

MAP AMENDMENT REQUEST (MAR) APPLICATION

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

Applicant: Meadowthorpe Senior Housing, LLLP, 159 Old Georgetown Street, Lexington, KY 40508
Owner(s): MEADOWTHORPE DEVELOPMENT COMPANY, LLC, PO BOX 1966, LEXINGTON, KY 40588
Attorney: NICK NICHOLSON, Stoll Keenon Ogden, PLLC, 300 WEST VINE STREET, SUITE 2100, LEXINGTON, KY 40507

2. ADDRESS OF APPLICANT'S PROPERTY

1447 ANTIQUE DR, LEXINGTON, KY

3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY

Zoning	Existing		Requested		Acreage	
	Zoning	Use	Zoning	Use	Net	Gross
B-1		Vacant	R-4	Assited Living	3.719	4.327

4. EXISTING CONDITIONS

a. Are there any existing dwelling units on this property that will be removed if this application is approved?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b. Have any such dwelling units been present on the subject property in the past 12 months?	<input type="checkbox"/> YES <input checked="" 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

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

Roads:	LFUCG
Storm Sewers:	LFUCG
Sanity Sewers:	LFUCG
Refuse Collection:	LFUCG
Utilities:	<input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Cable

