Filing Date:			Petition Number: 02-20
Fee: \$150.00	RD OF COUNTY COMMISSION	EDC.	Validation Number:
TO THE LEVY COUNTY BOA	RD OF COUNTY COMMISSION	ERS:	
This application is hereby m	ade to the Board of County C	Commissioners of Le	vy County, Florida pursuant to the
provisions of Chapter 163, F	Florida Statutes, the adopted I	evy County Compre	hensive Plan and the Levy County
Zoning Ordinance petitioning	g for a Hardship Variance on t	he following describ	ped property. [Source: Levy County
Land Development Code, Se	ction 50-852]		
I. OWNER/AGENT I	NFORMATION:	TALL	- 1100110
Applicant's Name Tatur		per's Name Assal	n Hagerman/
Address 3150 NF 123	37	tress 3151) NE (	a Hagerman 2337
Address 3150 NE CR 3 City Bronson	7 in 32(12) City	1250 500 NEC	Zip 32621
O. O. O. C. C. C.	2.10 <u>300 00 1</u> City	1510113013	Zip_3&Ce & 1
Phone Number(s) (727) 25	52-4270 352-283	-5451	
Name of Person (s) Receiving	g Care Acoela Hogesm	00 / Buth TO	tun
Relationship to Applicant/Ov	g Care Angela Hagerm vner mother Gran	don the	10111
The interest of the product of	THE THE TENE	d in to the	
1. PARCEL INFORM	ATION.		
	Section/Township/Range	A	
03(1)(V)(V)()	04-13-17	Acreage	
b		00.50	
	Total Acrea		
Subdivision Name	Lot (s)	B10CI	K
			-
Current Use (Actual) and Imp	provements on the Property: (i	e. Single family hom	ne, well, septic, pole barn, etc)
single tamily how			
1, 2, 1, 10,	me, well, Septic,	Duri una	pasture land
1,	me, well, septic,	Duri and	pasture land
Directions to the Property: (P 5 m. U.S. South	lease start directions from a St	ate or County Road)	: (ounty RD 337
Directions to the Property: (P 5 m. U.S. South	lease start directions from a St	ate or County Road)	: (ounty RD 337
Directions to the Property: (P 5 m. U.S. South	lease start directions from a St	ate or County Road)	: (ounty RD 337

Page 1 of



- 2. TO BE SUPPLIED AT THE TIME OF SUBMISSION: Attach the items in the order listed below. The application will not be processed without these items. Any information changes must be submitted, in writing to the Development Department and received one week prior to the Board of County Commissioners Public Hearing.
- \*\*\* Upon completion of the above application, please submit the original and 8 copies to the Levy County Development Department, 622 East Hathaway Avenue, Bronson, Florida, for processing.

Pro	perty	Descri	ption

0	Property Deed or Tax Certi	The most recent one pertaining to the proposed amendment property; obtained from the Clerk of Circuit Court's Office or Tax Collector.
	Detailed Site Plan: See Se	ction 4 of this application for required information to be shown on the site plan.
Maps: ⊐ Docur	Property Appraiser's Parcelnentation:	Map: Identify the proposed site clearly using a color or pattern
<b>-</b>	Identification:	Must provide picture ID of the hardship recipient (person receiving care) [Current driver's license]
<b>-</b>	Medical Certification:	Letter obtained by a doctor or by the Florida Department of Health and Rehabilitative Services etc.
_	Narrative:	Provide a letter for this application which documents in writing why the requested Hardship Variance is needed and what special conditions exist that justifies the Variance

3. DETAILED SITE PLAN:

Property owner/agent shall submit a site plan of his proposed Hardship Variance to be reviewed by the Board of County Commissioners. The site showing the relationship of the proposed use to the parcel on which it is located. Where a site plan approval is required the following shall be required:

- 1) Position all existing criteria on the site plan.
  - A. Dimensions of the entire property and the size of the parcel of land for which a hardship variance is requested, in square feet.
  - B. Name of road fronting property.

- C. All existing structures, and the distance from such structures to:
  - 1) The property line.
  - 2) The setback lines required for that zoning district.
- D. All locations of any natural or topographical peculiarities. (i.e. sinkholes, water ways, marshland, etc.) [if applicable]
- E. Both the centerline and edge of the right-of-way of adjoining roads or easements. [if applicable]
- 4. The Applicant states that she/he has read and understands the instructions and submission requirements stated in this application. Approval granted by said Commission in no way constitutes a waiver from any applicable Local, State, or Federal regulation.

I hereby certify that the information contained in this application and its supplements are true and correct, and that I am the legal owner or authorized agent of the above described property.

Applicant/Owner (s) Signature

\_ Date May 7, 2020

## 6. APPLICATION INSTRUCTIONS

- a. An application for a Hardship Variance must be accompanied by a fee of \$150.00. Please note, application fee may be subject to change. The filing fee will not be collected and the application will not be processed for a Public Hearing until staff has reviewed the application and found it complete.
- b. If the applicant is not the owner of record of the property, the owner must agree to this application either by signing the application form, or by submitting a notarized letter authorizing the applicant to act as an agent. Owner's authorization is required at the time this application is submitted.
- c. All required documentation and submission material is required to accompany the application at the time the request is submitted. Applications are screened for completeness. Depending on the proposed use, additional information may be required. Failure to provide all information and submission material required shall delay the public review of the application until such time as all materials are received.
- e. The Hardship Variance applications are processed once a month. Applications received by the **first day** of the month will tentatively be scheduled, advertised and presented at a public hearing the following month. Applications received after the **first day** of the month will not be scheduled for the following month.

f.	Applications may be submitted as follows:			
In Person:	Levy County Zoning Department located on Alternate 27, within the Levy County Building and Zoning Office.			
By Mail:	Levy County Zoning Department, Levy County Courthouse, Post Office Box 672, Bronson, Florida, 32621.			
g.	This office will prepare the poster and place it on the property involved in this request.			
h.	Abutting property owners will be notified by mail of the request. "Abutting property" is any property immediately adjacent or contiguous to the property which is the subject of this request or located within 300' (three hundred feet) of the subject property lines including, immediately across any road or public right-of-way for said property.			
i. Board action, on	It is highly advised that the applicant or representative be present at the Public Hearing by the lof County Commissioners. The Board, at its discretion, may defer action, or take decisive any application, regardless of attendance by the applicant, owner or representative thereof.			
Additional A	If you require further information, please contact the Levy County Zoning Department at (352) 486-5203 or visit the above address in person.			
OFFICE USE	E ONLY:			
	nty Commissioners Public Hearing Date:			
Board of Cour	nty Commissioners Action: Approval   Denial			
Notes, Instruct	tions and Comments:			

# HARDSHIP VARIANCE AFFIDAVIT

Hardship Variance	No		Date		
PARCEL INFORMATION: Legal Description of Property					
Subdivision Parcel No Township		Unit 911 Add Net Area of l	Lot (s) dress Parcel or Lot (s)	BlockAcres _	Section(s)
Mailing Address:	3150 NE Bronson	(B 337) FL 324	21		
hardship variance of time}. I agree to he to remove the second ceases to exist. I understand that the assume the variance assign the variance of approved by the Bo	benefits moves from the conestly answer and the conestly answer answer and the conestly and the conestly answer and the conestly and the conestly and the conestly answer and the conestly answer and the conestly answer and the conestly answer and the conestly and the conestly answer and	and void at the propert of return {mail ing from the properts to the provements to the endure.  n-transferable dwelling on the er of the family mails in our mail	e time the hardship y, deceases, or is in back} the annual s roperty within sixt o the property, such , that any new pre eir property as "gr y not named in the y	o ceases to exist. Institutionalized for the status report in a sy (60) days from the as but not limit operty owner we andfathered-in"	e that I am applying for {i.e. the person that the for an indefinite period timely manner. I agree that the time the hardship ited to a separate septic could not be allowed to the tre-applying and being to a separate septic tre-applying and being the conditions set herein.
STATE OF FLORI COUNTY OF	DA 2VY	gela + Tot	um		e the person described
instrument for the p	urpose therein ex	pressed.		nd before me th	e the person described at executed said
Witness my hand an	d official seal this	day of		20 20	امراء
Personally known _ Notary Public \(\frac{\text{Y} \cdot \cdo	1 1 00	eation Expirati	on Date Notary Public	(Signature)	Mance
My Commission Exp	oires:	MY COMM EXPIRES	RLY R. DURRANCE IISSION # GG 935177 : November 28, 2023		

WARRANTY DEED INDIVIDUAL Return to: (enclose self-addressed stamped envelopment)  Name: Cuth R I Atum  3/50 N.E. C.R. 337  Address: RONSON, Al. 32621-59/  This Instrument Prepared by:  Name: SAME  Address:  Property Appraisers Parcel Identification: 63612-000-6  Folio Number(s):	2 PUL	
able considerations, receipt of releases, conveys and confirms unto the State of Sta	terms "Grantor" and "Grantee' included duals, and the successors and assign that, for and in considerate which is acknowledged the Grantee all that certain viz:  Let Exhibit  Tis to selease the fin Official Reco	the all the parties to this instrument and the heirs, legal representatives, as of corporations, wherever the context so admits or requires.)  tion of the sum of \$ 10.26 , and other valud, hereby grants, bargains, sells, aliens, remises, and land, situated in
appertaining. To Have and to Have and to Have and the Grantor hereby coversimple; that the grantor has good the title to said land and will defend and is free of all encumbrances, exceptions.	enants with said grantee right and lawful author the same against the staxes accruing subseque said Grantor has signed as sence of:	e that the grantor is lawfully seized of said land in fee rity to sell and convey said land, and hereby warrants lawful claims of all persons whomsoever; and that said

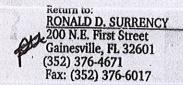
Exhibit "A"

### Tract 1

A parcel of land in the South 1/2 of the SE 1/4 of Section 4, Township 13 South, Range 17 East, Levy County, Florida, being more particularly described as follows:

For a Point of Beginning commence at the NW corner of the SW 1/4 of the SE 1/4 of said Section 4; thence N 88'37'10" E, along the North line of soid SW 1/4 of SE 1/4, a distance of 553.59 feet to the NW corner of a family cemetery; thence S 01'44'34" E, 140.65 feet to the SW corner of said cemetery; thence S 89'18'51" E, 143.63 feet to the SE corner of said cemetery; thence N 00'47'00" E, along the East line of said cemetery, 120.91 feet to the South right of way line of an ingress and egress easement to the cemetery per Official Records Book 341, page 321 of the public records of Levy County, Florida; thence N 88'37'10" E, along said South right of way line, a distance of 644.60 feet to the West right of way line of Levy County Road C-337; thence S 00'03'25" W, along said West right of way line, a distance of 572.40 feet: thence S 74'25'44" W, 508.65 feet; thence S 88'42'05" W, parallel to the South line of said SE 1/4, an distance of 867.28 feet to a point on the West lien of said SE 1/4, thence N 01'10'04" E, along said West line of SE 1/4, a distance of 721.26 feet to close on the Point of Beginning.

Prepared by: <u>RONALD D. SURRENCY</u> 200 N.E. First Street Gainesville, FL 32601 (352) 376-4671 Fax: (352) 376-6017



Instrument # 570768
OR BK 1276 Pages 510-20g(s)
RECORDED 11/26/2012 at 03:34 PM
Danny J. Shipp. Levy County Clark, Florid a Deed Doc. \$0.70

Parcel Identification No: Portion of 0361200000

# WARRANTY DEED

(Statutory Form- Section 689.02 F.S.)

This Indenture, made this 15 day of 0. 2012, Between Ruth P. Tatum, a single person, whose post office address is: 3150 NE CR 337, Bronson, FL 32621, GRANTOR, and Angela Tatum Hagerman and Tatum Lee Hagerman as Joint Tenants With Rights of Survivorship, whose post office address is 3150 NE CR 337, Bronson, FL 32621, GRANTEE.

Witnesseth that said grantor, for and in consideration of the sum of <u>TEN DOLLARS</u> and <u>00/100</u> Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in <u>Levy</u> County, Florida, to-wit:

See Attached Legal Description which by reference is incorporated as if set forth fully herein. RESERVING A LIFE ESTATE IN THE GRANTOR.

Subject to Restrictions, conditions, reservations, and easements of record.

Subject to taxes for the current and subsequent years.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances.

In Witness Whereof, Grantor has set Grantor's hand and seal the day and year above written.

organica, scarea, and derivered in our presence:
First Witness to Grantor
First Witness to Grantor
Euily Matos Printed or Typed Name
Printed or Typed Name
Second Witness to Grantor
Second Witness to Grantor
Graphelle Hams
Printed or Typed Name

By Ruth P. Tatum, Grantor

STATE OF FLORIDA COUNTY OF ALACHUA

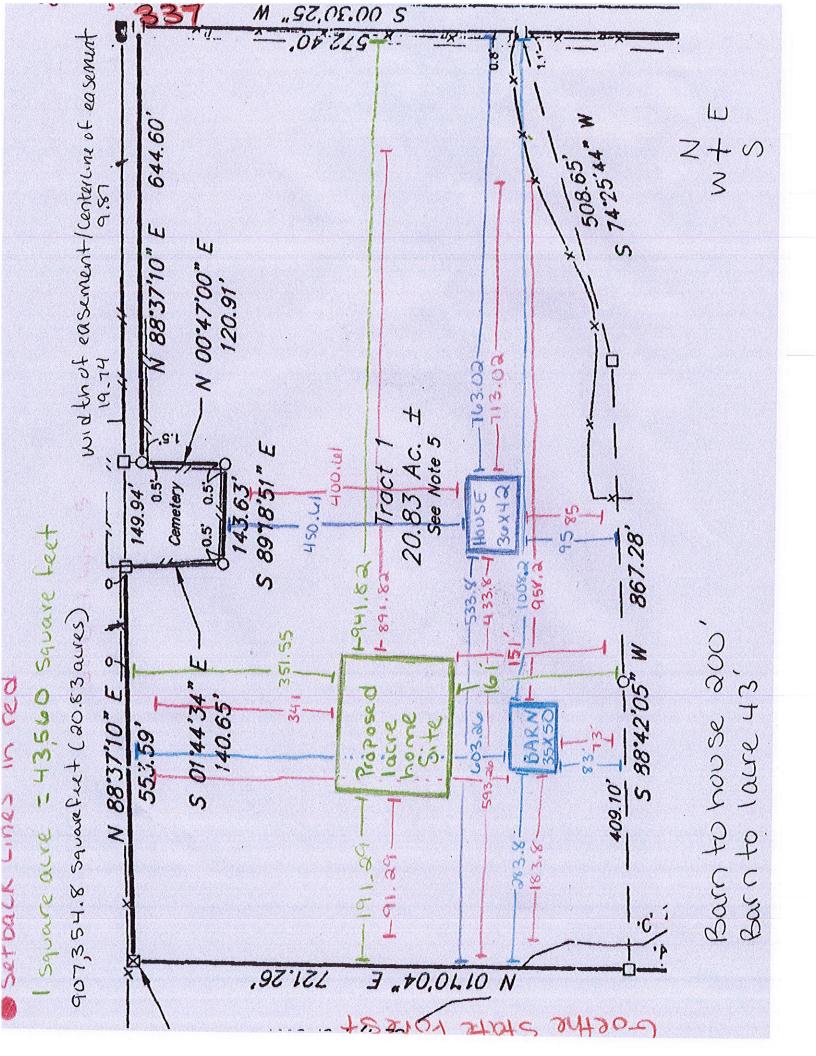
Cionad coaled and delivered in

BEFORE ME, the undersigned authority, personally appeared Ruth P. Tatum, who, after being first duly sworn, acknowledged the foregoing and that she has executed the foregoing document. Personally known\_\_\_\_ or Produced Identification\_\_\_\_ Type ID:\_\_\_\_\_\_

Witness my hand and official seal in the County and State last aforesaid this 15 day of 00+, 2012.

Notary Public printed name: Emilia Hotos My commission expires:













Archer Family Health Care A Service of the College of Nursing

16939 SW 134 Ave Archer FL 32615

352-265-2550 Phone 352-627-4785 Fax

# **Medication Reconciliation:**

Name:

Ruth Tatum

Date of Birth: 08/18/1938

Today's Date: September 10, 2019

# Please bring this list with you every time you see any healthcare provider.

To Whom It May Concern:

Ruth Tatum is a current patient of Archer Family Health Care, and has been under my medical care since April 2015. Ms. Tatum has a significant health history including hypertension, hypercholesteremia, kidney disease, irregular heart rate, lung nodules, and osteoporosis, along with a history of abdominal aortic aneurysm repair. She is also handicapped due to chronic back pain from her severe osteoarthritis. Ms. Tatus is generally well managed except for her chronic pain, for which she sees a pain specialist and uses a cane for ambulation. Below you will find a list of her current medications. Please contact my office regarding this patient at (352) 265-2550.

Thank you,

a sully ki

Anna Ashley Kairalla, APRN

#### **Current Meds:**

TRELEGY ELLIPTA 100-62.5-25 MCG/INH INHALATION AEROSOL POWDER BREATH ACTIVATED (FLUTICASONE-UMECLIDIN-VILANT) One inhalation daily.; Route: INHALATION ZYRTEC ALLERGY 10 MG ORAL TABLET (CETIRIZINE HCL) 1/2 by mouth every day; Route: ORAL FLUTICASONE PROPIONATE 50 MCG/ACT NASAL SUSPENSION (FLUTICASONE PROPIONATE) One spray each nostril daily; Route: NASAL

COQ-10 100 MG ORAL CAPSULE (COENZYME Q10); Route: ORAL

NAPROSYN 500 MG ORAL TABLET (NAPROXEN) 1 by mouth twice a day PRN pain; Route: ORAL OMEPRAZOLE 40 MG ORAL CAPSULE DELAYED RELEASE (OMEPRAZOLE) 1 By Mouth Every Day; Route: ORAL

BACLOFEN 10 MG ORAL TABLET (BACLOFEN) One by mouth three times daily as needed; Route:

ASPIRIN 81 MG ORAL TABLET DELAYED RELEASE (ASPIRIN) 1 by mouth every day; Route: ORAL NIACIN ER (ANTIHYPERLIPIDEMIC) 500 MG ORAL TABLET EXTENDED RELEASE (NIACIN (ANTIHYPERLIPIDEMIC)) One by mouth at night for cholesterol; Route: ORAL LISINOPRIL-HCTZ 20/25MG TABLETS (LISINOPRIL-HYDROCHLOROTHIAZIDE) TAKE 1 TABLET BY MOUTH DAILY

CARVEDILOL 12.5 MG ORAL TABLET (CARVEDILOL) One tablet by mouth twice a day; Route: ORAL



**Archer Family Health Care** A Service of the College of Nursing

16939 SW 134 Ave Archer FL 32615

352-265-2550 Phone 352-627-4785 Fax

August 26, 2019

Name: Angela Hagerman DOB: 11/21/1962

# To Whom It May Concern:

Ms Hagerman is a patient at our practice. Her conditions listed below require assistance from her daughter. It would be most beneficial for her daughter to live close to her to help her manage her chronic diseases. Please take this into consideration with her request. Listed below are her chronic conditions.

### **Current Problems:**

Skin lesion, abnormal (ICD-709.9) (ICD10-L98.9) Bipolar Disorder NOS (ICD-296.80) (ICD10-F31.9)

Insomnia disorder related to another mental disorder (ICD-327.02) (ICD10-F51.05)

Fatigue, chronic (ICD-780.79) (ICD10-R53.83)

Hypercholesterolemia, mixed (ICD-272.0) (ICD10-E78.2)

COPD (ICD-496) (ICD10-J44.9)

HYPERTENSION, CONTROLLED (ICD-401.1) (ICD10-I10)

Diabetes mellitus type II, controlled (ICD-250.00) (ICD10-E11.9)

Again it would be in Ms. Hagerman's best interest to have her daughter living close by to assist her with care and managment of these diseases. Please call me if you have any questions.

Sincerely.

D. Schenko APRN **Denise M Schentrup APRN** 



## **LETTER OF INTENT**

1 message

**Tatum Hagerman** <twiztid\_tatum@yahoo.com>
To: Dominic Pallotti <dominictheexperttreeclimber@gmail.com>

Thu, May 7, 2020 at 2:33 PM

To who it may concern,

This letter of intent is in support of my request for a hardship variance to use approximately one acre to add a small single family mobile home to the property at the address, 3150 NE CR 337 in Bronson Florida. The reasoning for the hardship request is for the up keep of said property and care of my disabled mother, Angela Hagerman, and grandmother, Ruth Tatum, whos disabilities require support. That have resided in the current home for 40 years. The existing home is not large enough to accommodate the current residence, myself, my son and his father. What I would ask the board to consider as well, is that the proposed new home site will create no burden to any neighboring residence and also the proposed project would be an improvement to the property and an overall increase in property value.

Date bog

Please take this into consideration while reviewing our request.

Thank you, Tatum Hagerman