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# HERNANDO COUNTY CONDITIONAL USE PERMIT PETITION Application for Public Hearing

Date: 9/15/03

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

**APPLICANT:** Joseph Edwin Hamilton AND LORETTA LYNN HAMILTON

Mailing Address: 11130 SUNSHINE GROVE RD.  
BROOKSVILLE, FLA. 34614

Daytime Phone: (352) 238-0234 FAX No.: NONE

**REPRESENTATIVE:** LORETTA LYNN HAMILTON (WIFE)

Mailing Address: 11130 SUNSHINE GROVE RD.  
BROOKSVILLE, FLA. 34614

Daytime Phone: (352) 650-2663 FAX No.: NONE

**PUBLIC CONTACT PERSON:** LORETTA LYNN HAMILTON

Daytime Phone: (352) 650-2663 FAX No.: NONE

**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. GULF FLORIDA HIGHLANDS UNREC UNIT 3 W 1/2 OF LOT 10 AKA W 1/2 OF N 1/2 OF SE 1/4 OF SE 1/4 OF NE 1/4 OF 9-22-18 ORB 989 PG 324 SEC 03 TWP 22(S) RANGE 18 (E)

Size of Area Covered by Application: 2.50 ACRES

Highway & Street Boundaries: SUNSHINE GROVE RD & HEXAM

Current Zoning Classification: AGRICULTURAL

Reason for Conditional Use Permit: MOTHER & SISTER VERY SICK W/A MINOR CHILD

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, JOSEPH EDWIN HAMILTON OR LORETTA LYNN HAMILTON, 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.

*Joseph E. Hamilton*  
Signature of Applicant or Representative

STATE OF FLORIDA \_\_\_\_\_

COUNTY OF HERNANDO \_\_\_\_\_

On this the 15 day of September, 2003, before me, the undersigned Notary Public of the State of Florida, personally appeared Joseph Hamilton 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.

Notary Signature



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

HSU 3495600070

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SCALE 1/4" = 10'

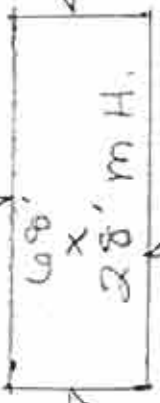
SunSHine  
Grove Rd

35' Set  
Line  
North  
End NORTH

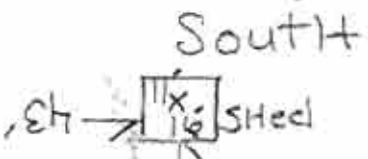
145' West

East

330'

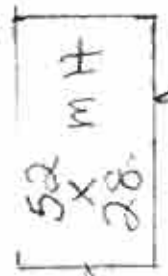


81' West Side  
Set Back Line



50' Set  
Back  
Line  
East  
Side

339'



65'

126'

150'

35' Set  
Back  
Line  
South  
End

65'