

# 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 0000 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