

**HERNANDO COUNTY CONDITIONAL USE PERMIT PETITION**  
**Application for Public Hearing**

Date: 8-03

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

<b>APPLICANT:</b>	<u>George + MARGARET AYALA</u>		
Mailing Address	<u>5138 Drew St. Brooksville, FL 34604</u>		
Daytime Phone:	<u>(352) 799-4199</u>	FAX No.:	
<b>REPRESENTATIVE:</b>	<u>SAME</u>		
Mailing Address			
Daytime Phone		FAX No.:	
<b>PUBLIC CONTACT PERSON:</b>			
Daytime Phone		FAX No.:	
<b>CONDUCT AT PUBLIC HEARINGS:</b>			
Will Expert Witness be utilized during the public hearings?	<u>No</u>		
Please indicate how much additional time will be required during the public hearing (see instruction sheet):			
<b>Legal Description:</b> 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.	<u>Section J J J Potter Field GARDEN Acres S 1/2 TRACT 15 + N 1/2 TRACT 16 Block E SEC 11 TWP 23(S) RANGE 18 (E)</u>		
Size of Area Covered by application:	<u>5 Acres</u>		
Highway & Street Boundaries:	<u>Drew St.</u>		
Current Zoning Classification:	<u>AR2</u>		
Reason for Conditional Use Permit:	<u>Residence for Elderly Grandmother</u>		
Length of Time Requested for Use:	<u>2 yrs</u>		
Has a public hearing been held on this property within the past twelve months?	<u>No</u>		

**ACKNOWLEDGMENT**

This acknowledgment must be signed in the presence of a Notary Public.

I, George L. Ayala, hereby state and affirm that I have read the instructions for filing this application and that:

- I am owner of the property covered under this application.
- I am legal representative of the owner or lessee of the property described, which is the subject matter of the application.

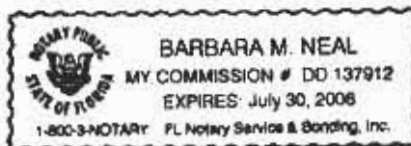
All answers to the questions in said application, all sketches and data attached to and made part of this application are honest and true to the best of my knowledge and belief.

George L. Ayala  
Signature of Applicant or Representative

STATE OF FLORIDA \_\_\_\_\_ COUNTY OF HERNANDO \_\_\_\_\_

On this the 8 day of August, 2003, before me, the undersigned Notary Public of the State of Florida, personally appeared George L. Ayala and whose name(s) is/are subscribed to the within instrument, and he/she/it acknowledged that he/she/it executed it.

Witness my hand and official seal.  
Barbara M. Neal  
 Notary Signature



NOTARY SEAL & COMMISSION EXPIRATION:

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

Sign + Notary  
15 copies

Ayala  
5138 Doreast.  
Brooksville, Fl.  
34604

## NARRATIVE

Renewal of Conditional Use Permit for a single wide 14'x70' 980 sq. ft. Mobile Home. Will still be used for elderly GRANDMOTHER. A GRANDMOTHER who has osteoporosis and a PACEMAKER which makes it hard for her to move freely. The Mobile being behind us makes it easier for the Family to check on her a few times a day. It makes caring for her and her needs a lot easier. The existing 24'x45' 1080 sq. ft. Mobile home on property is still there this is all on 5 acres. A 400' dirt Road goes up center of property to the 14'x70' mobile for our grandmother. If you are at street facing property 24'x45' mobile is to left front of property and the 14'x70' mobile is to back left of property about 400' to back of first mobile on about 1/4 Acre lot.

GOOD SHEPHERD MEDICAL CLINIC, P.A.  
NATHAN CHATTAMPILLAI DEVABOSE, M.D.  
BOARD CERTIFIED IN INTERNAL MEDICINE  
10425 SPRING HILL DRIVE  
SPRING HILL, FL 34608

(352) 886-5255  
BATCH # MDI030523IM5096596

DEA # BC 5016854

NAME Mary Moran AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE 8/22/07

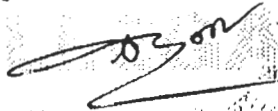
RESISTS ERASURES AND ALTERATIONS  
ILLEGAL APPEARS IF COPIED

Rx to whom ever It may concern

May Moran is undergoing  
multiple medical problems  
Anemia, DM, Dementia

She needs someone living  
near by to supervise her  
activities

Label \_\_\_\_\_  
Refill \_\_\_\_\_ times



(Signature)

In order for the brand name product to be dispensed, the prescriber  
must write 'Medically Necessary' BELOW the signature.



3EIM5096596

