

Application for Public Hearing

Date: 12/5/03

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

APPLICANT: Robert J & Mary Ann Kelly
Mailing Address: 8018 Shaw Dr
Tampa, FL 33615
Daytime Phone: (813) 886-2033 FAX No.:
REPRESENTATIVE: Deborah Patrizi
Mailing Address: 8021 Shaw Dr
Tampa, FL 33615
Daytime Phone: (813) 884-9542 Ext 339 FAX No.:
PUBLIC CONTACT PERSON: Deborah Patrizi
Daytime Phone: (813) 884-9542 Ext 339 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): N/A
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 SEC 20 TWP 23 (S) RANGE 19 (E)
Size of Area Covered by Application: 3.25 acres
Highway & Street Boundaries: Crum Rd
Current Zoning Classification: Ag.
Reason for Conditional Use Permit: Second Residence
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, Robert J & Mary Ann Kelly, 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.

Robert J Kelly Mary Ann Kelly
Signature of Applicant or Representative

STATE OF FLORIDA

COUNTY OF HERNANDO

On this the 5 day of December, 2003, before me, the undersigned Notary Public of the State of Florida, personally appeared Robert J & Mary Ann Kelly 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.

Cindy Lyman
Notary Signature

NOTARY SEAL & COMMISSION EXPIRATION:



Cindy Lyman
Commission #DD267891
Expires: Nov 16, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

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

December 1, 2003

Hernando County
Planning Department
20 N. Main Street
Brooksville, Florida 34601

To Whom It May Concern,

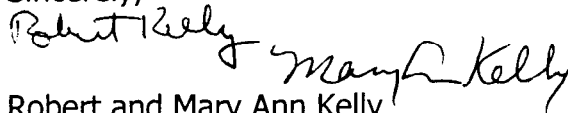
We are writing this letter to ask that we would like to help our daughter Deborah Patrizi acquire a double wide mobile home and put it on a portion of our property. We have three and a quarter acres and have only used a small portion to build our home on.

Deborah was in an automobile accident on August 21, 2003. She has Displacement of lumbar intervertebral disc without myeloma plus a lumbar sprain and strain. The doctor has written a note stating that Deborah has severely injured her lower back and has to have assistance from us for an indefinite length of time. The doctor has also stated to us that he doesn't know if surgery can ever be done.

We are asking for a conditional use permit to have her on our property. Deborah is a single mother with 2 young children, and we would like to be able to have her near us so that we can assist her in every way possible.

We have enclosed all the necessary paperwork and drawings for the application process, please feel free to contact us to answer any questions you may have concerning this matter.

Sincerely,



Robert and Mary Ann Kelly
8018 Shaw Drive
Tampa, Florida 33615
(813) 886-2033

DEA # AU0097267

GAETANO G. URSO, D.O.
8428 W. HILLSBOROUGH AVE.
TAMPA, FL 33615

(813) 901-8585

Name Deborah Petry Age _____

Address _____

SECURITY FEATURES ON BACK Date 11/6/03

R Deborah has a
chronic injury
low back and has
to have assistance from
her partner for an
indefinite length of time.

NRX02051212177

Label

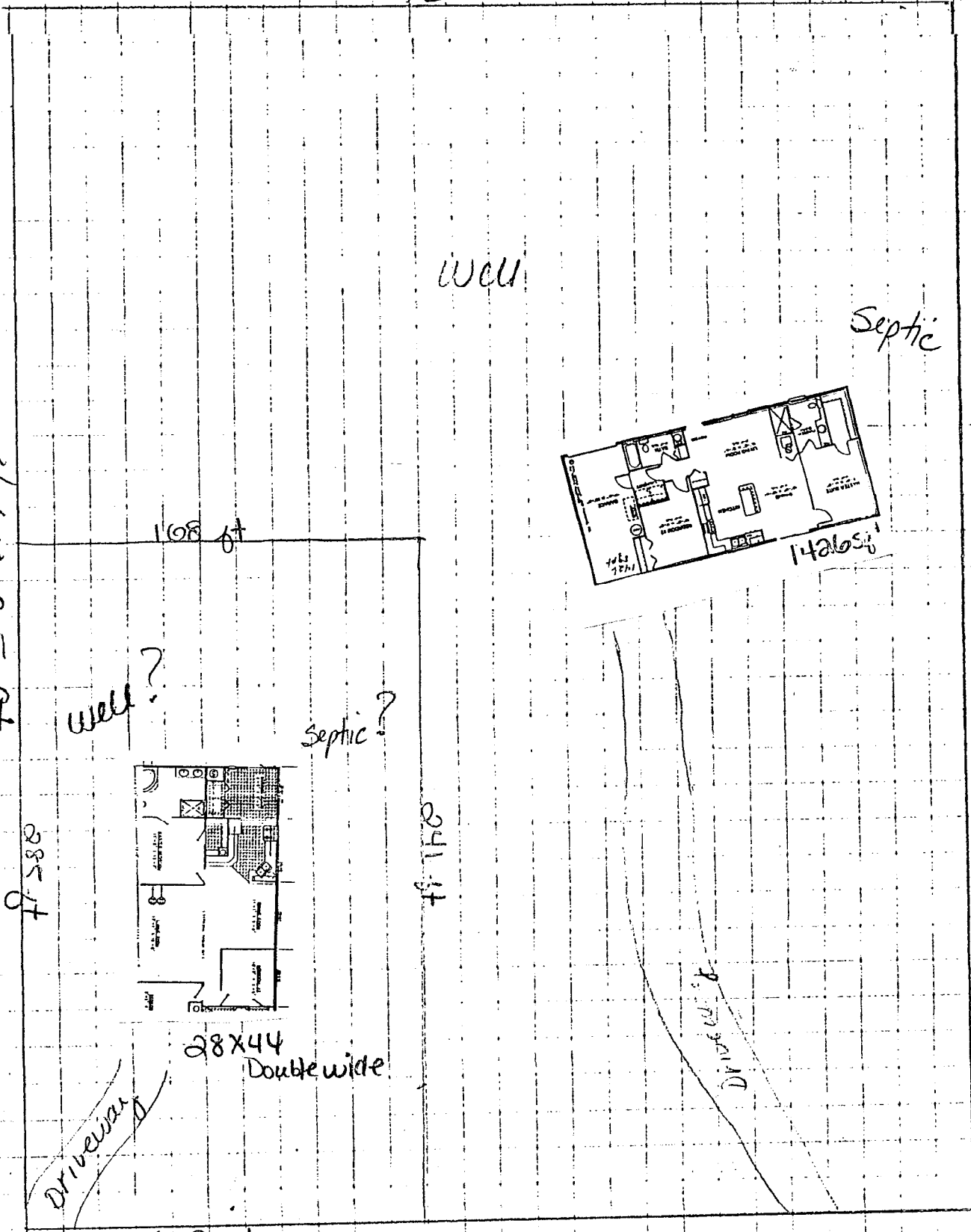
Refill _____ times PRN NR

Deborah D.O.

This prescription may be filled with a generically equivalent drug product unless the words "Medically Necessary" are written, in the practitioner's own handwriting on this prescription form.

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.

330.46 FT
SOUTH SIDE



West Side
715.25 FT
130' left

North
168 FT
← CRUM Rd
292 + left
330.46 FT

415.30 FT

Well

Septic

well?

septic?

28x44
Doublewide

Driveway

Driveway

