

**HERNANDO COUNTY COMPREHENSIVE PLAN AMENDMENT PETITION
Application for Public Hearing**

Date: April 9, 2003

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

APPLICANT:	Hernando County Board of County Commissioners		
Mailing Address:	20 North Main Street, Room 461, Brooksville FL 34601		
Daytime Phone:	352-754-4000	FAX No:	352-754-4420
REPRESENTATIVE:	Hernando County Planning Department		
Mailing Address:	20 North Main Street, Room 262, Brooksville FL 34601		
Daytime Phone:	352-754-4057	FAX No:	352-754-4420
Legal Description:	Write below the complete legal description of the property. Include Section, Township and Range; and Subdivision Name, Lot, Block, and Unit Number. Attach additional sheet if necessary.		
	County-wide		
	SEC _____ TWP _____ (S) RANGE _____ (E)		
Size of Area Covered by Application:	County-wide		
Highway & Street Boundaries:	N/A		
Future Land Use Map Classification (if applicable):	N/A		
Desired Map Classification (if applicable):	N/A		
Type of Amendment Requested:	Amendments to Transportation Maps entitled <i>Highway Network Map 2020</i> and <i>Functionally Classified Roadway Map 2020</i>		
ACKNOWLEDGMENT			
This acknowledgment must be signed in the presence of a Notary Public.			
I, _____, hereby state and affirm that I have read the instructions for filing this application and that:			
<input 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 _____ day of _____, before me, the undersigned Notary Public of the State of Florida, personally appeared _____ 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 _____			
The individual(s) are <input type="checkbox"/> personally known to me or, <input type="checkbox"/> presented the following identification: _____			

**NARRATIVE DESCRIPTION OF COMPREHENSIVE PLAN AMENDMENT
CPAM-03-02**

This amendment comprises the second regularly scheduled comprehensive plan amendment cycle for 2003 and is not an exemption to the twice per calendar year limitation imposed by Chapter 163.3187, F. S. It consists of amendments to two Transportation Maps adding planned new roads and upgrades to existing roads.

Functionally Classified Roadway Map 2025

CPAM-03-02; Draft date: May 27, 2003

Legend:

Functional Road Class

ARTERIAL

FREEWAY

MAJOR COLLECTOR

MINOR COLLECTOR

