

GENERAL INFORMATION: MAP AMENDMENT REQUEST (MAR) APPLICATION

1. ADDRESS INFORMATION (Name, Address, City/State/Zip, & PHONE NUMBER)

APPLICANT Taylor-made Real Estate, LLC 881 Corporate Dr. Lexington, KY 40503
OWNER: ETHINGTON & ETHINGTON 4235 Harrodsburg Rd. Lexington, KY 40513 Dixiana Development LLC 1301 Dixiana Domino Rd Lexington, KY 40511
ATTORNEY: Nick Nicholson, Stoll Keenon Ogden PLLC, 300 W. Vine St, Ste. 2100, Lexington, KY 40507, (859) 231-3000

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

4145 and 4235 Harrodsburg Rd Lexington KY 40513

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

Existing		Requested		Acreage	
Zoning	Use	Zoning	Use	Net	Gross
A-U	Residential	B-1	Commercial	5.79	7.88
A-U	Residential	R-1T	Residential	2.38	2.38
A-U	Residential	R-1D	Residential	6.72	6.72
R-1T CZ	Vacant	R-1D	Residential	1.49	1.83
R-1T CZ	Vacant	R-1T	Residential	1.49	1.93
R-1D CZ	Vacant	R-1T	Residential	0.26	0.26

4. SURROUNDING PROPERTY, ZONING & USE

Property	Use	Zoning
North	Residential	R-1D
East	Residential	R-4/R-3
South	Industrial	A-U
West	Residential	R-1D

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 checked="" type="checkbox"/> NO ____ Units

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

Roads	<input checked="" type="checkbox"/> Existing	<input checked="" type="checkbox"/> To be constructed by	<input checked="" type="checkbox"/> Developer	<input type="checkbox"/> Other
Storm Sewers	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> To be constructed by	<input checked="" type="checkbox"/> Developer	<input type="checkbox"/> Other
Sanitary Sewers	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> To be constructed by	<input checked="" type="checkbox"/> Developer	<input type="checkbox"/> Other
Curb/Gutter/Sidewalks	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> To be constructed by	<input checked="" type="checkbox"/> Developer	<input type="checkbox"/> Other
Refuse Collection	<input checked="" type="checkbox"/> LFUCG	<input type="checkbox"/> Other		
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

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

This is 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 2007.

APPLICANT: _____
 OWNER: _____
 JCG EMPLOYEE/OFFICER, if applicable _____

Attorney for Taylor-made: Dixiana _____

DATE 9/8/16
 DATE _____
 DATE _____