 acres
6. Highway and street boundaries: Landover Boulevard and Alcan Avenue
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, Timothy Sheehan as Manager of Soffron Holdings, LLC, 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): _____

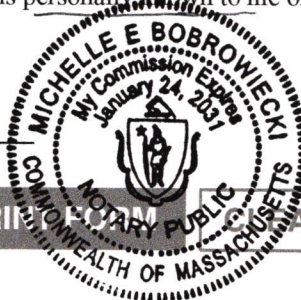
to submit an application for the described property.

Signature of Property Owner

Massachusetts
STATE OF FLORIDA
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this 29 day of August, 2025, by Timothy Sheehan who is personally known to me or produced _____ as identification.

Michelle E Bobrowiecki
Signature of Notary Public



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

PRIVACY FORM

Notary Seal/Stamp