

OFFICE USE ONLY
DATE REC'D _____
FILE NO. _____

**HERNANDO COUNTY ZONING DIVISION
ZONING APPEAL APPLICATION**

This application must be completed and returned, with all documents and check specified on the instruction sheet, to this office before a board hearing will be scheduled. Please note that the petitioner or representative is required to be present at the hearing.

Applicant Name: Willm J Callahan Jr Date: March 5 2026
Michelle Callahan

Mailing Address: 11348 Newington Ave Phone No. 508-320-4000

Fax: _____

E-Mail: bcallahan@skeyewatch.com

Representative Name (if applicable): _____

Mailing Address: _____

Phone: _____ Fax: _____

Address of Property: 11348 Newington Ave

Legal Description _____

Key No.: 1525629 Zoning: District: PDP(SF)

Homeowners Association Yes ___ No X If yes, name of HOA: _____

Contact: Name: _____

Address: _____ City: _____ State _____ Zip _____

Signature of applicant or representati
ve: 