

HERNANDO COUNTY ZONING AMENDMENT PETITION



Application to Change a Zoning Classification

Application request (check one):

- Rezoning ☒ Standard ☐ PDP
Master Plan ☐ New ☐ Revised
PSFOD ☐ Communication Tower ☐ Other

PRINT OR TYPE ALL INFORMATION

Date: Sept. 2 2025

File No. _____ Official Date Stamp:

RECEIVED

SEP 03 2025

Hernando County Development Services
Zoning Division

APPLICANT NAME:

LYDIA M. CRUZ

Address: 15375 Blanford St.

City: Brooksville

State: FL

Zip: 34601

Phone: 866 423 5565

Email: Lmcruz58@gmail.com

Property owner's name: (if not the applicant) _____

REPRESENTATIVE/CONTACT NAME:

LYDIA M CRUZ

Company Name: _____

Address: 15375 Blanford St

City: Brooksville

State: FL

Zip: 34601

Phone: 866 423 5565

Email: Lmcruz58@gmail.com

HOME OWNERS ASSOCIATION:

☐ Yes ☒ No (if applicable provide name) _____

Contact Name: _____

Address: _____

City: _____

State: _____

Zip: _____

PROPERTY INFORMATION:

1. PARCEL(S) KEY NUMBER(S): 01057509 PARCEL# R 21 421 20 0006 0190 0030
2. SECTION _____, TOWNSHIP _____, RANGE _____
3. Current zoning classification: AG
4. Desired zoning classification: AR2
5. Size of area covered by application: 108,900 Square Feet (2.5 acres)
6. Highway and street boundaries: Blanford St
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 AFFIDAVIT

I, LYDIA M CRUZ, 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.

Signature of Property Owner

STATE OF FLORIDA
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this 3rd day of September, 2025, by Lydia Cruz who is personally known to me or produced Proof as identification.

REDACTED

Signature of Notary Public

Effective Date: 11/8/16 Last Revision: 11/8/16



JESSICA LANE VARGAS
Notary Public
State of Florida
Comm# HH265410
Expires 6/6/2026

Notary Seal/Stamp