



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: 2.26.2016

APPLICANT:	<u>Travis and Mindy Gondek</u>		
Mailing Address:	<u>26390 Spike Rd</u>		
City, State, Zip Code:	<u>Brooksville, FL 34602</u>		
Daytime Phone:	<u>813-323-7616</u>	Email:	<u>tman1012@msn.com</u>
REPRESENTATIVE:	<u>N/A</u>		
Mailing Address:	_____		
City, State, Zip Code:	_____		
Daytime Phone:	_____	Email:	_____
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.		
	<u>See Survey Attached</u>		
PARCEL KEY NUMBER	<u>1385352</u>	SEC	<u>22</u> TWP <u>23</u> (S) RANGE <u>20</u> (E)
Size of Area Covered by Application:	<u>13.7 acres</u>		
Highway & Street Boundaries:	<u>Spike Rd.</u>		
Number of Parcels Proposed:	<u>2</u>		
Minimum Size(s) of Lot(s) Created:	<u>10.5acres and 2.5acres</u>		

ACKNOWLEDGMENT

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

I, Travis and Mindy Gondek, 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.

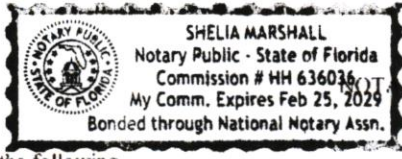
All answers to the questions in said application, all sketches and data attached and made part of this application are honest and true to the best of my knowledge and belief.

Travis Gondek Mindy Gondek
 Signature of Applicant or Representative

STATE OF FLORIDA
COUNTY OF HERNANDO

On this the 26 day of February, 2026 before me, the undersigned Notary Public of the State of Florida, personally appeared Travis + Mindy Gondek 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
Shelia Marshall
Notary Signature



NOTARY SEAL & COMMISSION
EXPIRATION:

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