

HERNANDO COUNTY SPECIAL EXCEPTION USE PERMIT PETITION
Application for Public Hearing

Date 1-13-13

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

APPLICANT: MARGARET B. HOOTON
Mailing Address: 2029 Bentley Ave Spring Hill FL 34608
Daytime Phone: (352) 666-5858 FAX No: --
REPRESENTATIVE: MARGARET B. HOOTON
Mailing Address: 2029 Bentley Ave Spring Hill FL 34608
Daytime Phone: (352) 666-5858 FAX No: --
PUBLIC CONTACT PERSON: MARGARET B. HOOTON
Daytime Phone: (352) 666-5858 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):

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. Cement Block Home 4 Bdrm. 3 Baths Lot # 7 Block # 453 Spring Hill unit # 8 Corner home Facing Amidon ST SEC 25 TWP 23 (S) RANGE 18 (E)

Size of Area Covered by Application: 1/3 of an Acre
Highway & Street Boundaries: Amidon ST, Bentley Ave.
Current Zoning Classification: PDP (SF)
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, MARGARET B. HOOTON, 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
MARGARET B. HOOTON
Signature of Applicant or Representative

STATE OF FLORIDA FLORIDA COUNTY OF HERNANDO Hernando

On this the 13 day of January, 2013, before me, the undersigned Notary Public of the State of Florida, personally appeared MARGARET B. HOOTON 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:

NOTARY SEAL & COMMISSION EXPIRATION:

JAN 13 2013

My name is MARGARET HOOTON. I live in Spring Hill AT 2029 BENTLEY AVE. I would like to get a license for an Adult Family Care Home I would be residing in the home and caring for 3 people. My home has 2228 sq ft of living space - 4 Bedroom and 3 baths. I anticipate hiring no additional employees. And I will not be making any modifications to my home. I have 4 parking spaces - 2 on concrete driveway and 2 on grass. Visiting hours would be 1:00 until 5:30 and 7 days a week

