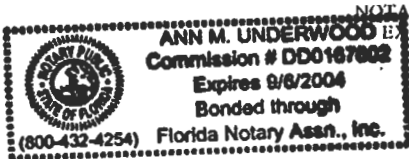


HERNANDO COUNTY CONDITIONAL USE PERMIT PETITION
Application for Public Hearing

Date: August 21, 2003

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

APPLICANT: <u>ROBERT L. & AURELIA (RAE) MERKLE</u>	
Mailing Address: <u>2114 Spring Lake Hwy, Brooksville, FL 34602</u>	
Daytime Phone: <u>352-797-0836</u>	FAX No.: <u>352-797-0872</u>
REPRESENTATIVE: <u>ROBERT L. MERKLE</u>	
Mailing Address: <u>SAME AS ABOVE</u>	
Daytime Phone: <u>" " "</u>	FAX No.: <u>352-797-0872</u>
PUBLIC CONTACT PERSON: <u>ROBERT L. MERKLE</u>	
Daytime Phone: <u>SAME AS ABOVE</u>	FAX No.: <u>SAME</u>
CONDUCT AT PUBLIC HEARINGS:	
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): <u>N/A</u>	
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.	
SEC <u>27</u> TWP <u>23S</u> (S) RANGE <u>20</u> (E)	
Size of Area Covered by Application: <u>FIVE (5) ACRES</u>	
Highway & Street Boundaries: <u>30' INGRESS & EGRESS AT SPRING LAKE HWY.</u>	
Current Zoning Classification: <u>A</u>	
Reason for Conditional Use Permit: <u>HARDSHIP APPLICATION - ELDERLY MOTHER TO MOVE ^{NEW} MOBILE HOME ^{ON SAID} PROPERTY</u>	
Length of Time Requested for Use: <u>TWO (2) YEARS</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, <u>ROBERT L. MERKLE & AURELIA "RAE" MERKLE</u> , hereby state and affirm that I have read the instructions for filing this application and that:	
<input checked="" 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.	
	<u>Robert L. Merkles Aurelia</u> Signature of Applicant or Representative <u>Rae</u> <u>Merkle</u>
STATE OF FLORIDA _____	COUNTY OF HERNANDO _____
On this the <u>21st</u> day of <u>August</u> , 20 <u>03</u> , before me, the undersigned Notary Public of the State of Florida, personally appeared <u>Robert L. Merkles Aurelia merkle</u> 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.	
<u>Ann M. Underwood</u> Notary Signature	
The individual(s) are <input checked="" type="checkbox"/> personally known to me or, <input type="checkbox"/> presented the following identification: _____	

August 9, 2003

Hernando County Planning & Zoning Commission

This is a request for a hardship conditional permit at our home on 2114 Spring Lake Hwy. Brooksville, Fl. 34602. The request is for my elderly mother (84 years of age) to be close to me, as her health has failed since my dad passed on, one (1) year ago. Attached is a letter from her doctor, attesting to her condition.

We would like to purchase a new 2004 Homes of Merit manufactured home and place it on our five (5) acres of agricultural property. The proposed home is 1493 Sq. Ft.-26'8" x 56', which will include an 8' x 24' screened deck. It will be also include landscaping to be in concert with our existing home.

The main house is 2700 Sq. Ft., a horse barn/tractor storage building of 2280 Sq.Ft., and a workshop of 320 Sq.Ft. Access to the property a 30' easement from Spring Lake Hwy.

Thank you for your consideration,

Robert Merkle
Rae Merkle



Thomas E. Longley
MEDICAL CENTER

1489 S. US 301 • P.O. Box 307 • Sumterville, Florida 33585
(352) 793-5900 • (888) 298-5510 • (352) 793-9558 Fax

June 10, 2003

To Whom It May Concern

Re: GENEVIEVE ROSE
DOB: 09/26/19

This letter is being written at the request of Mrs. Rose, who has asked me to write it to whom it may concern, that she is having increasing anxiety and fear of living alone and wishes to move nearby her son and perhaps place her mobile home on his property or next to it so that he can supervise her. She is advanced in age, frail, failing eyesight and has a great deal of fear of being sick or injured while living alone without family support nearby. I hope this letter suffices to help this lovely and deserving lady.

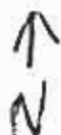
Thank you for your concern in this matter. If you have any further questions, please do not hesitate to contact me at the above phone or address.

Sincerely,

Kevin O'Brien, M.D., FASAM

KO/cai

0 FCM 4"x4"
NE CORNER OF THE NW 1/4 OF
SECTION 27, TOWNSHIP 23S, RANGE 20E



OVER
POWER

30'

FCIR LB-2763

176.02'(L)

S 00°00'15"W 176.00'(M)
00°00'00"W 176.02'(L)

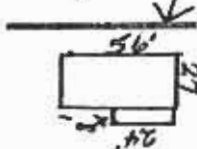
POINT OF
BEGINNING

S 89°59'25"W

FCIR LB-6382
(YELLOW 5/8")

UNPLATTED

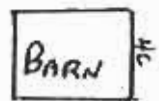
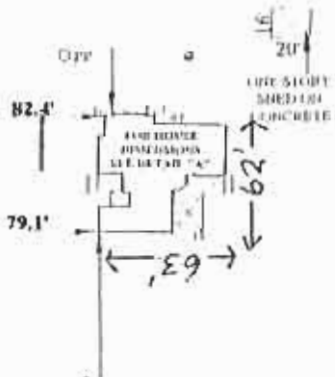
Proposed



552.45'(L)
552.50'(M)

FIR 5/8"

NOTE:
NO PERMANENT
DRIVEWAY TO HOUSE



SOUTH
S 00°03'03"W
FCIR LB-6382
(YELLOW 5/8")

N 89°58'51"E
EAST

552.80'(M)