



Check One:

SPECIAL EXCEPTION APPLICATION

VARIANCE APPLICATION

Name (Applicant): Tim & Lisa Hogan, Coastal Care Medical Transport Date: 12/16/24

Location Address: 425 Elm Ave Bunnell FL 32210

Mailing Address (Applicant): PO Box 350382

City: Palm Coast State: FL Zip Code: 32137

E-mail Address: lisa@allcaremedicaltransport.com

Phone Number(s): 352-575-8309 352-507-2994

Describe exact reason for the request and physical nature of the premises:
We are asking to be able to use our residential house for office space. We have 15 acres on this parcel and will only be using the front.
We need places to park our non emergency vans and ambulance.
We do hospital transfers for Advent and Halifax on a daily basis.
We are a small business that depends on income from this, as well as our drivers. We are not allowed to park the vehicles at drivers home We have 15 families that depend on us and live in this county. This would have a terrible impact on both Advent Hospitals and Skilled Nursing facilities.

Statement of hardship imposed if request is not granted:
If this request is not granted, patients will not be able to be moved in Flagler County from hospital to facility.
We also go to each facility if requested by Flagler County Fire Dept to transport patients that are not true emergency. The movement of patients from hospital to facility or home is critical for hospitals to function and patients to get appropriate care in Flagler County We also moved Hospice patients from their home to Hospice Care Center in Flagler County

Attach:

- Non-Refundable** filing fee (*Please note all costs of advertising- newspaper & required adjacent property letters- will be billed to the applicant*)
- Survey, plot plan, sketches, drawings, or other materials that would be useful to assist in reviewing the request. For variances, show the current setback lines and proposed setback lines.
- If applicable, written permission from the property owner for the applicant to make this request or copy of contract for sale which grants permission to applicant to get City approvals.

Applicant Statement: **I AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION SUBMITTED HEREWITH IS TRUE AND FACTUAL, TO THE BEST OF MY KNOWLEDGE.**

Applicant Signature: Mary Melissa Hogan Date 12/16/24