

MAP AMENDMENT REQUEST (MAR) APPLICATION

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

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|---|
| Applicant: HAP PROPERTY OWNER LP, 3340 PEACHTREE RD, STE 16660, ATLANTA, GA 30326 |
| Owner(s): HAP PROPERTY OWNER LP, P O BOX 56607, ATLANTA, GA 30343 |
| Attorney: Will Lovell, Hartman Simons & Wood, LLP, 6400 Powers Ferry Road NW, Suite 400, Atlanta, GA 30339 PH: 770-955-3555 |

2. ADDRESS OF APPLICANT'S PROPERTY

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| 1937 STAR SHOOT PKWY, LEXINGTON, KY (a portion of) |
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3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY

| Zoning | Existing Use | Zoning | Requested Use | Acreage | |
|--------|--------------------|--------|---------------|---------|-------|
| | | | | Net | Gross |
| P-1 | Parking, Detention | B-6P | Commercial | 2.881 | 3.328 |

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: | Private |
| Storm Sewers: | Private |
| Sanity Sewers: | Private |
| Refuse Collection: | Private |
| 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 |

