

**HERNANDO COUNTY CONDITIONAL USE PERMIT
OR SPECIAL EXCEPTION USE PERMIT PETITION**

File No. SE-26-02 Official Date Stamp:



Application request (check one):

- Conditional Use Permit
- Special Exception Use Permit

PRINT OR TYPE ALL INFORMATION



Date: 3-3-26

APPLICANT NAME: Julie Vadell + Sabato Del Pozzo

Address: 15249 Rester Drive
 City: Brooksville State: FL Zip: 34613
 Phone: (352) 428-0640 Email: mamamita56@gmail.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): 06973520
2. SECTION 14, TOWNSHIP 22, RANGE 18
3. Current zoning classification: 01-Residential Single Family
4. Desired use: mausoleum
5. Size of area covered by application: 225 Sqft
6. Highway and street boundaries: N-Gainster Dr, W-Suncoast Hwy S-Rester Dr E-Long Island Rd
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, Julie Vadell + Sabato Del Pozzo, 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):

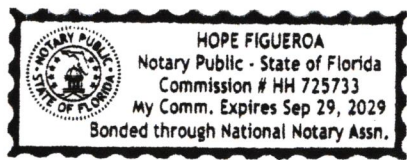
- I am the owner of the property and am making this application OR
- I am the owner of the property and am authorizing (applicant): Julie Vadell + Sabato Del Pozzo and (representative, if applicable): Michelle E. Vadell to submit an application for the described property.

Julie Vadell Sabato Del Pozzo
 Signature of Property Owner

STATE OF FLORIDA
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 3rd day of March, 2026, by Julie + Sabato Vadell + Del Pozzo who is personally known to me or produced _____ as identification.

Hope Figueroa
 Signature of Notary Public



Notary Seal/Stamp

Effective Date: 05/15/20 Last Revision: 05/15/20

**HERNANDO COUNTY CONDITIONAL USE PERMIT
OR SPECIAL EXCEPTION USE PERMIT PETITION**



Application request (check one):
 Conditional Use Permit
 Special Exception Use Permit

PRINT OR TYPE ALL INFORMATION



Date: 11-5-2025

APPLICANT NAME: Julie Vadell
 Address: 15249 Rester Drive
 City: Brooksville State: FL Zip: 34613
 Phone: (352) 428-0640 Email: mamamita56@gmail.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): 00973520
 2. SECTION 14, TOWNSHIP 22, RANGE 18
 3. Current zoning classification: 01-Residential Single Family
 4. Desired use: mausoleum
 5. Size of area covered by application: 225 Sft
 6. Highway and street boundaries: N-Gauster Dr, W-Suncoast Hwy, S-Rester Dr, E-Long Island Rd.
 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, Julie Vadell, 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.

Julie Vadell
 Signature of Property Owner

STATE OF FLORIDA
 COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 28 day of October, 2025, by Julie vadell who is personally known to me or produced _____ as identification.

Heather Carpenter
 Signature of Notary Public



Effective Date: 05/15/20 Last Revision: 05/15/20

**HERNANDO COUNTY CONDITIONAL USE PERMIT
OR SPECIAL EXCEPTION USE PERMIT PETITION**



Application request (check one):
 Conditional Use Permit
 Special Exception Use Permit

PRINT OR TYPE ALL INFORMATION



Date: 11-5-25

APPLICANT NAME: Sabato Del Pozzo
 Address: 15249 Rester Drive
 City: Brooksville State: FL Zip: 34613
 Phone: (352) 428-2608 Email: mammata56@gmail.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): 00973520
 2. SECTION 14, TOWNSHIP 22, RANGE 18
 3. Current zoning classification: D1-Residential Single Family
 4. Desired use: Mausoleum
 5. Size of area covered by application: 225 sqft
 6. Highway and street boundaries: N-Ganster Dr., W-Suncoast Hwy, S. Rester Dr., E. Long Island Rd.
 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, Sabato Del Pozzo, 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.

Sabato Del Pozzo
 Signature of Property Owner

STATE OF FLORIDA
 COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 3 day of November, 2025, by Sabato Del Pozzo who is personally known to me or produced FL ID as identification.

[Signature]
 Signature of Notary Public



Effective Date: 05/15/20 Last Revision: 05/15/20

Notary Seal/Stamp

The reason I what to do a Mausoleum:

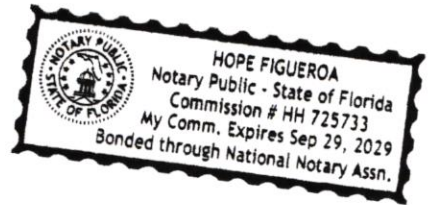
I am Bless with six kids, and I would like to create a deeply meaningful plan for our family. It's important for me preserving my family connection creating a Mausoleum on the property that seems like a beautiful way to honor my family bond, ensuring that my husband and I stay close to our children even after we are gone. It's important for us a physical space where the family can gather. Reflect and stay connected, especially since our children value being close home. We all came to an agreement about the property being kept in the family as a place for future generations to gather.

Property address: 15249 Rester Drive, Brooksville, FL 34613

Property is Paid in FULL

Julie Vadell
Sebasto Del Razo *Julie Vadell*
Sebasto Del Razo

State of Florida
County of Hernando
The foregoing instrument was acknowledged
before me 4th day of November
Hope Figueroa
Your Name Here, Notary Public
My Commission Expires 9/29/2029



3-3-26

RECEIVED

MAR 03 2026

Hernando County Development Services
Zoning Division

To whom it may concern:

We are not able to attend to
re-hearing of our case, SE-26-02
As we will be out of the Country
starting April 6 - April 13, 2026.

We authorize Michelle E. Vadell
to represent us at the BBOC.

Armando D. Lopez

3-3-26

Julie Vadell

3/3/26

Michelle E. Vadell

3/3/26

State of Florida
County of Hernando

The foregoing instrument was acknowledged
before me 3rd day of March, 2026

Hope Figueroa
Your Name Here, Notary Public

My Commission Expires Sept 29, 2029

Hope Figueroa

3/3/26

