

Variance Application:

VAR 26-0086

LUHO Hearing Date:

December 15, 2025

Case Reviewer:

Michelle Montalbano

**Hillsborough
County** Florida

Development Services Department

Applicant: Barrington Watson

Zoning: RSC-9

Address/Location: 4519 Devonshire Rd, Tampa, FL; Folio #: 9456.0000

Request Summary:

The applicant is requesting a variance to the Community Residential Home (CRH) separation requirements to accommodate a proposed Type A CRH facility.

Requested Variances:

| LDC Section: | LDC Requirement: | Variance: | Result: |
|--------------|--|-----------|--|
| 6.11.28.A | Community Residential Homes housing 6 or fewer residents shall not be located within a radius of 1,000 feet of another such existing home with 6 or fewer residents. | 815-feet | 185-foot distance separation to an existing Community Residential Home |

Findings:

The Florida Agency for Health Care Administration (AHCA) records show an active Type A Commercial Residential Home at 4534 Hampshire Rd, Tampa (folio #: 9415.0000) which is less than 1,000 feet from the subject property.

Zoning Administrator Sign Off:Colleen Marshall
Mon Dec 1 2025 13:45:02**DISCLAIMER:**

The variance(s) listed above is based on the information provided in the application by the applicant. Additional variances may be needed after the site has applied for development permits. The granting of these variances does not obviate the applicant or property owner from attaining all additional required approvals including but not limited to: subdivision or site development approvals and building permit approvals.



Additional / Revised Information Sheet

26-0086
RCVD
12-2-25

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@hcf.gov

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@hcf.gov.

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

RCVD
12-2-25

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: _____



Additional / Revised Information Sheet

26-0086
RCVD
12-2-25

Please indicate below which revised/additional items are being submitted with this form.

| Included | Submittal Item |
|--|---|
| 1 <input type="checkbox"/> | Cover Letter** If adding or removing land from the project site, the final list of folios must be included |
| 2 <input type="checkbox"/> | Revised Application Form** |
| 3 <input type="checkbox"/> | Copy of Current Deed* Must be provided for any new folio(s) being added |
| 4 <input type="checkbox"/> | Affidavit to Authorize Agent* (If Applicable) Must be provided for any new folio(s) being added |
| 5 <input type="checkbox"/> | Sunbiz Form* (If Applicable) Must be provided for any new folio(s) being added |
| 6 <input type="checkbox"/> | Property Information Sheet** |
| 7 <input type="checkbox"/> | Legal Description of the Subject Site** |
| 8 <input type="checkbox"/> | Close Proximity Property Owners List** |
| 9 <input type="checkbox"/> | Site Plan** All changes on the site plan must be listed in detail in the Cover Letter. |
| 10 <input type="checkbox"/> | Survey |
| 11 <input type="checkbox"/> | Wet Zone Survey |
| 12 <input type="checkbox"/> | General Development Plan |
| 13 <input checked="" type="checkbox"/> | Project Description/Written Statement |
| 14 <input type="checkbox"/> | Design Exception and Administrative Variance requests/approvals |
| 15 <input type="checkbox"/> | Variance Criteria Response |
| 16 <input type="checkbox"/> | Copy of Code Enforcement or Building Violation |
| 17 <input type="checkbox"/> | Transportation Analysis |
| 18 <input type="checkbox"/> | Sign-off form |
| 19 <input type="checkbox"/> | Other Documents (please describe): <div></div> |

*Revised documents required when adding land to the project site. Other revised documents may be requested by the planner reviewing the application.

**Required documents required when removing land from the project site. Other revised documents may be requested by the planner reviewing the application.



**Hillsborough
County Florida**
Development Services

Project Description (Variance Request)

1. In the space below describe the variance including any history and/or related facts that may be helpful in understanding the request. This explanation shall also specifically identify what is being requested (e.g. Variance of 10 feet from the required rear yard setback of 25 feet resulting in a rear yard of 15 feet). If additional space is needed, please attach extra pages to this application.

The variance request relates to the operation of a five-bed Assisted Living Facility (ALF) located at 4519 Devonshire Road, Folio No. 009456-0000. The facility is intended to serve low-income and Medicaid-eligible residents within the community, providing essential housing and supportive care services.

The variance is being requested due to the reopening of another licensed group home within a 1,000-foot radius of the subject property. According to AHCA (Agency for Health Care Administration) records, that facility was not active at the time application for licensing was submitted for initiated plans for the subject property. I relied on those records in good faith when proceeding with the licensing and development process.

This variance will allow the subject property to operate as originally intended and approved, ensuring continued access to needed residential care services for local residents while maintaining compliance with all other zoning and safety requirements. The distance from 4519 Devonshire Rd Tampa, FL 33634 to 4354 Hampshire Rd Tampa, FL is 185 feet per www.mapdevelopers.com website.

2. A Variance is requested from the following Section(s) of the Hillsborough County Land Development Code:

LDC Section 6.11.28 - Community Residential Homes

Additional Information

1. Have you been cited by Hillsborough County Code Enforcement? ☒ No ☐ Yes
If yes, you must submit a copy of the Citation with this Application.
2. Do you have any other applications filed with Hillsborough County that are related to the subject property?
☒ No ☐ Yes If yes, please indicate the nature of the application and the case numbers assigned to the application (s): _____
3. Is this a request for a wetland setback variance? ☒ No ☐ Yes
If yes, you must complete the Wetland Setback Memorandum and all required information must be included with this Application Packet.
4. Please indicate the existing or proposed utilities for the subject property:
☐ Public Water ☐ Public Wastewater ☒ Private Well ☐ Septic Tank
5. Is the variance to allow a third lot on well or non-residential development with an intensity of three ERC's?
☒ No ☐ Yes If yes, you must submit a final determination of the "Water, Wastewater, and/or Re-claimed Water – Service Application Conditional Approval – Reservation of Capacity" prior to your public hearing

Distance From To - Calculate distance between two addresses, cities, states, zipcodes, or locations

Starting Address

Ending Address

4519 Devonshire Road Tampa, FL 33611

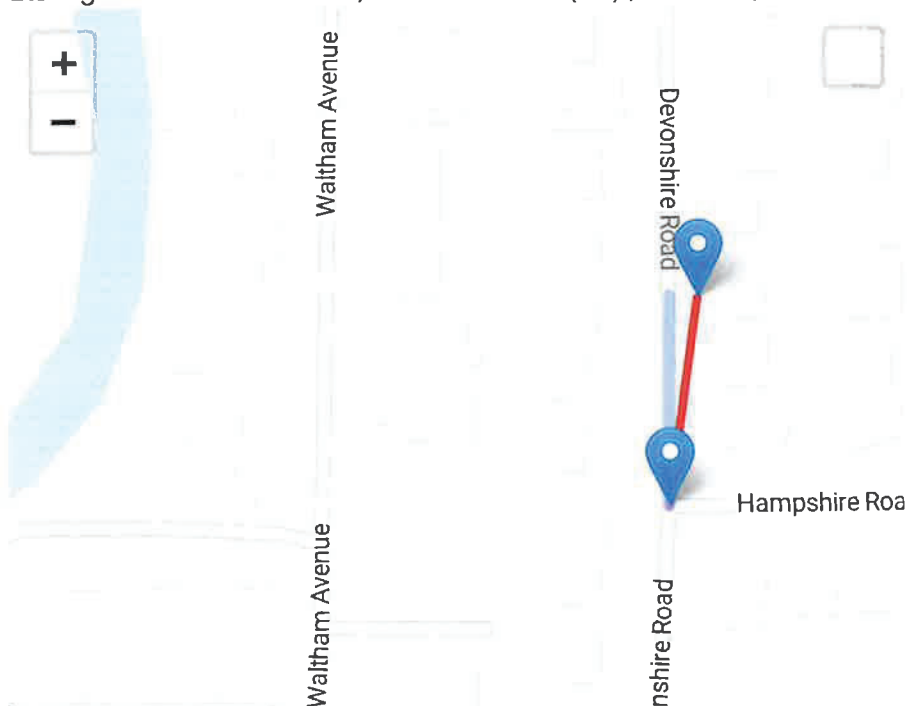
4354 Hampshire Road Tampa, FL 33611

Calculate Distance

Enlarge Map

Straight line distance: 0.04 miles , 0.06 kilometers (km) , 185 feet , 56 meters

Driving distance: 0.03 miles , 0.06 kilometers (km) , 183 feet , 56 meters



errace Circle

Leaflet (<https://leafletjs.com/>) | © Stadia Maps (<https://stadiamaps.com/>), © OpenMapTiles (<https://openmaptiles.org/>) © OpenStreetMap (<https://www.openstreetmap.org/copyright>)

You can share or return to this by using the link below

https://www.mapdevelopers.com/distance_from_to.php?&from=4519%20Devonshire%20Road%20tampa%20fl&to=4354%20Hampshire%20Road%20Tampa%20fl

Enter a city, a zipcode, or an address in both the **Distance From** and the **Distance To** address inputs. Click Calculate Distance, and the tool will place a marker at each of the two addresses on the map along with a line between them. The distance between them will appear just above the map in both miles and kilometers. The tool is useful for estimating the mileage of a flight, drive, or walk. Can easily determine the distance between 2 cities as well.

TYPE PHONE NU

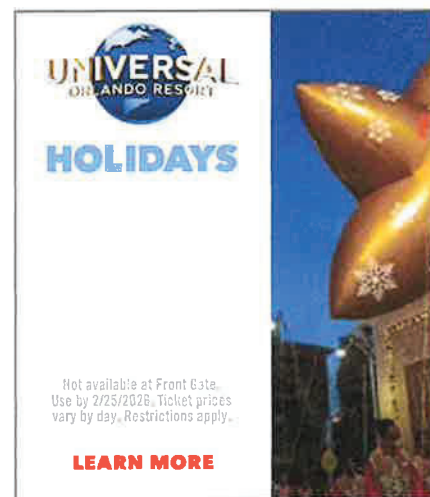
Get owner's full name, address, & more instantly!



Example (123) 456 - 7890

() -

Search



Other tools to help with distance questions

In addition to this tool we also offer a couple other tools that can help find the distance on a map. You can use the mileage calculator ([mileage_calculator.php](#)) to compare the difference between driving or flying between 2 cities. If on the other hand you want to click multiple points on the map in order to find the distance of the entire line you can do that with the distance calculator ([distance_finder.php](#)). We are always trying to find better ways to provide you with the information you need. If you have a suggestion please let us know.

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4535 Hampshire Rd

4533 Hampshire Rd

4531 Hampshire Rd

4529 Hampshire Rd

4527 Hampshire Rd

4534 Hampshire Rd

4530 Devonshire Rd

4526 Devonshire Rd

4524 Devonshire Rd

4521 Devonshire Rd

4520 Hampshire Rd

4519 Devonshire Rd

4528 Hampshire Rd

4517 Devonshire Rd

4526 Hampshire Rd

RSC-9

null

4520 Devonshire Rd

4519 Devonshire Rd

26-0086
RCVD
12-2-25

26-0086
RCVD
12-2-25



26-0086
RCVD
12-2-25

Assisted Living Facility_2025/11/19_23:56:42

| Facility | File Number | Street Address | City | Zip | Phone Number | Distance in Miles | Licensed Beds |
|----------------|-------------|-------------------|-------|-------|----------------|-------------------|---------------|
| VILLAS ALF INC | 11967927 | 4534 HAMPSHIRE RD | TAMPA | 33634 | (813) 770-6628 | 0.05 | 6 |

Residential Treatment Facility_2025/11/20_0:2:44

26-0086
RCVD
12-2-25

| Facility | File Number | Street Address | City | Zip | Phone Number | Distance in Miles | Licensed Beds |
|----------|-------------|----------------|------|-----|--------------|-------------------|---------------|
|----------|-------------|----------------|------|-----|--------------|-------------------|---------------|

Intermediate Care Facility for the Developmentally Disabled_2025/11/20_0:13:54

26-0086

RCVD

12-2-25

| Facility | File Number | Street Address | City | Zip | Phone Number | Distance in Miles | Licensed Beds |
|----------|-------------|----------------|------|-----|--------------|-------------------|---------------|
|----------|-------------|----------------|------|-----|--------------|-------------------|---------------|

| Facility | File Number | Street Address | City | Zip | Phone Number | Distance in Miles | Licensed Beds |
|----------|-------------|----------------|------|-----|--------------|-------------------|---------------|
|----------|-------------|----------------|------|-----|--------------|-------------------|---------------|

| Facility | File Number | Type | Street Address | City | Zip | Phone Number | Licensed Beds |
|-----------------|-------------|--------------------------|-------------------|-------|-------|----------------|---------------|
| VILLA'S ALF INC | 11967927 | Assisted Living Facility | 4534 HAMPSHIRE RD | TAMPA | 33634 | (813) 770-6628 | 6 |

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Variance Criteria Response

1. Explain how the alleged hardships or practical difficulties are unique and singular to the subject property and are not those suffered in common with other property similarly located?

The hardship is unique to the subject property, because, when applicant applied for the group home license, AHCA records showed no other group homes within the required distance existed. Afterward, a previously existing group home nearby reopened, creating a proximity conflict that did not exist when the application was submitted.

2. Describe how the literal requirements of the Land Development Code (LDC) would deprive you of rights commonly enjoyed by other properties in the same district and area under the terms of the LDC.

Strict application of the Land Development Code would prevent this property from operating as ALF and would deprive the applicant of the same right enjoyed by other properties in the area to provide residential housing and supportive services. This restriction would also limit the ability to offer needed services to potential residents who may not qualify for similar programs.

3. Explain how the variance, if allowed, will not substantially interfere with or injure the rights of others whose property would be affected by allowance of the variance.

The subject property at 4519 Devonshire Road, Tampa, will not affect the neighboring property at 4534 Hampshire Road, Tampa, as that facility serves private-pay residents only. The proposed ALF will operate quietly and in compliance with all regulations, and its use is consistent with the surrounding residential character of the neighborhood.

4. Explain how the variance is in harmony with and serves the general intent and purpose of the LDC and the Comprehensive Plan (*refer to Section 1.02.02 and 1.02.03 of the LDC for description of intent/purpose*).

The requested variance is consistent with the general intent and purpose of the LDC and the Comprehensive Plan. Allowing the variance will support stable residential housing and essential community services without creating any health, safety, or environmental concerns. Granting the variance would therefore be in harmony with Sections 1.02.02 and 1.02.03.

5. Explain how the situation sought to be relieved by the variance does not result from an illegal act or result from the actions of the applicant, resulting in a self-imposed hardship.

The subject property is intended to operate as a legitimate Assisted Living Facility (ALF) under a licensed operator with over ten years of experience in the industry. Actions taken have been in full compliance with applicable laws and regulations. The hardship arose only due to unforeseen changes in the surrounding area, not through any action or negligence on my part.

6. Explain how allowing the variance will result in substantial justice being done, considering both the public benefits intended to be secured by the LDC and the individual hardships that will be suffered by a failure to grant a variance.

Denied variance would create an undue hardship by preventing the operation of a licensed Assisted Living Facility (ALF) at this location—despite having acted in good faith and in full compliance with all regulations. Approval granted would balance the public interest with fairness to my request, allowing essential community services to be provided without harm.

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Prepared by and return to:
Eric Gruman
Peer Title, Inc.
3400 W. Kennedy Boulevard
Tampa, FL 33609
(813) 871-3400
File Number: 2020-79
Will Call No.:

[Space Above This Line For Recording Data]

Warranty Deed

This Warranty Deed made this **21st day of February, 2020** between **Palacios International Realty, LLC, a Florida Limited Liability Company** whose post office address is **3704 W Cleveland St, Tampa, FL 33609**, grantor, and **Barrington Watson, a married man** whose post office address is **4519 Devonshire Rd, Tampa, FL 33634**, grantee:

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said grantor, for and in consideration of the sum of **TEN AND NO/100 DOLLARS (\$10.00)** 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 **Hillsborough County, Florida** to-wit:

Lot 21, Block 7, ROCKY POINT VILLAGE UNIT NO. 2, according to the Plat thereof, recorded in Plat Book 35, Page 63, of the Public Records of Hillsborough County, Florida.

Parcel Identification Number: 009456-0000

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, except taxes accruing subsequent to **12/31/2019**.

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

Signed, sealed and delivered in our presence:

Witness

Printed Name: E. GRUMAN

Witness

Printed Name: D. Brady

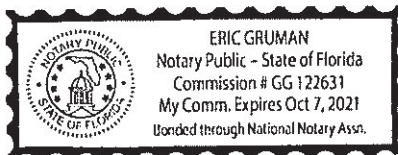
Palacios International Realty, LLC

Victoria Palacios
Victoria Palacios, Manager/Member

State of Florida
County of Hillsborough

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 21st day of February, 2020 by Victoria Palacios of Palacios International Realty, LLC, a Florida Limited Liability Company who ☐ is personally known or ☒ has produced a driver's license as identification.

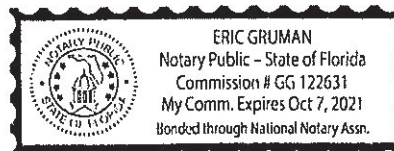
[Seal]



Notary Public

Print Name: _____

My Commission Expires: _____





**Hillsborough
County Florida**
Development Services

Property/Applicant/Owner Information Form

Official Use Only

Application No: 26-0086

Hearing(s) and type: Date: 12/15/2025

Date: _____

Type: LUHO

Type: _____

Intake Date: 10/15/2025

Receipt Number: 527273

Intake Staff Signature: Julie Boatright

Property Information

Address: 4519 DEVONSHIRE RD City/State/Zip: TAMPA, FL 33634-7307

TWN-RN-SEC: 29-17-01 Folio(s): 009456-0000 Zoning: RSC-9 Future Land Use: R-6 Property Size: .15 acres

Property Owner Information

Name: Barrington Watson Daytime Phone: 331 300 7694

Address: 4519 DEVONSHIRE RD City/State/Zip: TAMPA, FL 33634-7307

Email: russian2130@yahoo.com Fax Number: _____

Applicant Information

Name: Barrington Watson Daytime Phone: 331 300 7694

Address: 4519 DEVONSHIRE RD City/State/Zip: TAMPA, FL 33634-7307

Email: russian2130@yahoo.com Fax Number: _____

Applicant's Representative (if different than above)

Name: N/A Daytime Phone: _____

Address: _____ City/State/Zip: _____

Email: _____ Fax Number: _____

I hereby swear or affirm that all the information provided in the submitted application packet is true and accurate, to the best of my knowledge, and authorize the representative listed above to act on my behalf on this application.

Batson
Signature of the Applicant

BARRINGTON WATSON
Type or print name

I hereby authorize the processing of this application and recognize that the final action taken on this petition shall be binding to the property as well as to the current and any future owners.

Batson
Signature of the Owner(s) - (All parties on the deed must sign)

BARRINGTON WATSON
Type or print name



Submittal Requirements for Applications Requiring Public Hearings

Official Use Only

Application No: 26-0086

Intake Date: 10/15/2025

Hearing(s) and type: Date: 12/15/2025

Type: LUHO

Receipt Number: 527273

Date: _____

Type: _____

Intake Staff Signature: Julie Boatright

Applicant/Representative: Barrington Waterson

Phone: 331 300 7694

Representative's Email: russian2130@yahoo.com

The following information is used by reviewing agencies for their comments and should remain constant, with very few exceptions, throughout the review process. Additional reviews, such as legal description accuracy, compatibility of uses, agency reviews, etc., will still be conducted separately and may require additional revisions.

The following ownership information must be provided and will be verified upon submission initial submittal. If you are viewing this form electronically, you may click on each underlined item for additional information.

Part A: Property Information & Owner Authorization Requirements

| Included | N/A | Requirements |
|----------|-------------------------------------|---|
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> <u>Property/Applicant/Owner Information Form</u> |
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Affidavit(s) to Authorize Agent</u> (if applicable) NOTE: All property owners must sign either the Application form or the Affidavit to Authorize Agent. If property is owned by a corporation, submit the Sunbiz information indicating that you are authorized to sign the application and/or affidavit. |
| 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Sunbiz Form</u> (if applicable). This can be obtained at <u>Sunbiz.org</u> . |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> <u>Property/Project Information Sheet</u> All information must be completed for each folio included in the request. |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> <u>Identification of Sensitive/Protected Information and Acknowledgement of Public Records</u> |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> <u>Copy of Current Recorded Deed(s)</u> |
| 7 | <input checked="" type="checkbox"/> | <input type="checkbox"/> <u>Close Proximity Property Owners List</u> |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> <u>Legal Description</u> for the subject site |
| 9 | <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Copy of Code Enforcement/Building Code Violation(s)</u> (if applicable) |
| 10 | <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Fastrack Approval</u> (if applicable) |

Additional application-specific requirements are listed in Part B.



Specific Submittal Requirements for Variances

This section provides information on items that must be addressed/submitted for a Special use - Land Excavation permit and will be subsequently reviewed when the application is assigned to a planner. Where certain information does not apply to a project, a notation shall appear on the plan stating the reason, for example, "No existing water bodies within project." Additionally, the explanations and justifications for when certain information does not apply to the project shall be included in the Narrative. If Hillsborough County determines the submitted plan lacks required information, the application shall not proceed to hearing as provided for in Section 6.2.1.1.A. Additionally, the required information is only the minimum necessary to schedule an application for hearing and Hillsborough County reserves the right to request additional information during review of the application.

If you are viewing this form electronically, you may click on each underlined item for additional information.

For any items marked N/A, justification must be provided as to why the item is not included.

Part B: Project Information

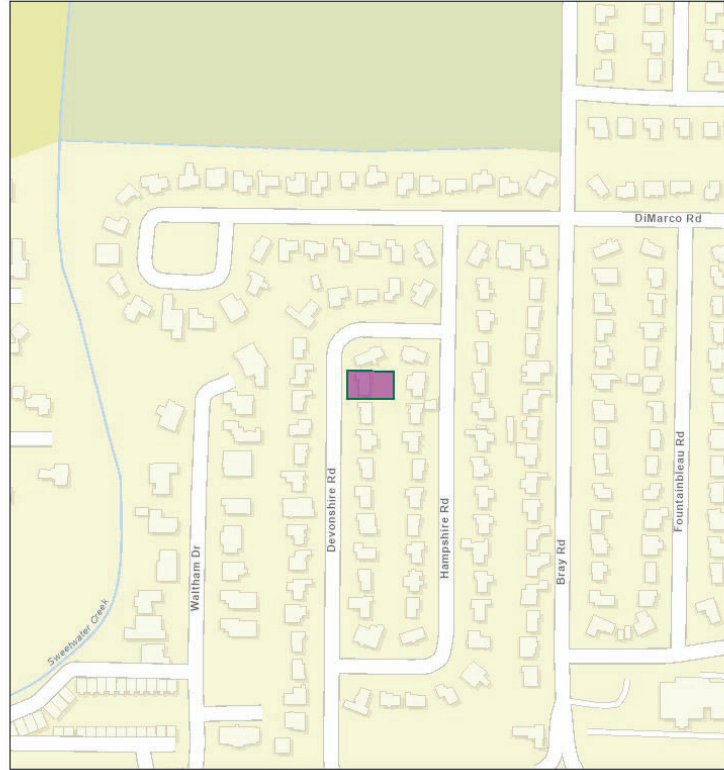
Additional Submittal Requirements for a Variance

- 1 ☒ **Project Description/Written Statement of the Variance Request**
- 2 ☒ **Variance Criteria Response**
- 3 ☐ **Attachment A** (if applicable)
- 4 ☒ **Survey/Site Plan**
- 5 ☒ **Supplemental Information** (optional/if applicable)

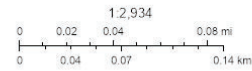


PARCEL INFORMATION HILLSBOROUGH COUNTY FLORIDA

Folio: 9456.0000



October 9, 2025



ESRI, Esri Community Maps Contributors, University of South Florida, City of Tampa, County of Pinellas, FDOT & OpenStreetMap, Microsoft, Esri, TomTom, Garmin, SateGrip, GeoTechnologies, Inc., METI/USA, USGS, EPA, NPS, US Census Bureau, USDA, USFWS

Hillsborough County Florida

| | |
|--|--|
| Jurisdiction | Unincorporated County |
| Zoning Category | Residential |
| INFL | i |
| Zoning | RSC-9 |
| Description | Residential - Single-Family Conventional |
| Overlay | null |
| Flood Zone:AE | BFE = 9.0 ft |
| FIRM Panel | 0331H |
| FIRM Panel | 12057C0331H |
| Suffix | H |
| Effective Date | Thu Aug 28 2008 |
| Pre 2008 Flood Zone | AE |
| Pre 2008 Firm Panel | 1201120331C |
| County Wide Planning Area | Town and Country |
| Community Base Planning Area | Town and Country |
| Community Base Planning Area | Town and Country Focus |
| Census Data | Tract: 011706 Block: 5034 |
| Future Landuse | R-6 |
| Urban Service Area | USA |
| Water Interlocal | City of Tampa Water |
| Mobility Assessment District | Urban |
| Mobility Benefit District | 1 |
| Fire Impact Fee | Northwest |
| Parks/Schools Impact Fee | NORTHWEST |
| ROW/Transportation Impact Fee | ZONE 10 |
| Wind Borne Debris Area | 140 MPH Area |
| Aviation Authority Height Restrictions | 50' AMSL |
| Aviation Authority | Landfill Notification Area |
| Competitive Sites | NO |
| Redevelopment Area | NO |

Folio: 9456.0000
PIN: U-01-29-17-0E5-000007-00021.0
Barrington Watson
Mailing Address:
 4519 Devonshire Rd
 null
 Tampa, FL 33634-7307
Site Address:
 4519 Devonshire Rd
 Tampa, FL 33634
SEC-TWN-RNG: 01-29-17
Acreage: 0.15
Market Value: \$299,242.00
Landuse Code: 0100 SINGLE FAMILY

Hillsborough County makes no warranty, representation or guaranty as to the content, sequence, accuracy, timeliness, or completeness of any of the geodata information provided herein. The reader should not rely on the data provided herein for any reason. Hillsborough County explicitly disclaims any representations and warranties, including, without limitations, the implied warranties of merchantability and fitness for a particular purpose. Hillsborough County shall assume no liability for:

1. Any error, omissions, or inaccuracies in the information provided regardless of how caused.
2. Any decision made or action taken or not taken by any person in reliance upon any information or data furnished hereunder.