

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

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

APPLICANT: AU Associates, Inc. - 159 Old Georgetown Street, Lexington, KY 40508
OWNER: Parkside Development Group, LLLP, c/o Holly Wiedemann - 159 Old Georgetown Street, Lexington, KY 40508
ATTORNEY:

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

1060 Cross Keys Road (a portion of), Lexington, KY 40504
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**3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY (Use attachment, if needed--same format.)**

Existing		Requested		Acreage	
Zoning	Use	Zoning	Use	Net	Gross
P-1	Parkside Phase 1	R-3	Residential	4.09 AC.	4.09 AC.

**4. SURROUNDING PROPERTY, ZONING & USE**

Property	Use	Zoning
North	Residential & Business & Commercial	R-2, R-3, B-4, P-1
East	Residential	R-1C
South	Residential	R-1C
West	Business	B-1

**5. 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 checked="" type="checkbox"/> NO ____ Units

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

Roads	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Storm Sewers	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Sanitary Sewers	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Curb/Gutter/Sidewalks	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> To be constructed by	<input 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 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.)**

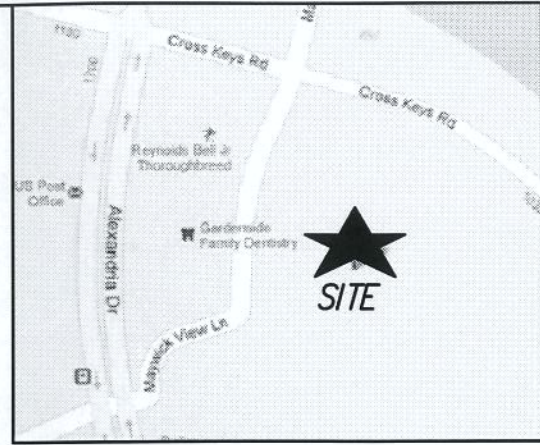
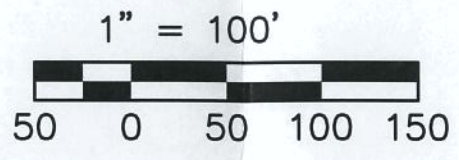
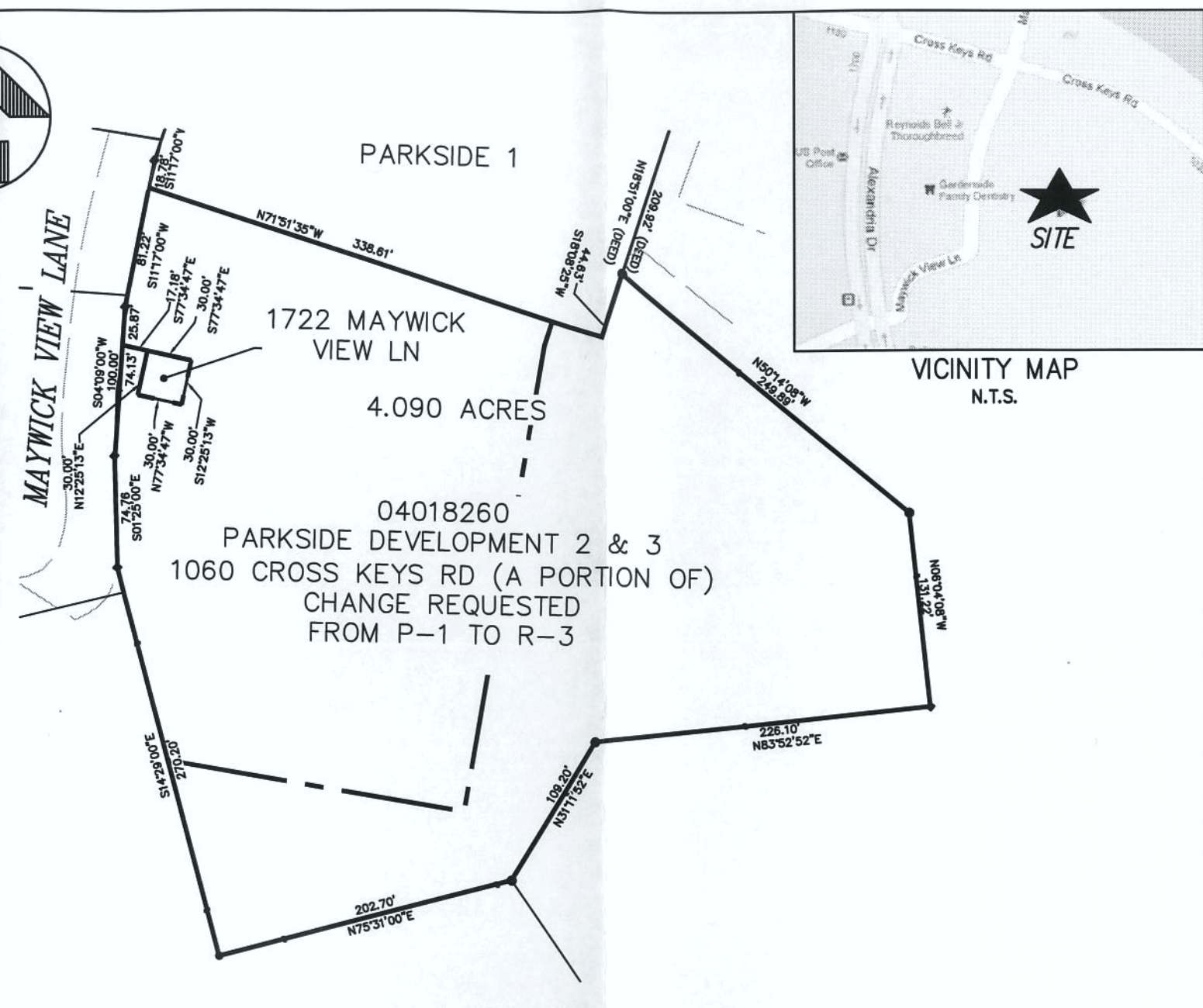
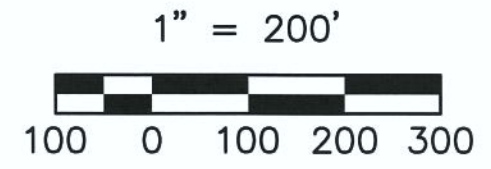
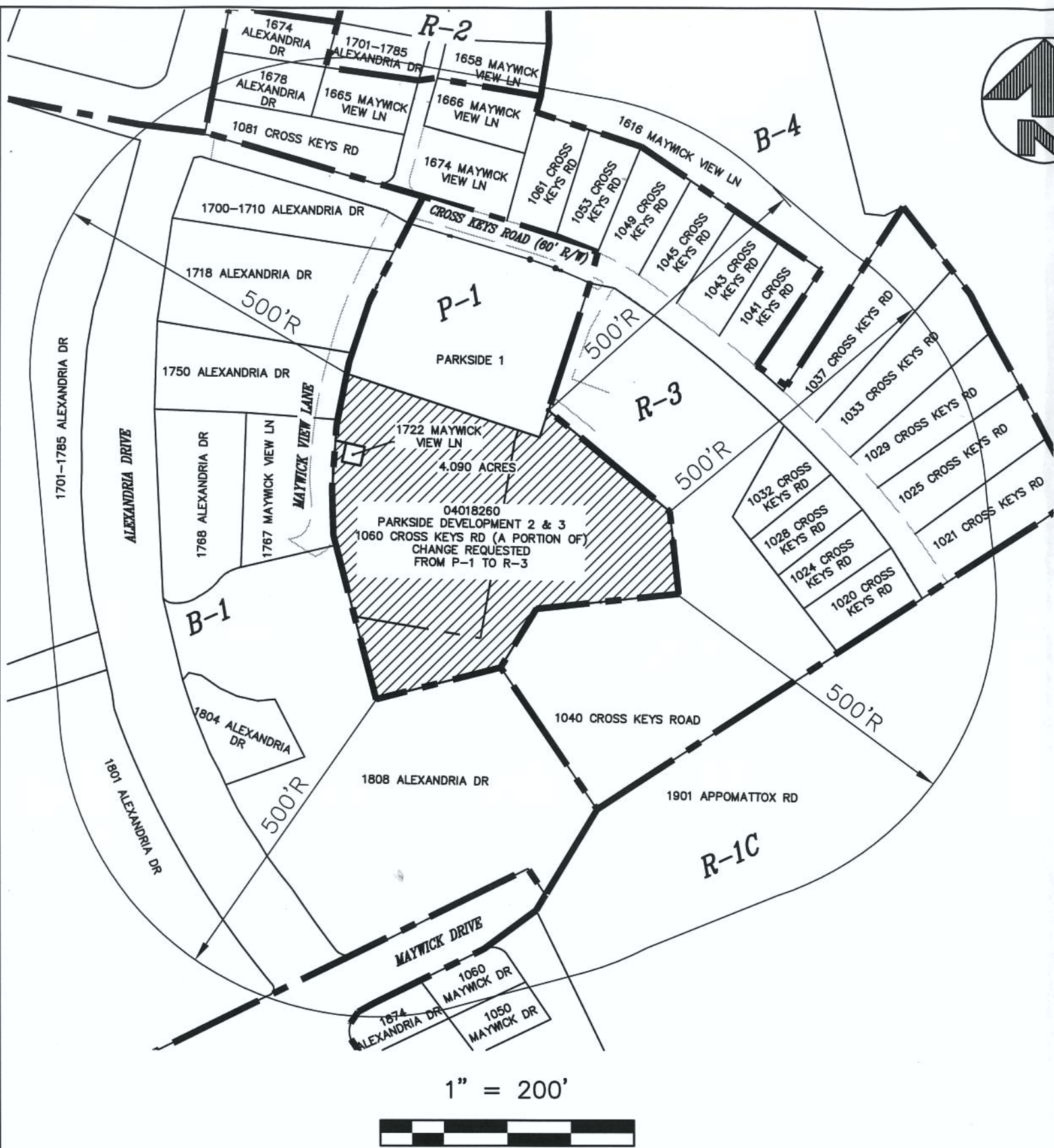
This is in... <input type="checkbox"/> in agreement with the Comp. Plan <input checked="" type="checkbox"/> more appropriate than the existing zoning <input type="checkbox"/> due to unanticipated changes.
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**8. APPLICANT/OWNER SIGNS THIS CERTIFICATION**

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 \_\_\_\_\_

APPLICANT AU Associates, Inc. DATE 2/13/2013  
 Parkside Development Group LLLP,  
 OWNER c/o Holly Wiedemann DATE 2/13/2013

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



VICINITY MAP  
N.T.S.

STATE OF KENTUCKY  
 RANDY C. WOLFE  
 3608  
 LICENSED PROFESSIONAL LAND SURVEYOR

<b>TITLE:</b> PARKSIDE DEVELOPMENT 2 & 3 REZONING
<b>Property Address:</b> 1060 Cross Keys Road (a portion of)
<b>Applicant Name/Address:</b> AU Associates, Inc. 159 Old Georgetown Street, Lexington, KY 40508
<b>Owner:</b> Parkside Development Group, LLLP c/o Holly Wiedemann
<b>Prepared by:</b> Kleingers & Associates
<b>Date Filed or Amended:</b> Feb. 13th, 2013