

HERNANDO COUNTY CONDITIONAL USE PERMIT PETITION
Application for Public Hearing

Date: 2/07/03

Print or Type all information. Refer to instruction sheets for assistance or call the Planning Department at the number on the instruction sheet.

APPLICANT: Sharon R Heckathorn

Mailing Address: 7134 Goodway Dr
Brooksville, FL 34602

Daytime Phone: 352-799-4050 FAX No.:

REPRESENTATIVE: Harman E. Heckathorn or Cynthia Jarvis

Mailing Address: 7134 Goodway Dr
Brooksville, FL 34602

Daytime Phone: 352-799-4050 FAX No.:

PUBLIC CONTACT PERSON: Harman Heckathorn or Cynthia Jarvis

Daytime Phone: 352-799-4050 FAX No.:

CONDUCT AT PUBLIC HEARINGS:

Will Expert Witness be utilized during the public hearings? NO

Please indicate how much additional time will be required during the public hearing (see instruction sheet):

Legal Description: Write below the complete legal description of the property. Include Section, Township and Range; and if applicable, Subdivision Name, Lot, Block, and Unit Number. Attach additional sheet if necessary.

The east 658.36 ft of the N 1/2 of the N 1/2 of the SE 1/4 of the NE 1/4 of Section 35, Township 22 S, Range 20 E, less the east 24.71 ft thereof, subject to the N 15 ft and the S 15 ft being a public road right of way SEC 35 TWP 22 (S) RANGE 20 (E)

Size of Area Covered by Application: 2 1/2 acres

Highway & Street Boundaries: Hwy 50 - Goodway Dr & LaDona Dr

Current Zoning Classification: Agricultural & Residential

Reason for Conditional Use Permit: Care of elderly mother & Disabled sister - mobile home

Length of Time Requested for Use: unknown

Has a public hearing been held on this property within the past twelve months? No

ACKNOWLEDGMENT

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

I, SHARON R. Heckathorn 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 or lessee of the property described, which is the subject matter of the application.

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

Sharon R. Heckathorn
Signature of Applicant or Representative

STATE OF FLORIDA _____ COUNTY OF HERNANDO _____

On this the 7th day of February, 2003, before me, the undersigned Notary Public of the State of Florida, personally appeared SHARON R. Heckathorn 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.

Connie M. Romine
Notary Signature **CONNIE M. ROMINE**

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

NOTARY SEAL & COMMISSION EXPIRATION:
Connie M Romine
My Commission DD161012
Expires February 03, 2007

Ref: Renewal of Conditional Use Permit

To Whom It May Concern:

Due to the age and ongoing medical condition of my mother and sister who is epileptic and wheel chair bound it is necessary that they continue to live in the mobile home that is located on my property as described in the attached application. This allows me to monitor their condition and assist in their daily living needs as necessary.

Thank you very much for your consideration of this request.

Sincerely,



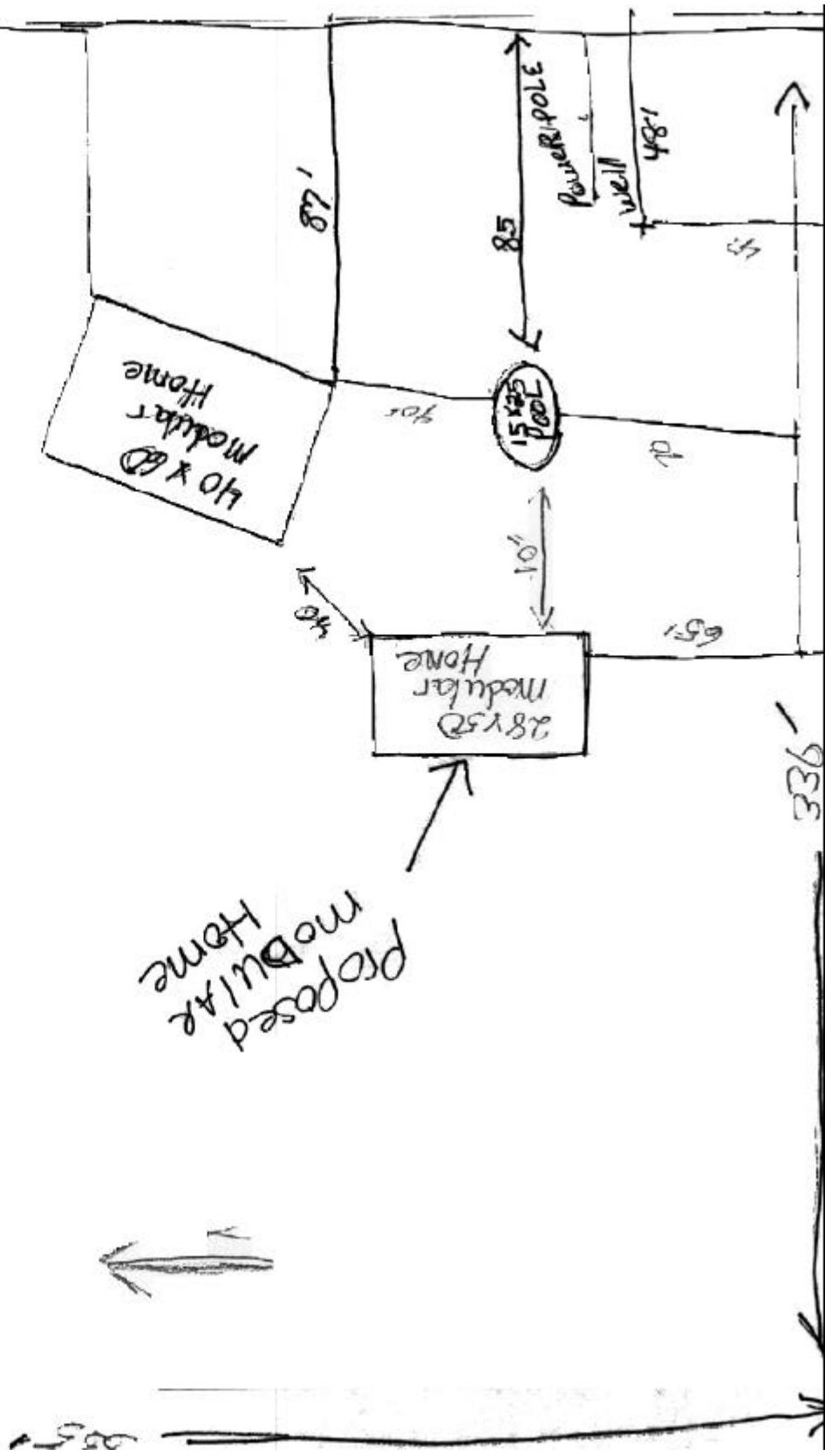
Sharon R. Heckathorn

(Sharon Jarvis)



SHARON HECKATHORN
(SARVIS)

15 ERS. rent



Proposed
modular
Home

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