

APPLICATION FOR A HARDSHIP VARIANCE
Levy County, Florida

Filing Date: 4/21/2020
 Fee: \$150.00

Petition Number: _____
 Validation Number: _____

TO THE LEVY COUNTY BOARD OF COUNTY COMMISSIONERS:

This application is hereby made to the Board of County Commissioners of Levy County, Florida pursuant to the provisions of Chapter 163, Florida Statutes, the adopted Levy County Comprehensive Plan and the Levy County Zoning Ordinance petitioning for a Hardship Variance on the following described property. [Source: Levy County Land Development Code, Section 50-852]

I. OWNER/AGENT INFORMATION:

Applicant's Name <u>Patrick Keller</u>	Owner's Name <u>Delana Keller</u>
Address <u>7120 S.E. 172nd Ct.</u>	Address <u>7120 S.E. 172nd Ct.</u>
City <u>Morrison, FL</u> Zip <u>32668</u>	City <u>Morrison, FL</u> Zip <u>32668</u>
Phone Number(s) <u>Patrick 352-489-0625 - Delana 352-322-9429</u>	
Name of Person (s) Receiving Care <u>Kimberley A. Hartman</u>	
Relationship to Applicant/Owner <u>Sister</u>	

I. PARCEL INFORMATION:

Parcel Number (s)	Section/Township/Range	Acreage
a. <u>0465000100 - 7120 S.E. 172 CT. Morrison</u>		
b. <u>35-14-18 0020.00 ACRES 8 1/2 OF NW 1/4 OF NW 1/4 OR BOOK 356 Pg. 196</u>		
Subdivision Name: _____	Lot (s) _____	Block _____
Total Acreage <u>00 20.00</u>		

Current Use (Actual) and Improvements on the Property: (i.e. Single family home, well, septic, pole barn, etc....)

Directions to the Property: (Please start directions from a State or County Road):



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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.

Property Description

- Property Deed or Tax Certificate:** 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 Section 4 of this application for required information to be shown on the site plan.

Maps:

- Property Appraiser's Parcel Map:** Identify the proposed site clearly using a color or pattern. _____

Documentation:

- Identification:** **Must provide picture ID of the hardship recipient (person receiving care) [Current driver's license]**
- 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.

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- 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 Delana Y. Keller Date April 11, 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.

HARDSHIP VARIANCE
AFFIDAVIT

Hardship Variance No. _____ Date _____

PARCEL INFORMATION: Legal Description of Property

Subdivision _____ Unit _____ Lot (s) _____ Block _____
Parcel No. _____ - _____ - _____ 911 Address _____ Section(s) _____
Township _____ Range _____ Net Area of Parcel or Lot (s) _____ Acres _____

Mailing Address: _____

I, the property owner {or authorized agent}, understand that if the Hardship Variance that I am applying for is granted, the variance becomes null and void at the time the hardship ceases to exist. {i.e. the person that the hardship variance benefits moves from the property, deceases, or is institutionalized for an indefinite period of time}. I agree to honestly answer and return {mail back} the annual status report in a timely manner. I agree to remove the second {or first} dwelling from the property within sixty (60) days from the time the hardship ceases to exist. I understand that if improvements to the property, such as but not limited to a separate septic tank is involved, that it is a loss I must endure.

I understand that the variance is non-transferable, that any new property owner would not be allowed to assume the variance or keep a second dwelling on their property as "grandfathered-in". I would not be able to assign the variance to any other member of the family not named in the variance, without re-applying and being approved by the Board of County Commissioners.

I Delana Keller, on this 17, day of April 20 20,
have read, or caused to have read to me, this legal instrument and do hereby agree to the conditions set herein.

Delana Y. Keller
Owner/Authorized Agent's Signature

STATE OF FLORIDA
COUNTY OF MARION

Before me personally appeared Deanna Rozier to be well known to me, to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purpose therein expressed.

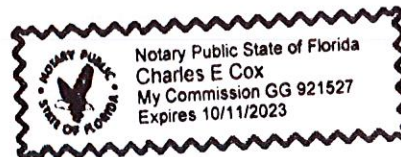
Witness my hand and official seal this 17th day of April 20 20.

Personally known X Identification Expiration Date _____

Notary Public Charles E. Cox
(Print)

Notary Public Charles E. Cox
(Signature)

My Commission Expires: 10/11/2023



10.52

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THIS INSTRUMENT PREPARED BY:
JOHN C. TRENTELMAN, Attorney
207 N. Magnolia Avenue
(P. O. Box 5863)
Ocala, Florida 32678

189982
Filed

Date: 5-31-89 Time: 5:52 PM
Clerk of Court, Levy County, Florida

WARRANTY DEED

THIS INDENTURE, Made this 27 day of May, 1989,
BETWEEN NALL'S DRUG STORE, INC., a corporation existing under the
laws of the State of Florida, having its principal place of
business in the County of Marion and State of Florida, as
grantor, and DELANA Y. CORTEZ

Whose Post Office address is: PO 403 NE 2nd St, Ocala FL 32677
and whose social security number(s) is _____
as grantee, _____

Doc. Stamps Pd. \$ 55 Date 5-31-89
Intangible Tax Paid _____
Douglas M. McKay, Clerk, Levy County
By [Signature] D.C.

WITNESSETH:

That the said grantor, for and in consideration of Ten and no/100
dollars to it in hand paid by the said grantee, the receipt
whereof is hereby acknowledged, has granted, bargained and sold
unto the grantee her heirs, successors and assigns forever, the
following described land situate, lying and being in the County
of Levy, State of Florida, to-wit:

The South 1/2 of the N.W. 1/4 of the N.W. 1/4 of Section 35,
Township 14 South, Range 18 East, and the South 30 feet of the
South East 1/4 of the S.W. 1/4 of Section 26, Township 14 South,
Range 18 East, and the East 30 feet of the South 30 feet of the
S.W. 1/4 of S.W. 1/4 of said Section 26, and the east 30 feet of
the N 1/2 of the N.W. 1/4 of N.W. 1/4 of Section 35, Township 14
South, Range 18 East.
SUBJECT TO an easement for ingress and egress over the South 30
feet of the S.E. 1/4 of the S.W. 1/4 of Section 26, Township 14
South, Range 18 East, and the East 30 feet of the South 30 feet
of the S.W. 1/4 of the S.W. 1/4 of the said Section 26.

THIS IS A CORRECTIVE DEED, GIVEN TO CORRECT THE LEGAL DESCRIPTION
OF THE DEED AT OFFICIAL RECORDS BOOK 225, PAGE 7, PUBLIC RECORDS
OF LEVY, COUNTY, FLORIDA AND TO CLARIFY THE RESERVATION OF
EASEMENT.

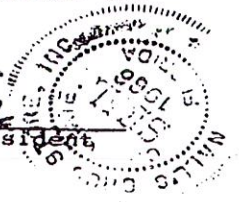
PARCEL NUMBER:

And the said grantor hereby fully warrant the title to
said land, and will defend the same against the lawful claims of
all persons whomsoever, except 1989 taxes.

IN WITNESS WHEREOF, the said grantor has caused these
presents to be executed and its corporate seal to be affixed the
day and year above written.

NALL'S DRUG STORE, INC.

By: [Signature]
President



STATE OF FLORIDA
COUNTY OF MARION

C.R. 356 PAGE 197

The foregoing instrument was acknowledged before me
this 23 day of March, 1989, by Richard E. Nall, Jr.
as _____ President of NALL'S DRUG STORE, INC., a Florida
corporation, on behalf of the corporation.

Barbara C. MacDonald
Notary Public, State of ~~Florida~~ North Carolina
Barbara C. MacDonald
Notary Public, Jackson Co., North Carolina
My Commission Expires 6-7-1993



Unofficial Copy

C.R. 356 PAGE 197

Marriage Certificate

Clark County, Nevada

No. D 161157

This is to Certify that the undersigned did on the 29th day of February 2000
THE WEDDING CHAPELS AT
TREASURE ISLAND, LAS VEGAS

Address or Church

City

, Nevada, join in lawful wedlock

PATRICK D. KELLER

WEST PALM BEACH, FLORIDA

of
City

State

DELANA Y. CORTEZ

WEST PALM BEACH, FLORIDA

of
City

State

with their mutual consent, in the presence of

Constance Burrell

Type or Print Name of Witness

REV. CAMERON W. JOHNSON

Type or Print Official's Name & Title

RETIRED

Type or Print Church or Affiliation

10708 BLACKBURN CT.

Type or Print Address of Official

LAS VEGAS, NV 89134

Type or Print City, State, Zip

Rev. Cameron W. Johnson
Signature of Official

JUDITH A. VANDEVER, RECORDER

TO BE GIVEN TO THE PARTIES MARRIED



Summary

Parcel ID 0465000100
 Location Address 7120 SE 172 CT
 MORRISTON
 Neighborhood 04.00 (4)
 Tax Description* 35-14-18 0020.00 ACRES S1/2 OF NW1/4 OF NW1/4 OR BOOK 356 PAGE 196
 The legal description shown here may be condensed, a full legal description should be obtained from a recorded deed for legal purposes.
 Property Use Code PASTURE LAND 1 (6000)
 Subdivision N/A
 Sec/Twp/Rng 35-14-18
 District SW FLORIDA WT MG (District SW)
 Millage Rate 15.7218
 Acreage 20.000
 Homestead Y
 Ag Classification Yes

View Map

Owner

Owner Name Keller Delana Y Cortez 100%
 Mailing Address 7120 SE 172ND CT
 MORRISTON, FL 32668

Valuation

	2019 Preliminary Value Summary
Building Value	\$9,509
Extra Features Value	\$3,733
Market Land Value	\$77,930
Ag Land Value	\$11,088
Just (Market) Value	\$91,172
Assessed Value	\$23,104
Exempt Value	\$18,316
Taxable Value	\$4,788
Maximum Save Our Homes Portability	\$1,226
Previous Year Value	\$87,569

Exemptions

Homestead	2nd Homestead	Widow/er	Disability	Seniors	Veterans	Other
18316	0					

Building Information

Building 1
 Actual Area 900
 Conditioned Area 504
 Actual Year Built 1990
 Use MOBILE FAMILY
 Exterior Wall VINYL SIDING
 Roof Structure GABLE OR HIP
 Roof Cover METAL
 Interior Flooring CARPET
 Interior Wall DRYWALL
 Heating Type FORCED AIR DUCTED
 Air Conditioning CENTRAL
 Baths 2

Description	Conditioned Area	Actual Area
MOBILE HOME BASE	504	504
UNFINISHED OPEN PORCH	0	396
Total SqFt	504	900

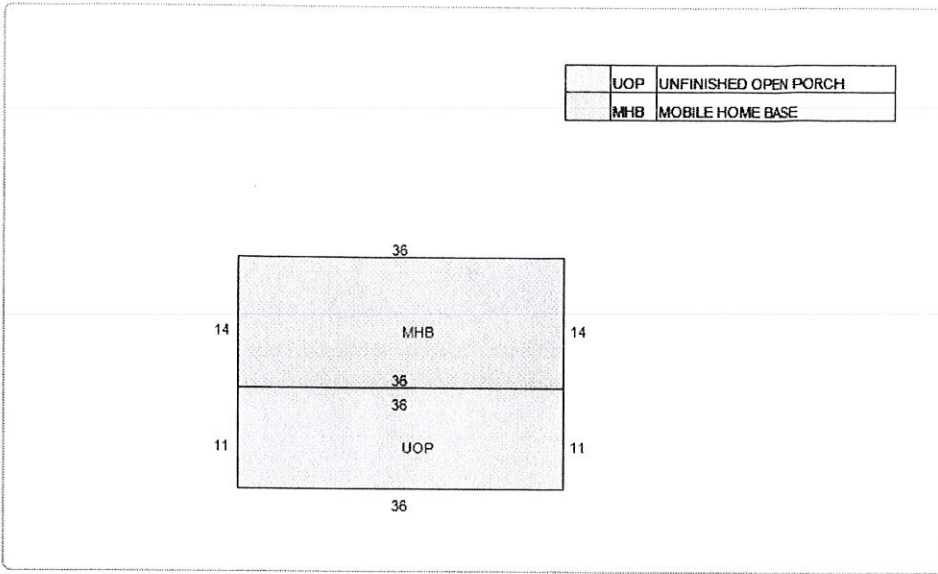
Extra Features

Code Description	BLD	Length	Width	Height	Units
DU-D STORAGE	1	10	10	0	100
DU-C STORAGE	1	12	8	0	96
POLE BARN F-2-B	1	50	20	0	1000

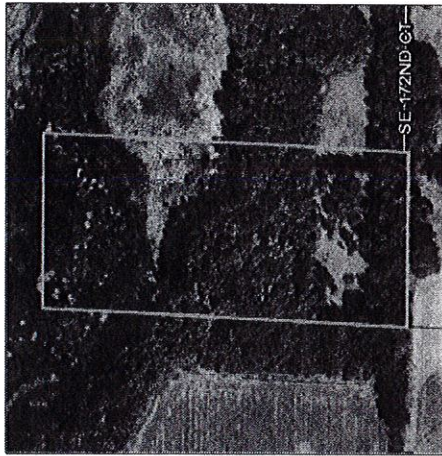
Land Line

Use Description	Front	Depth	Total Land Units	Unit Type	Land Value
Home Site 4 Non Ag	0	0	1	AC	\$6,300
PASTURE	0	0	19	AC	\$4,788
MOBILE HOME	0	0	19	AC	\$71,630

Building Sketch



Map



No data available for the following modules: Sales, Photos.

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Version 2.3.0



Overview



Legend

-  Parcels
-  Roads
-  City Labels

Date created: 5/22/2020
Last Data Uploaded: 5/21/2020 7:25:56 PM

Developed by  Schneider
GEOSPATIAL

Florida

DRIVER LICENSE



4a CLN ~~XXXXXXXXXXXX~~ 9 CLASS E
1 HARTMAN
2 KIMBERLEY ANN
3 7120 SE 172ND CT
4 MORRISTON, FL 32668-5268
5 DOB 01/01/1957 15 SEX F SAFE DRIVER
6 EXP 01/01/2023 16 HGT 5'-02"
7 RESID NONE 8a END NONE



Kimberley A. Hartman

4a ISS 01/13/2016
5 DO F75161219021
REPLACED 12/19/2018
Operation of a motor vehicle constitutes consent to any sobriety test required by law



Ocala Family Medical Center

2230 SW 19th Ave Rd
Ocala, FL 34471-1391
(352) 237-4133

6-8-2020

To Whom It May Concern,

Kimberley Hartman 01/01/57 is under my care and Delana Keller is her caregiver. Delana Keller currently supplies 24/7 care to her sister Kimberley Hartman due to hardship.

Comments:

If there are any further questions regarding this patient, please do not hesitate to call me at (352) 237-4133.

Sincerely,
Laurel L. Bryant APRN



Laurel Bryant, ARNP-C
Ocala Family Medical Center
2230 SW 19th Ave
Ocala, FL 34471
Phone: (352)237-4133
Fax: (352)873-4581

Feb. 8, 2020

To whom this may concern:
Zoning Codes.

Kimberley A. Hartman

In Nov. 12, 2015 My sister ^{was}

Told she had small cell Carcinoma,
(Lung Cancer) Over the years she had
a series of Radiation and chemotherapy.
Which left ^{her} disabled, having a physical
or mental condition that limits movement,
senses, or activities. And she needs my
care. I was going up to Panama City to
help her when I could -

In Oct 13, 2018 Hurricane Michael
hit Panama City at Category 5 - Took her
home out - she had Nothing just the
clothes on her back. She came here -

A 1 Bedroom home that she needs to
stay. This is perfect for her so that
I'm able to be close to her -



Doctor L. Bryant is my Doctor,
Delana Y. Keller. I am the one that
sent Kimberley A. Hartman to Dr.
L. Bryant office. She now has 5
different Doctors. She needs me. She
has No where else to go. Its only her
and I that are left in family.

I hope this helps us get our home
out here?

Cordially
Delana Y. Cortez Keller