

OFFICE USE ONLY
DATE REC'D

FILE NO. 1513036

**HERNANDO COUNTY ZONING DIVISION
ZONING APPEAL APPLICATION**

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: Matthew & RaeAnna Schroefer Date: ~~12.8.25~~ 2/4/25

Mailing Address: 110 Summit St SW Sleepy Eye MN 560-85-1454

Phone No. 507-227-8376 Fax: _____

E-Mail: matthewschroefer6@gmail.com

Representative Name (if applicable): Chris Glover

Mailing Address: 8245 River Country Dr Spring Hill FL 34607

Phone No. 352-597-2100 Fax: _____

E-Mail: Chris@palmwoodconstruction.com

Address of Property: 27009 Baxter St Brooksville FL 34602

Legal Description: W355 FT OF SE1/4 OF NE1/4 OF SW1/4

Key No.: 1761828 Zoning District: AG

Homeowners Association Yes No If yes, name of HOA _____

Contact Name: N/A

Contact Address: _____ City: _____ State _____ Zip _____

Signature of applicant or representative: 