

Hillsborough
County Florida
Development ServicesAdditional / Revised
Information Sheet

Office Use Only

Application Number:

Received Date:

Received By:

The following form is required when submitted changes for any application that was previously submitted. A cover letter must be submitted providing a summary of the changes and/or additional information provided. If there is a change in project size the cover letter must list any new folio number(s) added. Additionally, **the second page of this form must be included indicating the additional/revised documents being submitted with this form.**

Application Number: VAR 26-0086 Applicant's Name: IN-HOME Health Aide Services
Barrington Watson
Reviewing Planner's Name: Michelle Montalbano Date: 11/20/2025

Application Type:

- ☐ Planned Development (PD) ☐ Minor Modification/Personal Appearance (PRS) ☐ Standard Rezoning (RZ)
☒ Variance (VAR) ☐ Development of Regional Impact (DRI) ☐ Major Modification (MM)
☐ Special Use (SU) ☐ Conditional Use (CU) ☐ Other _____

Current Hearing Date (if applicable): 12-15-2025

Important Project Size Change Information

Changes to project size may result in a new hearing date as all reviews will be subject to the established cut-off dates.

Will this revision add land to the project?

☐ Yes☒ No

If "Yes" is checked on the above please ensure you include all items marked with * on the last page.

Will this revision remove land from the project?

☐ Yes☒ No

If "Yes" is checked on the above please ensure you include all items marked with + on the last page.

Email this form along with all submittal items indicated on the next page in pdf form to:

ZoningIntake-DSD@hcfllgov.net

Files must be in pdf format and minimum resolution of 300 dpi. Each item should be submitted as a separate file titled according to its contents. All items should be submitted in one email with application number (including prefix) included on the subject line. Maximum attachment(s) size is 15 MB.

For additional help and submittal questions, please call (813) 277-1633 or email ZoningIntake-DSD@hcfllgov.net.

I certify that changes described above are the only changes that have been made to the submission. Any further changes will require an additional submission and certification.

BWatson

Signature

11/20/2025

Date



**Hillsborough
County Florida**
Development Services

Identification of Sensitive/Protected Information and Acknowledgement of Public Records

Pursuant to [Chapter 119 Florida Statutes](#), all information submitted to Development Services is considered public record and open to inspection by the public. Certain information may be considered sensitive or protected information which may be excluded from this provision. Sensitive/protected information may include, but is not limited to, documents such as medical records, income tax returns, death certificates, bank statements, and documents containing social security numbers.

While all efforts will be taken to ensure the security of protected information, certain specified information, such as addresses of exempt parcels, may need to be disclosed as part of the public hearing process for select applications. If your application requires a public hearing and contains sensitive/protected information, please contact [Hillsborough County Development Services](#) to determine what information will need to be disclosed as part of the public hearing process.

Additionally, parcels exempt under [Florida Statutes §119.071\(4\)](#) will need to contact [Hillsborough County Development Services](#) to obtain a release of exempt parcel information.

Are you seeking an exemption from public disclosure of selected information submitted with your application pursuant to Chapter 119 FS? ☐ Yes ☒ No

I hereby confirm that the material submitted with application _____


☐ Includes sensitive and/or protected information.

Type of information included and location _____

☒ Does not include sensitive and/or protected information.

Please note: Sensitive/protected information will not be accepted/requested unless it is required for the processing of the application.

If an exemption is being sought, the request will be reviewed to determine if the applicant can be processed with the data being held from public view. Also, by signing this form I acknowledge that any and all information in the submittal will become public information if not required by law to be protected.

Signature: 
(Must be signed by applicant or authorized representative)

Intake Staff Signature: _____ Date: _____