

HERNANDO COUNTY CONDITIONAL USE PERMIT PETITION
Application for Public Hearing

Date: 2/21/03

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

APPLICANT: John A. Miller

Mailing Address: 8416 Foxfire Rd, Brooksville FL, 34613

Daytime Phone: (813) 390-3267

FAX No.: (352) 754-9420

REPRESENTATIVE: John A. Miller

Mailing Address: 8416 Foxfire Rd, Brooksville FL 34613

Daytime Phone: (813) 390-3267

FAX No.: (352) 754-9420

PUBLIC CONTACT PERSON: John A. Miller

Daytime Phone: (813) 390-3267

FAX No. 352) 754-9420

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): None

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 Southeast 1/4 of the Northeast 1/4 of the Southwest 1/4 of Section 24, Township 22 South, Range 18 East, Hernando County, Florida, Less the North 50.00 feet of the west 60.00 feet thereof. SEE ATTACHED STREET. SEC 24 TWP 22 (S) RANGE 18 (E)

Size of Area Covered by Application: 10.2 Acres

Highway & Street Boundaries: SAM C ROAD + Foxfire Road

Current Zoning Classification: Agricultural A6

Reason for Conditional Use Permit: Medical hardship for ill father to move on our property.

Length of Time Requested for Use: 2 years

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, John A. Miller, 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 correct and true to the best of my knowledge and belief.

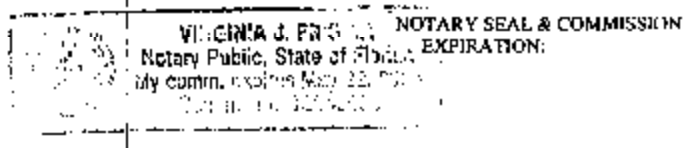
Signature of Applicant or Representative

STATE OF FLORIDA

COUNTY OF HERNANDO

On this the 21st day of February, 2003, before me, the undersigned Notary Public of the State of Florida, personally appeared John A. Miller 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. Virginia J. Miller, Notary Signature



The individual(s) are personally known to me or presented the following identification: FL Driver License

NARRATIVE DESCRIPTION OF THE CONDITIONAL
USE PERMIT

DUE TO MY FATHER'S EXISTING CONDITIONS & RECOMMENDATION
OF HIS DOCTOR I WOULD LIKE TO PLACE AN ADDITIONAL
TEMPERARY RESIDENCE ON MY 10.295 ACRE PROPERTY
MY EXISTING RESIDENCE HAS 1484 SQUARE FOOT LIVING
SPACE FOR MY SPOUSE & MYSELF, THE ADDITIONAL
PROPOSED MOBILE HOME TO BE PLACED ON THE
PROPERTY IS FOR SOUT USE TO ALLOW MY FATHER
& CARE FOR HIS NEEDS. THE PROPOSED MOBILE HOME
IS APPROX 1200 SQUARE FEET OF LIVING SPACE. ADEQUATE
ACCESS & PARKING IS AVAILABLE TO THE PROPOSED PLACEMENT
SHOWN ON THE SITE PLAN PROVIDED.


JOHN MILLER

