

Application for Public Hearing

Date: Nov. 12, 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:** Joseph Klukowski

Mailing Address: 24451 Kiwi Lane Brooksville FL 34607

Daytime Phone: 352-754-9193 FAX No.:

**REPRESENTATIVE:** N/A

Mailing Address:

Daytime Phone: FAX No.:

**PUBLIC CONTACT PERSON:**

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):

**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.  
The west 1/2 of the east 1/2 of the Northeast 1/4 of the Northwest 1/4 SEC 17 TWP 22(S) RANGE 20 (E)

Size of Area Covered by Application: 320 w x 1660 long

Highway & Street Boundaries: Kiwi Lane front

Current Zoning Classification: AG

Reason for Conditional Use Permit: Hardship / Medical

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, Joseph Klukowski, 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.

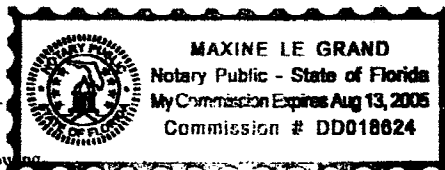
X Joseph Klukowski  
Signature of Applicant or Representative

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

On this 12 day of Nov, 2003, before me, the undersigned Notary Public of the State of Florida, personally appeared Joseph Klukowski 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.

Maxine Le Grand  
Notary Signature  
263 BREWAN ST  
BROOKSVILLE, FL 34607



NOTARY SEAL & COMMISSION EXPIRATION:

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

Nov. 11, 2003

To whom it may concern.

Four years ago due to an infection, my right leg was amputated below the knee. I am 65 years old and unable to get around as well as I used to. Sometimes I develop sores on my amputated leg and I'm unable to wear artificial leg until the sores heal. February 15<sup>th</sup> of this year I suffered massive heart failure. I was on life support for 3 weeks. I'm still recovering. My property is 330 ft X 660 ft. My home is on the front 2 1/2 acres and my son's home is on the back 2 1/2 acres. There is plenty of room for both of our homes to fit on 5 acres. My son would be able to help with changing propane tanks, fallen trees, and general maintenance.

Sincerely,  
 Joseph Klukowski  
 Joseph Klukowski

ST. LUKES MEDICAL CLINIC  
ROGER W. TURKINGTON, M.D., F.A.C.P., F.A.C.M., F.R.S.M.  
629 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601

(352) 796-8425

DEA # AT 4749480

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE 10/25/01

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

**R**

Joseph Hukowski is under my medical care. He has amputation of the right leg. This disability requires daily assistance from his son, who should build his residence on the property.

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

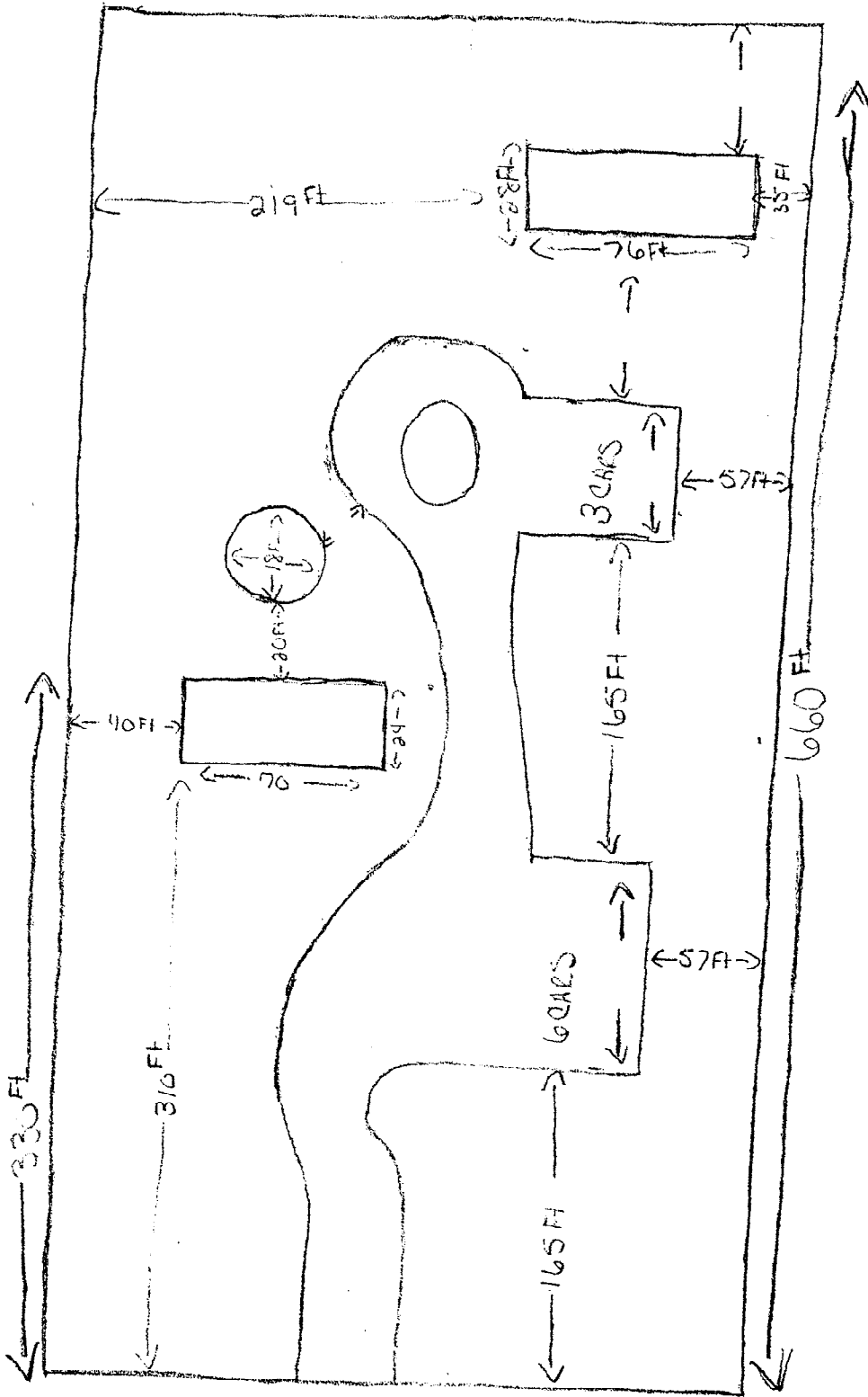
Roger W. Turkington  
(Signature)

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

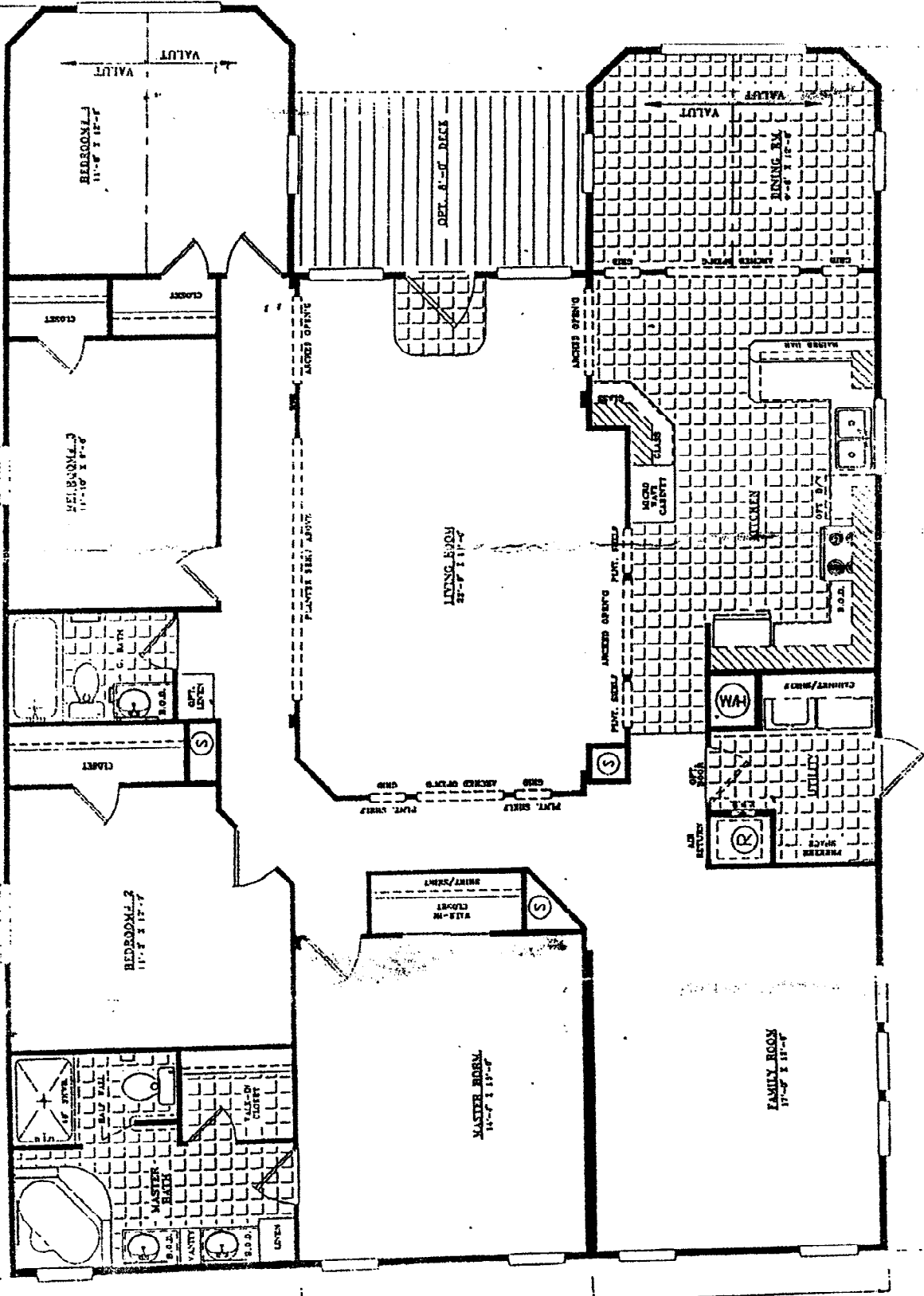


1GIM4024508

The small scale of the following document may not be legible with some electronic viewers. The full-size version of this document and all file documents may be viewed at the Hernando County Planning Department during 8:00 AM to 5:00 PM, Monday thru Friday. If you have any questions, please contact us at 352-754-4057. Thank you.



2.



SUNSHINE HOMES OF WEST FLORIDA INC  
 15122 HWY 19  
 HUNTER P. 34067  
 754-893-001

**7567A LAKE HONTE**  
**APPROX. 2,055 SQ. FT.**