



HERNANDO COUNTY PLANNING DEPARTMENT  
CLASS D SUBDIVISION REVIEW APPLICATION

RECEIVED  
DEC 01 2025  
HERNANDO COUNTY ZONING

1653 Blaise Dr  
Brooksville, FL 34601  
(352)754-4057 Ext. 28020  
Carrie Cline, Planner I – Email: ccline@hernandocounty.us

Date: 12-1-25

APPLICANT: <u>Charles Ivory</u>	
Mailing Address:	<u>6139 White Rd</u>
City, State, Zip Code:	<u>Brooksville FL 34602</u>
Daytime Phone:	<u>352-585-2557</u> Email: <u>emtaff1@yahoo.com</u>
REPRESENTATIVE: <u>Charles Ivory</u>	
Mailing Address:	<u>6139 White Rd</u>
City, State, Zip Code:	<u>Brooksville FL 34602</u>
Daytime Phone:	<u>352-585-2557</u> Email: <u>emtaff1@yahoo.com</u>
<b>Legal Description:</b> Write the complete legal description of the property below. Include Section, Township and Range, Subdivision Name, Lot, Block, and Unit Number. Attach additional sheet if necessary.  	
PARCEL KEY NUMBER	<u>1026115</u> SEC <u>2</u> TWP <u>23</u> (S) RANGE <u>20</u> (E)
Size of Area Covered by Application:	<u>17.8</u>
Highway & Street Boundaries:	<u>White Rd.</u>
Number of Parcels Proposed:	<u>2</u>
Minimum Size(s) of Lot(s) Created:	<u>12.2 + 5.2</u>

Board Of County Commissioners  
Hernando County Planning and Zoning Department  
Brooksville, Florida

#103615

RECEIVED FROM Charles Ivory \$150.00  
150.00 Planning DOLLARS

PURPOSE OF PAYMENT  RENT  GOODS  DEPOSIT  Class D

AMOUNT DUE	
THIS PAYMENT	
BALANCE DUE	

PAYMENT METHOD.	
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK
<input type="checkbox"/> MONEY ORDER	<input checked="" type="checkbox"/> CASH

DATE 12-1-25

RECEIVED BY Candi

No. **34491**

ACKNOWLEDGMENT

This acknowledgment must be signed in the presence of a Notary Public.

I, Charles Ivory, hereby state and affirm that I have read the instructions for filing this application and that:

- I am the owner of the property covered under this application.
- I am the legal representative of the owner of the property described, which is the subject matter of this application.

All answers to the questions in said application, all sketches and data attached and made part of this application are honest and true to the best of my knowledge and belief.

*[Handwritten Signature]*

Signature of Applicant or Representative

STATE OF FLORIDA

COUNTY OF HERNANDO

On this the 1<sup>st</sup> day of December, 2025, before me, the undersigned Notary Public of the State of Florida, personally appeared Charles Ivory and whose name(s) is/are subscribed to the within instrument, and acknowledge that he/she/they executed it.

WITNESS my hand and official seal

*[Handwritten Signature: Carrie L. Cline]*



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

NOTARY SEAL & COMMISSION

EXPIRATION:

Notary Signature

The individual(s) are  personally known to me or,  presented the following Identification: FL DL Photo ID.