



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: 2/20/2026

APPLICANT: Violet S. Kelley, Trustee	
Mailing Address:	9064 Cooper Terr Drive
City, State, Zip Code:	Brooksville, Florida 34601
Daytime Phone:	404 433 3964 **
Email:	sdopc@etcmail.com **
REPRESENTATIVE: Sherry D. Olson (daughter in law)	
Mailing Address:	1031 Mill Road
City, State, Zip Code:	Carrabelle, Florida 32322
Daytime Phone:	404 433 3964
Email:	sdopc@etcmail.com
Legal Description: 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. See attached Survey and subdivision plat	
PARCEL KEY NUMBER	R30 422 20 0000 0140 0020 SEC 30 TWP 22 (S) RANGE 20 (E)
Size of Area Covered by Application:	New Parcel 6.3
Highway & Street Boundaries:	Parcel adjoins parcel with existing Easement to Highway 50; and adjacent to land of party buying parcel
Number of Parcels Proposed:	Division of 1 parcel into 2
Minimum Size(s) of Lot(s) Created:	Parcel 1 26.5 and Parcel 2 6.3

** Please communicate with my daughter in law, Sherry Olson.

ACKNOWLEDGMENT

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

I, Sherry D. Olson, 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.

Sherry D. Olson

Signature of Applicant or Representative

STATE OF FLORIDA

COUNTY OF ~~HERNANDO~~ Franklin

On this the 7th day of April, 2026, before me, the undersigned Notary Public of the State of Florida, personally appeared Sherry D. Olson 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

Lacey Cummins

Notary Signature

NOTARY SEAL & COMMISSION

EXPIRATION:

The individual(s) are personally known to me or, presented the following Identification: Sherry Olson.

August 20, 2028

