

HERNANDO COUNTY CONDITIONAL USE PERMIT PETITION
Application for Public Hearing

Date: 5/21/03

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

APPLICANT: Carl Ratliff

Mailing Address:

23197 Whitman Road

Daytime Phone:

796-7211 Ext 4322

FAX No.:

N/A

REPRESENTATIVE:

Same

Mailing Address:

Daytime Phone:

FAX No.:

PUBLIC CONTACT PERSON:

Same

Daytime Phone:

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):

None

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.

See Attached Deed

SEC 1 TWP 22 (S) RANGE 19 (E)

Size of Area Covered by Application:

2 1/2 Acres

Highway & Street Boundaries:

Whitman Road

Current Zoning Classification:

Agriculture

Reason for Conditional Use Permit:

My Mother-in-law is sick, My wife + I need to care

Length of Time Requested for Use:

2 years

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, Carl Ratliff - Owner, 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.

Carl Ratliff
Signature of Applicant or Representative

STATE OF FLORIDA _____

COUNTY OF HERNANDO _____

On this the 21st day of May, 2003, before me, the undersigned Notary Public of the State of Florida, personally appeared Carl Ratliff 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.

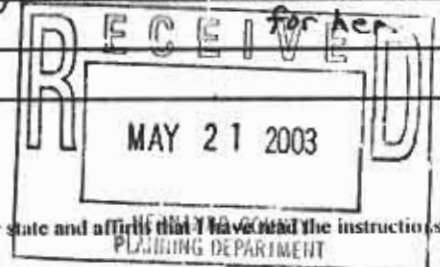
Notary Signature

Cynthia J Bogert

NOTARY SEAL & COMMISSION EXPIRATION:

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

OFFICIAL NOTARY SEAL
CYNTHIA J BOGERT
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. DD037328
MY COMMISSION EXP. JULY 15, 2005



This five acres and home is used as our primary residence, and approximately 2 1/2 acres is used as pasture land. Due to the bad health and age of my mother-in-law, (Laura Mae Whitman), I am requesting permission to keep her mobile home, with a front porch on it, in our back yard for her to live in. It is also her doctor's desire for her to be closer to us, as we will be able to take closer and better care of her.

Carl Ratliff

5/21/03

PHYSICIAN PARTNERS NETWORK, P.A.

(Corporate Address)
605 Lamar Avenue
Brooksville, Florida 34601

James Cummings, M.D.
President
General Practice
605 Lamar Ave.
Brooksville, FL 34601
(352) 796-9990
FAX: (352) 796-2226

May 14, 2003

Monte Edwards, P.A.-C.
605 Lamar Ave.
Brooksville, FL 34601
(352) 796-9990
FAX: (352) 796-2226

To Whom It May Concern:

Michael G. Hall, M.D.
General Practice
605 Lamar Ave.
Brooksville, FL 34601
(352) 796-9990
FAX: (352) 796-2226

Howard Glicksman, M.D.
Secretary - Treasurer
General Practice
11373 Cortez Blvd., Ste. 302
Brooksville, FL 34613
(352) 596-4656
FAX: (352) 596-3899

RE: Laura Whitman

Mrs. Laura Whitman is an 88 year old white female who suffers from frequent transient strokes. She currently lives in her home on her daughter's property so that she can provide ongoing medical care. We trust that this arrangement can continue in the future.

Ghiath Mahmaljy, M.D.
Director
Internal Medicine/Endocrinology
11373 Cortez Blvd., Ste. 304
Brooksville, FL 34613
(352) 597-8994
FAX: (352) 597-8901

Sincerely,

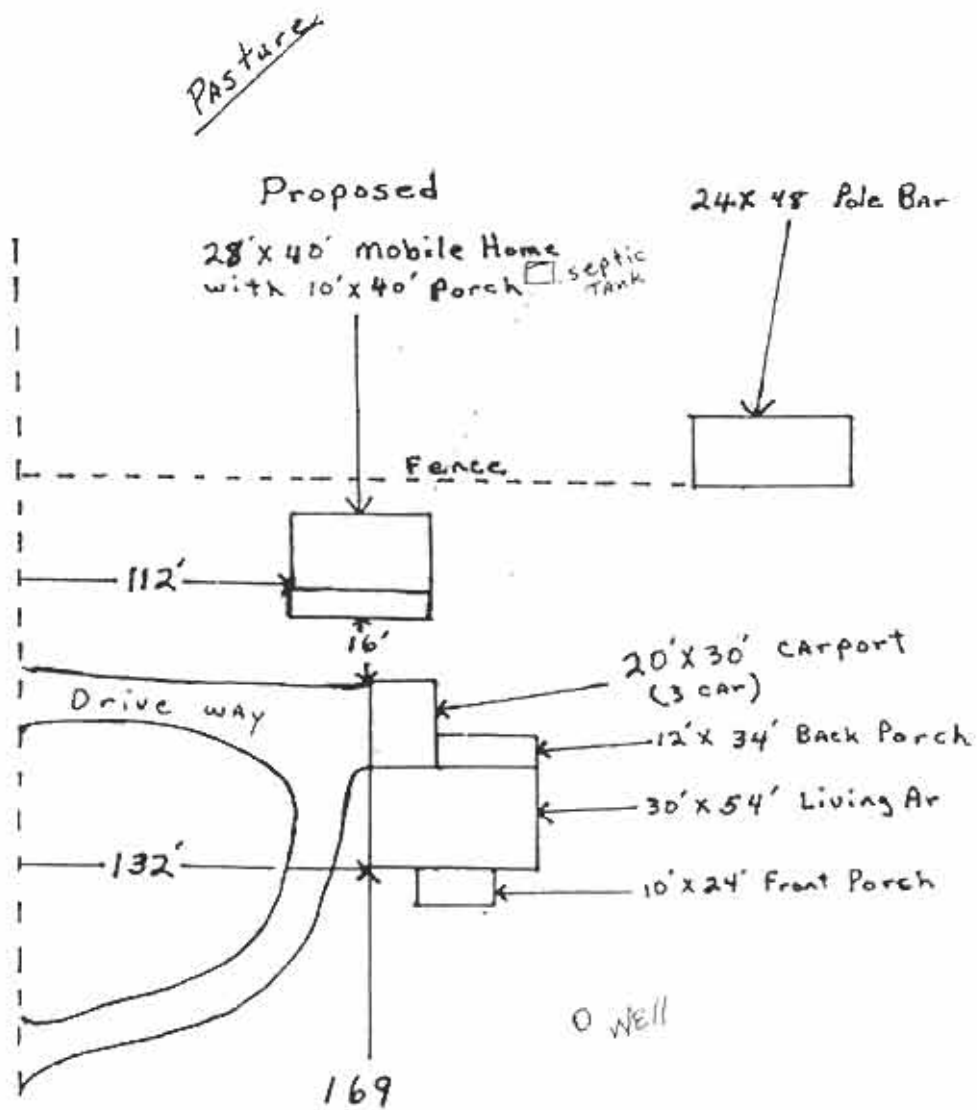
Gary E. Wilson, M.D.
Director
General Practice
11373 Cortez Blvd., Ste. 300
Brooksville, FL 34613
(352) 597-9095
FAX: (352) 597-1446



Gary E. Wilson, M.D.
GEW: shc

John S. Crognale, P.A.-C.
11373 Cortez Blvd., Ste. 300
Brooksville, FL 34613
(352) 597-9095
FAX: (352) 597-1446

5 A e



Wh + n Road