HERNANDO COUNTY CONDITIONAL USE PERMIT <u>OR</u> SPECIAL EXCEPTION USE PERMIT PETITION



Application request (check one):

- ☐ Conditional Use Permit
- ☐ Special Exception Use Permit

Official Date Stamp:

(")	ORIDA	PRINT OR TYPE	ALL INFORMAT	ION			
	Date:						
APP	LICANT NAME	:]					
	City:				State:	Zip:	
	Phone:	Email	l:			Zip:	
	Property owner	's name: (if not the application	ant)				
REP	PRESENTATIVE	/CONTACT NAME:					
	Address:						
	City:				State:	Zip:	
	Phone:	Email	l:				
HON	ME OWNERS AS	SOCIATION:	s 🗆 No (if applicable p	rovide name)			
	Address:			City:		State: Zip:	
PRC	PERTY INFOR	MATION:		·		•	
1.							
2.	SECTION	<u>Y</u> NUMBER(S):	TOWNSHIP		RANGE	<u> </u>	
3.	Current zoning c						
4.							
5.	Size of area cove	red by application:					
6.	Highway and stre	eet boundaries:					
7.	Has a public hear	ring been held on this p	property within the pa	ast twelve months?	☐ Yes ☐ No		
8	Will expert witne	ess(es) be utilized durin	g the public hearing	s?	☐ Yes ☐ No (If	yes, identify on an attach	ed list
9.	=	me be required during				ime needed:	
PRO	PERTY OWNER				,		
I,				, have tho	roughly examined	I the instructions for filing	this
				in this petition are	true and correct to	the best of my knowledg	e and
belief	f and are a matter of	of public record, and the	at (check one):				
	I am the owner o	f the property and am n	naking this application	on OR			
	I am the owner o	f the property and am a	uthorizing (applicant).				
	and (representative,	if applicable):	_				
	to submit an app	if applicable):ication for the describe	ed property.				
STATE OF FLORIDA			Signature of Property Owner				
	NTY OF HERNA	NDO					
			efore me this	day of		20	hv
THE	oregoing manume	nt was acknowledged to	who is perso	nally known to me	or produced	, 20 as identifica	tion.
						as recitified	
Signa	ture of Notary Pul	olic	-				

Effective Date: 11/8/16 Last Revision: 11/8/16 Notary Seal/Stamp