

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: 786 423 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: 786 423 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] *LY*
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 front as identification.

REDACTED

[Signature]
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