

## MAP AMENDMENT REQUEST (MAR) APPLICATION

**1. CONTACT INFORMATION (Name, Address, City/State/Zip & Phone No.)**

<b>Applicant:</b> STAVROFF LAND & DEVELOPMENT, INC, 700 E LOUDON AVE, LEXINGTON, KY 40505
<b>Owner(s):</b> THETA OF KAPPA HOUSING ORGANIZATION, 336 EUCLID AVENUE, SUITE 301, LEXINGTON, KY 40502
<b>Owner(s):</b> FFF MAX, LLC, 1515 LLAKE SHORE DRIVE, SUITE 250 COLUMBUS, OH 43204
<b>Attorney:</b> JON WOODALL

**2. ADDRESS OF APPLICANT'S PROPERTY**

201-235 E MAXWELL ST, LEXINGTON, KY 40505 245-251 STONE ACE, LEXINGTON, KY 40505
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**3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY**

Existing		Requested		Acreage	
Zoning	Use	Zoning	Use	Net	Gross
R-4	RESIDENTIAL	B-2A	RESIDENTIAL	2.143	2.633

**4. COMPREHENSIVE PLAN**

a. Utilizing Placebuilder, what Place-Type is proposed for the subject site?	DOWNTOWN
b. Utilizing Placebuilder, what Development Type is proposed for the subject site? If residential, provide the proposed density	HIGH DENSITY RESIDENTIAL

**5. EXISTING CONDITIONS**

a. Are there any existing dwelling units on this property that will be removed if this application is approved?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. Have any such dwelling units been present on the subject property in the past 12 months?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
c. Are these units currently occupied by households earning under 40% of the median income? If yes, how many units? If yes, please provide a written statement outlining any efforts to be undertaken to assist those residents in obtaining alternative housing.	<input type="checkbox"/> YES <input type="checkbox"/> NO



**6. URBAN SERVICES STATUS (Indicate whether existing, or how to be provided)**

