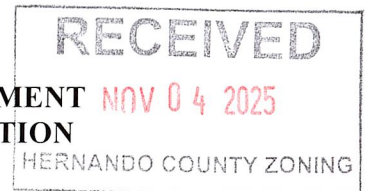




HERNANDO COUNTY PLANNING DEPARTMENT  
CLASS D SUBDIVISION REVIEW APPLICATION



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

Date: 11-04-25

APPLICANT: <u>Kelton Weaver + Sandra Weaver</u>	
Mailing Address: <u>19951 manecke Rd.</u>	
City, State, Zip Code: <u>Brooksville FL 34601</u>	
Daytime Phone: <u>352-842-3893</u>	Email: <u>sandys-cleaning@yahoo.com</u>
REPRESENTATIVE: _____	
Mailing Address: _____	
City, State, Zip Code: _____	
Daytime Phone: _____ Email: _____	
<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>70.0</u> SEC <u>16</u> TWP <u>22</u> (S) RANGE <u>19</u> (E)	
Size of Area Covered by Application: <u>16.10 acres</u>	
Highway & Street Boundaries: <u>Manecke Rd.</u>	
Number of Parcels Proposed: <u>2</u>	
Minimum Size(s) of Lot(s) Created: <u>5.36 and 10.74 acres</u>	

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

RECEIVED FROM Sandra Weaver \$ 150.00  
Planning \$150.00 DOLLARS

PURPOSE OF PAYMENT ☐ RENT ☐ GOODS ☐ DEPOSIT ☒ Class D Subdivide

AMOUNT DUE	
THIS PAYMENT	
BALANCE DUE	

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

DATE 11/14/25  
RECEIVED BY #3172 Candi

No. **34382**

ACKNOWLEDGMENT

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

I, Kelton Weaver and Sandra Weaver, 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.

Kelton W. Sandra Weaver

Signature of Applicant or Representative

STATE OF FLORIDA

COUNTY OF HERNANDO

On this the 4<sup>th</sup> day of November, 2025, before me, the undersigned Notary Public of the State of Florida, personally appeared Kelton Weaver & Sandra Weaver 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

Carrie L. Cline

Notary Signature



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

NOTARY SEAL & COMMISSION

EXPIRATION:

The individual(s) are ☐ personally known to me or, ☒ presented the following Identification: FLDL Photo ID's.