


Application to Change a Zoning Classification

Date: Nov. 1, 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., Spring Hill, FL 34609	
Daytime Phone:	666-9898	FAX No.: 684-0130
REPRESENTATIVE:	Peter Napolitano, P.A.	
Mailing Address:	8406 Massachusetts Ave., 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 5, Block 1147, Spring Hill Unit 17 4440 Millwood Rd.	
	SEC <u>7</u> TWP <u>23</u> RANGE <u>18</u>	
Size of Area Covered by Application:	6/10 acre	
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, <u>Dr. Brian O'Sullivan</u>	, hereby state and affirm that I have read the instructions for filing this application and that:	
<input checked="" type="checkbox"/>	I am the owner of the property covered under this application.	
<input type="checkbox"/>	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 <u>7</u> day of <u>November</u> , <u>2002</u> , before me, the undersigned Notary Public of the State of Florida, personally appeared <u>Brian O'Sullivan</u> 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 SEAL & COMMISSION EXPIRATION:	
Notary Signature <u>Sharon A. DeLasso</u>	Sharon A. DeLasso MY COMMISSION # CC914282 EXPIRES January 23, 2004 BONDED THRU TROY FAIR INSURANCE, INC.	
The individual(s) are <input checked="" type="checkbox"/> personally known to me or, <input type="checkbox"/> presented the following identification: _____		

NARRATIVE REZONING FOR DR. BRIAN O'SULLIVAN

I already own Lots 6 & 7, which front on Northcliffe exactly across the street from The Northcliffe Baptist Church. Lot 6 is on the corner of Northcliffe and Millwood. In order to fully develop Lot 6 & 7 into Office Professional, I want to get Lot 5 rezoned from Multi-family to Office Professional.

This will allow more flexibility for parking and the necessary drainage for Lots 6 & 7. There are adequate facilities for transportation and water is available to the site. Also this area consists of candler fine sands which are excellent for septic systems. However, my intent is to use Lot 5 for parking and drainage so that I may increase the utilizations of Lots 6 & 7 for building.

I would sincerely appreciate your consideration in rezoning Lot 5 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

GROUP MAP 314

MULTI-FAMILY

LOCATION KEY F-



RECEIVED
 DEC 18 2002
 PLANNING DEPARTMENT



H

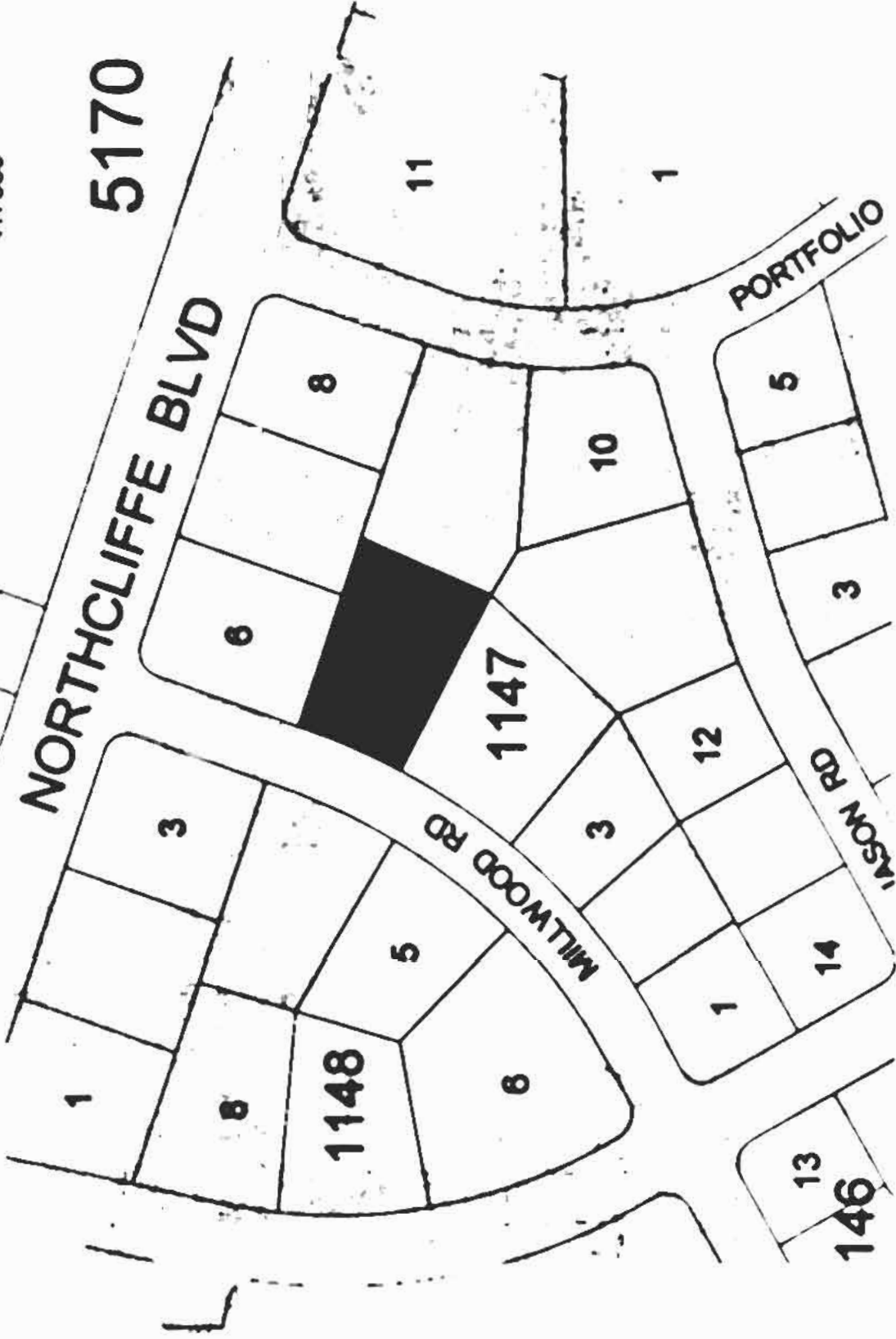
417588

5170

NORTHCLIFFE BLVD

1
2

7



R PAR D Y H RNANDUCCO
ROP RTY AP RA R C C
DAT PR PAR D OV 00