

HERNANDO COUNTY SPECIAL EXCEPTION USE PERMIT PETITION
Application for Public Hearing

Date: 10/7/03

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

APPLICANT: <u>Patricia B. Garcia</u>	
Mailing Address:	<u>9097 Dupont Ave., Spring Hill, FL 34608</u>
Daytime Phone:	<u>352-683-3887</u> FAX No.: <u>NA</u>
REPRESENTATIVE: <u>SAME AS ABOVE</u>	
Mailing Address:	
Daytime Phone:	FAX No.:
PUBLIC CONTACT PERSON: <u>SAME AS ABOVE</u>	
Daytime Phone:	FAX No.:
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>NO</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.	
<u>Lots 18 & 19, Block 1402, Spring Hill, Unit 21, as per plat thereof, as recorded in Plat book 9 PAGES 81-96, PUBLIC RECORDS OF HERNANDO COUNTY, FLORIDA. SEC 23 TWP 23 (S) RANGE 17 (E)</u>	
Size of Area Covered by Application: <u>APPROXIMATELY 1/2 ACRE</u>	
Highway & Street Boundaries: <u>Dupont Ave. and Opal Lane</u>	
Current Zoning Classification: <u>PLANNED DEVELOPMENT PROJECT (SINGLE FAMILY)</u>	
Special Exception Requested: <u>ADULT FAMILY CARE HOME</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, PATRICIA B GARCIA, hereby state and affirm that I have read the instructions for filing this application and that:

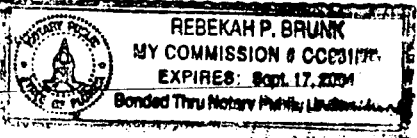
- I am the owner of the property covered under this application.
 I am the legal representative of the owner or lessee of the property described, which is the subject matter of the application.

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
Patricia B Garcia
 Signature of Applicant or Representative

STATE OF FLORIDA Florida COUNTY OF HERNANDO Hernando

On this the 7 day of oct, 20 03, 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



NOTARY SEAL & COMMISSION EXPIRATION:

Rebekah
 Notary Signature

The individual(s) are personally known to me or, presented the following identification: FIDCG 620682499530

My name is Patricia Garcia. I am a Registered Nurse for more than 20 years. I would like to request a special exception permit to care for five residents, using my home as an adult family care home.

I own Lot 18, where my home is built, as well as Lot 19, which is a vacant lot. Both lots have a total land area of approximately one half acre. The living area of my three bedroom home totals 2,020 square feet. I have a well maintained enclosed swimming pool with the dimension of 41'x22'. In the near future, I plan to add on two more bedrooms and a complete bathroom. I also plan to access additional parking from Dupont Avenue onto my Lot 19 for three cars, one of which will be reserved for handicapped parking. I will be using gravel or mulch for the parking area. Traffic flow would be similar to a family of five. There will be no vendors coming, for I will be doing my own grocery and food shopping. Professional visits will be minimized since medical visits will be made at the doctor's office.

According to the U.S. Bureau of the Census(2000-2002), persons 65 years or older numbered 35 million in 2000. They represented 12.4% of the U.S. population, approximately one in every eight Americans. The "Baby-boomers" who will reach 65 years over the next two decades will increase by 34% during this period. Next to California, Florida has the most elderly population of 65+ years, which is 2.8 million. In the United States, the older population itself is getting older. In 2000, the 65-74 age group (18.4 million) was eight times larger than in 1900, but the 75-84 group (12.4 million) was sixteen times larger, and the 85+ group (4.2 million) was thirty-four times larger. The elderly population is expected to grow by 20% in the year 2030.

There is a most crucial need of adult family care homes in Florida. My purpose is to create a harmonious balance of tender, loving, comprehensive, and family centered care. Residents will be cared for with the utmost compassion, commitment, dignity, and joy.

My daughter and I will be the primary care-givers. I will also be hiring two additional staff to help. Our staff will be of high moral character and work ethics. We will value dedicated, responsible, caring, and warm-hearted staff who will align themselves to fulfill our mission and our core values. Our staff will be qualified according to the requirements of the State of Florida.

A) We will create a family-like, friendly atmosphere that fosters hope, joy, peace, understanding, and fun devoted to the total well-being of our residents enabling them to live life to the fullest. We will be guided by the principles of choice dignity, and independence.

B) We will provide worthwhile recreational activities such as arts and crafts, moderate physical exercise, swimming, music, movies, other interests, and outings.

C) We purpose to be just one quiet happy family, being mindful of our peaceful neighbors.

D) We will provide for every individual need including help and supervision with our residents'

activities of daily living (ADL's), housekeeping, and laundry services, transportation, medications, and medical appointments.

E) Visiting hours will be from 11am-6pm daily.

We hope our adult family care home will be a home nearest our residents' hearts. We hope for your approval.

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.

Lot 3
Block 1402

Lot 4
Block 1402

Lot 5
Block 1402

Lot 6
Block 1402

79'

79'

Lot 20
Block 1402

126'

126'

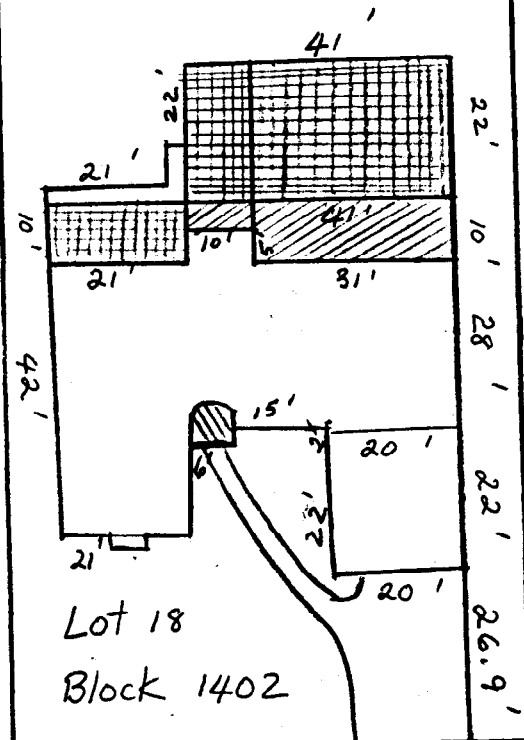
125'

Lot 19
Block 1402

81'

Lot 18
Block 1402

80'

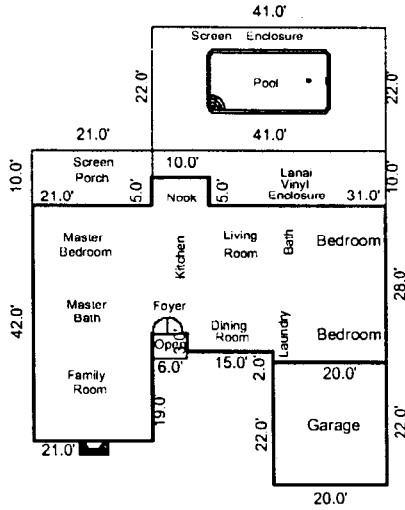


Dupont Ave.

Opal Lane

FLOORPLAN

Borrower: Patricia Garcia	File No.: 32023GC
Property Address: 9097 Dupont Ave	Case No.: 27903990
City: Spring Hill	State: FL
Lender: Countrywide Home Loans/Landsafe Appraisal Service	Zip: 34608



Sketch by Apex IV Windows™

AREA CALCULATIONS SUMMARY			
Code	Description	Size	Totals
GLA1	First Floor	2020.00	2020.00
P/P	Open Porch	25.80	
	Screen Porch	210.00	
	Vinyl Lanai	360.00	
	Screen Enclosure	902.00	1497.80
GAR	Garage	440.00	440.00
TOTAL LIVABLE		(rounded)	2020

LIVING AREA BREAKDOWN		
Breakdown		Subtotals
First Floor		
21.0 x	42.0	882.00
26.0 x	35.0	910.00
2.0 x	20.0	40.00
6.0 x	23.0	138.00
5.0 x	10.0	50.00
5 Areas Total (rounded)		2020