

MAP AMENDMENT REQUEST (MAR) APPLICATION

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

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| Applicant: SAYRE COLLEGE, 194 N LIMESTONE ST, LEXINGTON, KY 40507 |
| Owner(s): SAME |
| Attorney: NICK NICHOLSON, 300 W VINE ST, STE 2100, LEXINGTON, KY 40507 |

2. ADDRESS OF APPLICANT'S PROPERTY

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|---------------------------------------|
| 300 CANEBRAKE DR, LEXINGTON, KY 40509 |
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3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY

| Existing | | Requested | | Acreage | |
|----------|-----------------------|-----------|-----------------------|---------|-------|
| Zoning | Use | Zoning | Use | Net | Gross |
| A-R | SAYRE ATHLETIC CENTER | A-B | SAYRE ATHLETIC CENTER | 50.10 | 50.68 |

4. COMPREHENSIVE PLAN

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| a. Utilizing Placebuilder, what Place-Type is proposed for the subject site? | N/A- RURAL LAND MANAGEMENT PLAN |
| b. Utilizing Placebuilder, what Development Type is proposed for the subject site? If residential, provide the proposed density | N/A- RURAL LAND MANAGEMENT PLAN |

5. EXISTING CONDITIONS

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|---|---|
| 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 |

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

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|--------------------|--|
| 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 |

