

**HERNANDO COUNTY CONDITIONAL USE PERMIT  
OR SPECIAL EXCEPTION USE PERMIT PETITION**

File No. \_\_\_\_\_ Official Date Stamp:

Date: \_\_\_\_\_

Print or type all information.

**Application request (check one):**

- Conditional Use Permit
- Special Exception Use Permit

1. **APPLICANT'S NAME:** \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
2. **PROPERTY OWNER'S NAME:** (if not the applicant) \_\_\_\_\_
3. **REPRESENTATIVE/CONTACT PERSON'S NAME:** \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
4. **PARCEL(S) KEY NUMBER(S)** \_\_\_\_\_  
**SECTION** \_\_\_\_\_, **TOWNSHIP** \_\_\_\_\_, **RANGE** \_\_\_\_\_
5. Current zoning classification: \_\_\_\_\_
6. Desired use: \_\_\_\_\_
7. Size of area covered by application: \_\_\_\_\_
8. Highway and street boundaries: \_\_\_\_\_
9. Has a public hearing been held on this property within the past twelve months? \_\_\_\_\_
10. Will expert witness(es) be utilized during the public hearings? \_\_\_\_\_ (Identify on an attached list.)
11. Will additional time be required during the public hearing(s) and how much? \_\_\_\_\_

**Before completing the application form, verification of the permit type must be determined. Please contact the Planning Department at 352-754-4057 for further assistance.**

If the property is under contract for sale, a copy of the recorded deed of the present owner must be supplied. If the applicant is a corporation or public entity, additional documentation listing all authorized corporate office's must be submitted.

Staff will conduct at least one site visit to the parcel that is the subject of the application. Submittal of a completed application represents express permission to the Department staff to enter onto the property.

The permit process is a land use determination and does not constitute a permit for either construction on, or use of, the property, or a Certificate of Concurrency. Prior to use of, or construction on, the property, the petitioner must receive approval from the appropriate County department(s) for the proposed use.

The granting of a land use determination does not protect the owner from civil liability of recorded deed restrictions which may exceed any county land use ordinances. The applicant for this permit request should contact the local homeowner's association or review the Public Records for all restrictions applicable to this property.

[Form continued on next page]

The application form must be executed by the property owner(s) and the representative (if applicable)

**Owner Affidavit:**

I, \_\_\_\_\_, hereby state and affirm that:

- I am the owner of the property and am making this application **OR**
- I am the owner of the property and am authorizing the entity below to submit an application on the described property. The entity shall complete the affidavit below.

I have read the instructions for filing this 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 and are a matter of public record.

\_\_\_\_\_  
*Signature of Property Owner*

**STATE OF FLORIDA**  
**COUNTY OF HERNANDO**

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ and whose name(s) is/are subscribed herein.

WITNESS my hand and official seal. \_\_\_\_\_

*Notary Signature*

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

[SEAL]

**Agent/Representative Affidavit:**

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\*\*\*\*\*

I, \_\_\_\_\_, hereby state and affirm that:

- I am the legal representative of the owner or lessee of the property described, which is the subject matter of the application. I have been authorized by the owner identified above to proceed with this application.

I have read the instructions for filing this 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 and are a matter of public record.

\_\_\_\_\_  
*Signature of Representative*

**STATE OF FLORIDA**  
**COUNTY OF HERNANDO**

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ and whose name(s) is/are subscribed herein.

WITNESS my hand and official seal. \_\_\_\_\_

*Notary Signature*

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

[SEAL]

Effective Date: 12/10/09      Last Revision: 3/2/11