

Application to Change a Zoning Classification

Date: Nov. 5, 2002

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

APPLICANT: Dr. Brian O'Sullivan

Mailing Address: 3429 Mariner Blvd., SpringHill, FL 34609

Daytime Phone: 666-9898 FAX No.: 684-0130

REPRESENTATIVE: Peter Napolitano, P.A.

Mailing Address: 8406 Massachusetts Avenue, Suite A1
New Port Richey, FL 34655

Daytime Phone: 727-848-8488 FAX No. 727-845-1156

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.

Lot 3, Block 1148, Spring Hill, Unit 17
4455 Millwood Rd.

SEC 7 TWP 23 RANGE 18

Size of Area Covered by Application: .57 acres

Highway & Street Boundaries: Millwood & Northcliff

Current Zoning Classification: Multi-Family

Zoning Classification Desired: Office Professional

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

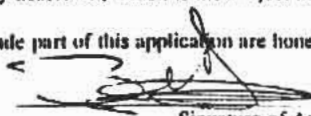
ACKNOWLEDGMENT

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

I, Dr. Brian O'Sullivan hereby state and affirm that I have read the instructions for filing this application and that:

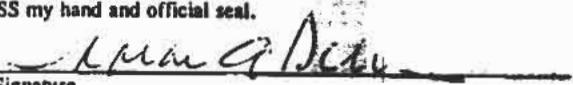
- I am the owner of the property covered under this application.
- I am the legal representative of the owner or lessee of the property described, which is the subject matter of the application.

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.



Signature of Applicant or Representative

STATE OF FLORIDA COUNTY OF HERNANDO

On this the 7 day of November, 2002, before me, the undersigned Notary Public of the State of Florida, personally appeared Brian O'Sullivan 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

NOTARY SEAL & COMMISSION
 Sharon A. DeLasso
 MY COMMISSION # CC904282 EXPIRES
 January 23, 2004
 BONDED THRU TROY FARM INSURANCE, INC.



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

NARRATIVE REZONING FOR DR. BRIAN O'SULLIVAN-LOT 3

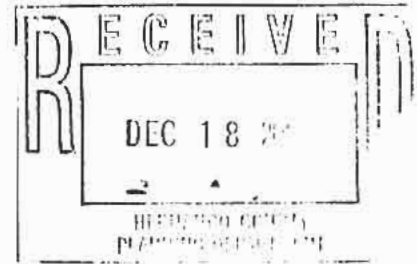
We would like to rezone Lot 3 for a Multi-family to an Office Professional. The lots to the east and west have already been rezoned OP which would match our request. Our proposed access would be off of Northcliffe and water is available to the site. We are proposing utilizing a septic system for the office complex.

I would sincerely appreciate your consideration in rezoning Lot 3 from Multi-family to Office Professional. As you are quite aware, many of the Multi-family lots in this area have been rezoned to OP.

Thank you for your consideration.



Dr. Brian O'Sullivan



IP 313

MULTI-FAMILY

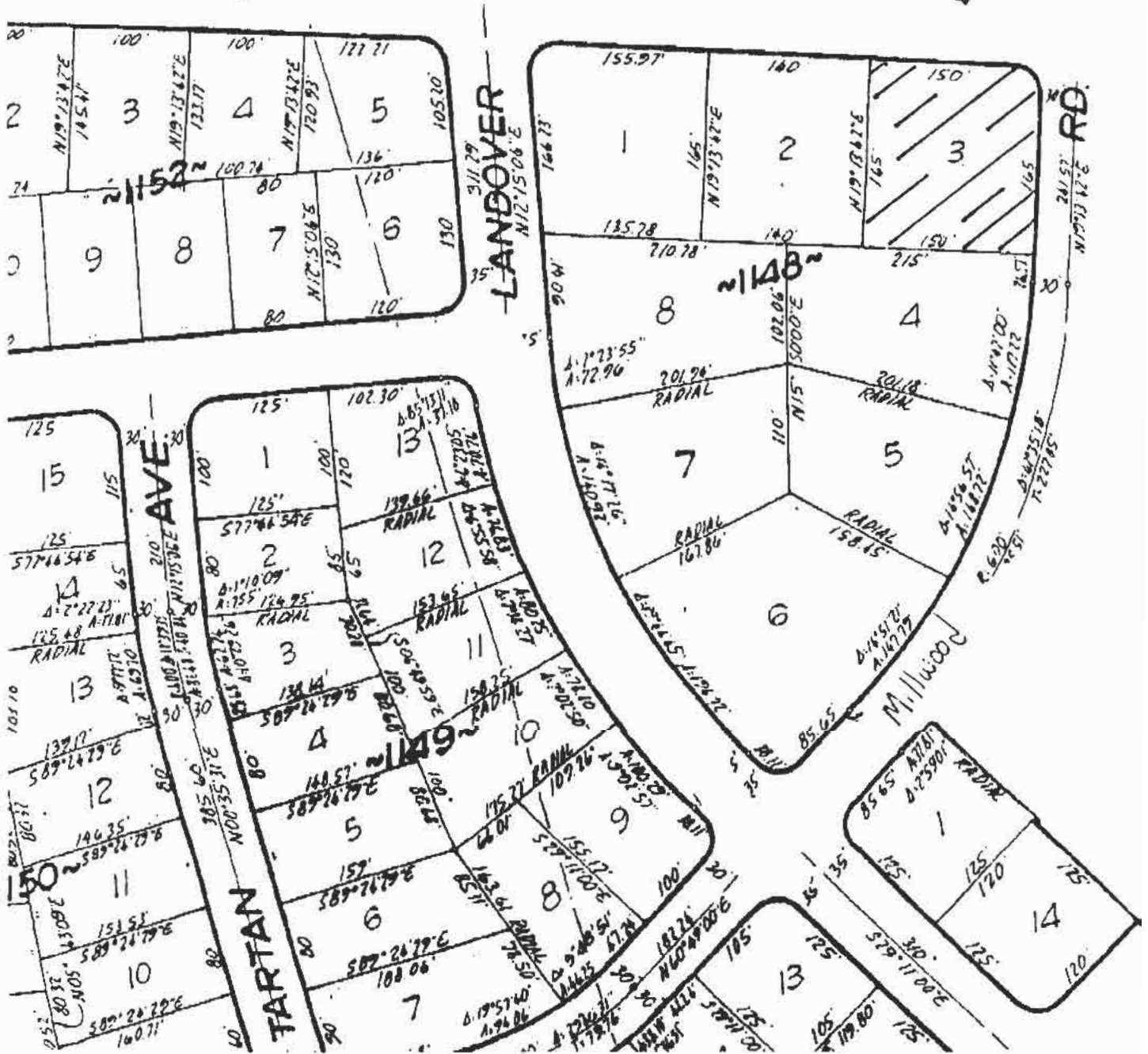
LOCATION KEY F-4

AD# 6

Lot Across From yours



FE 570'46"10"E 679.66



H-03-01



1130

SPRING HIL

H

417588

517

11

D.R.A.



5

10



6

7

2

1

NORTHCLIFFE BLVD

1

8



6



8

5

1147

5

5

MILLWOOD RD

3

1148

6

PREPARED BY: HERNANDO CO.
PROPERTY APPRAISERS OFFICE
DATE PREPARED: NOV. 6, 2002