

## GENERAL INFORMATION - Zoning Ordinance Text Amendment Application

**1. APPLICANT INFORMATION:**

**Name:** Urban County Planning Commission

**Address:** 200 E. Main Street

**City, State, Zip Code:** Lexington, KY 40507

**Phone Number:** 859-258-3160

**2. ATTORNEY (Or Other Representative) INFORMATION:**

**Name:** Tracy Jones

**Address:** 200 E. Main Street

**City, State, Zip Code:** Lexington, KY 40507

**Phone Number:** 859-258-3500

**3. REQUESTED TEXT CHANGE: Date of Pre-application Conference: NA**

**Zoning Ordinance Articles 1, 8, and 23:**

See attached text.

**4. DESCRIBE THE JUSTIFICATION FOR MAKING THIS CHANGE: (Use attachment if necessary.)**

Update the current regulations of Home Family Child Care to match the regulations determined by the State.