MAR 2016-10 (Amd) Date Received 7	129	116

Pre-Application Date 12/18/15 Filing Fee \$____

GENERAL INFORMATION: MAP AMENDMENT REQUEST (MAR) APPLICATION

1. ADDRE	SS INFO	RMATIO	N (Nan	ie, Addi	ress, City/	State/Zip & P	НС	ONE	NO.)						
1. ADDRESS INFORMATION (Name, Address, City/State/Zip & PHONE NO.) APPLICANT: Atlas I, LLC 3592 Palomar Blvd, Lexington, KY 40507 (859) 509-5074															
OWNER: J & M Costello, 2017 Williamsburg Rd, Lexington, KY 40504; Beverly Chewning, 691 Springhurst Dr															
ATTORNEY: Lexington, KY 40503															
Jacob C. Walbourn, 201 East Main Street, Suite 900, Lexington, KY 40507, (859) 231-8780															
2. ADDRESS OF APPLICANT'S PROPERTY (Please attach Legal Description)															
2090, 2094, and 2098 Harrodsburg Road															
3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY (Use attachment, if neededsame format.)															
E	xisting				F	Requested					Ac	Acreage			
R-3	Zoning Use						<u>Us</u>				Net		Gross		
R-1C			./		B-1 Neighborhood shopping ctr			0.62 ac		0.92 ac					
R-1C	insuran	ce agency	y/vacan	B-1		Neighborhoo	d s	nopp	ing ctr		1.00 ac	1.14 a	IC		
4. SURROUNDING PROPERTY, ZONING & USE															
Proper			,		Use						Zo	Zoning			
	North Turfland Mall prope			operty/c	commercia	ıl					B-6P				
East		Comme	rcial/Re	sidentia	ıl .						B-3/R-1C				
	South Residential										R-1C	R-1C			
West Turfland Mall property/commercial B-6P						B-6P									
5. EXISTING CONDITIONS															
a. Are there a	a. Are there any existing dwelling units on this property that will be removed if this application is approved?										□ NO				
b. Have any such dwelling units been present on the subject property in the past 12 months?								☐ YES ☐ NO							
c. Are these units currently occupied by households earning under 40 % of the median income? If yes, how many units?								⊠ NO							
If yes, please provide a written statement outlining any efforts to be undertaken to assist those residents in obtaining alternative housing.							Units								
total in octal ing diterrative flousing.															
6. URBAN	BERVICE	S STATE	JS (Indi	cate wh	ether exis	sting, or how	to	be p	rovide						
			sting						Other						
			disting ☐To be constructed by ☐ Development ☐Development ☐ ☐ Development ☐Development ☐Developm				Transport of the last	Other Other							
Curb/Gutte				sting		constructed by			eloper		Other				
	Refuse Collection X LFUCG Other														
Utilities	···		Elec Ele	tric 🗓	Gas [Water 🗵	Ph	one	X Cal	ble					
7. DESCRIE	BE YOUR	R JUSTIFI	CATIO	N FOR	REQUEST	ED CHANGE	(P	leas	e provi	ide a	attachment.)				
This is in	. [x] in a	agreement	with the	Comp. P	lan 🔲 mor	e appropriate th	an	the e	xisting z	zonin	g 🔲 due to una	anticipated	changes.		
B. APPLICA	WO/TN	VER SIGN	IS THIS	CERTI	FICATION										
I do herek	y certify	that to the	e best o	f my kno	owledge a	nd belief, all a	pp	lication	on mate	erials	are herewith	submitted	, and		
I do hereby certify that to the best of my knowledge and belief, all application materials are herewith submitted, and the information they contain is true and accurate. I further certify that I am OWNER or HOLDER of an agreement to purchase this property since 211-5-2015															
APPLICANT DATE 7/29/16															
OWNER	-/J	$U \iota$	UL	2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	ATTORN	E-	7			_ DATE	7/20	1/16		
LFUCG EMPLOYEE/OFFICER, if applicable DATE										'					