

## GENERAL INFORMATION: MAP AMENDMENT REQUEST (MAR) APPLICATION

### ADDRESS INFORMATION (Name, Address, City/State/Zip & PHONE NO.)

APPLICANT:	Erfan M. Alami, 253 Radcliffe Road, Lexington, KY 40505	Tel: (859) 420-2000
OWNER:	Erfan M. Alami, 253 Radcliffe Road, Lexington, KY 40505	Tel: (859) 420-2000
ATTORNEY:	Jacob (Jake) K. Michul Morgan & Pottinger, P.S.C.	133 West Short Street Lexington, KY 40507 Tel: (859) 226-5296

### 2. ADDRESS OF APPLICANT'S PROPERTY (Please attach Legal Description)

5898 Old Richmond Road, Lexington, KY 40515

### 3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY (Use attachment, if needed--same format.)

Existing		Requested		Acreage	
Zoning	Use	Zoning	Use	Net	Gross
B-1	Dwelling (nonconforming)	A-R	Dwelling (conforming)	3.24	3.76

### 4. SURROUNDING PROPERTY, ZONING & USE

Property	Use	Zoning
North	Agriculture, church, residential	A-R & B-1
East	Agriculture, church, residential, vacant, c-store	A-R & B-1
South	Agriculture, residential, vacant, c-store	A-R & B-1
West	Agriculture, residential	A-R

### 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 e fforts to be undertaken to assist those residents in obtaining alternative housing.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ____ Units

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

Roads	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other	
Storm Sewers	<input type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other	not applicable
Sanitary Sewers	<input type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other	not applicable/septic
Curb/Gutter/Sidewalks	<input type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other	not applicable
Refuse Collection	<input type="checkbox"/> LFUCG	<input checked="" type="checkbox"/> Other			
Utilities	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Phone	<input type="checkbox"/> Cable

### 7. DESCRIBE YOUR JUSTIFICATION FOR REQUESTED CHANGE (Please provide attachment.)

This is in...  in agreement with the Comp. Plan  more appropriate than the existing zoning  due to unanticipated changes.

### 8. APPLICANT/OWNER SIGNS THIS CERTIFICATION

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 February 27, 2015

APPLICANT [Signature], Attorney for Applicant DATE 9-30-16

OWNER [Signature], Attorney for Owner DATE 9-30-16

LFUCG EMPLOYEE/OFFICER, if applicable \_\_\_\_\_ DATE \_\_\_\_\_