

HERNANDO COUNTY SPECIAL EXCEPTION USE PERMIT PETITION
Application for Public Hearing

Date: December 9, 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: LINDA EUSTON

Mailing Address: 6306 KELVIN CT. SPRING HILL, FLA. 34606

Daytime Phone: 666-8826

FAX No.:

REPRESENTATIVE: LINDA EUSTON

Mailing Address: 6306 KELVIN CT SPRING HILL, FLA. 34606

Daytime Phone: 666-8826

FAX No.:

PUBLIC CONTACT PERSON: LINDA EUSTON

Daytime Phone: 666-8826

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): NO ADDITIONAL TIME

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 16 BLOCK 71 SPRING HILL, UNIT 2

SEC \_\_\_\_\_ TWP \_\_\_\_\_ (S) RANGE \_\_\_\_\_ (E)

Size of Area Covered by Application: 1890 Sq. Ft.

Highway & Street Boundaries: Kelvin Ct.

Current Zoning Classification: PDP S5

Special Exception Requested: ADULT FAMILY CARE HOME

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, LINDA EUSTON, 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 true and 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 9 day of Dec, 2002, before me, the undersigned Notary Public of the State of Florida, personally appeared Linda Euston 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

Expires November 12, 2006

The individual whose name is known to me or presented the following identification:

My Commission DD159783

Expires November 12, 2006

Diana G Bartlett



December 9, 2002

My name is Linda Euston. I am a certified Nursing Assistant in the State of Florida. I have worked with the elderly in Nursing Homes as well as Private Home Care. I am applying for a Special Exemption Use Permit to start an Adult Family Care Home in Hernando County. I have been a resident of Hernando County since 1998. I own a home at 6306 Kelvin Court in Spring Hill. It is a three bedroom-two bath 1890 square ft. home (heated). I have paved parking for three cars and unpaved parking for two cars, for a total of five cars.

I plan to offer 24 hour supervision and room and board for four residents. I do not plan to have employees. My son, who is 22 years old lives nearby and is qualified to assist me as needed. Residents may have visitors seven days a week between the hours of 10AM-4pm and if an evening visit is requested, the visitor is asked to phone ahead. I intend to offer quality care as well as companionship and transportation for the residents.

Thank you for consideration of this application.

Linda Euston

Linda Euston

