

## MAP AMENDMENT REQUEST (MAR) APPLICATION

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

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| <b>Applicant:</b><br>KENNETH LITRELL, 2356 THE WOODS LANE, LEXINGTON, KY 40502       |
| <b>Owner(s):</b><br>LENARD INVESTMENTS LP, 1106 WOODRIDGE PL, MOUNT JULIET, TN 37122 |
| <b>Attorney:</b><br>LAUREN NICHOLS, 300 W VINE ST, STE 1300, LEXINGTON, KY 40507     |

### 2. ADDRESS OF APPLICANT'S PROPERTY

|   |
|---|
| 532 & 550 BROADWAY, LEXINGTON, KY 40508; 659 PLUNKETT ST, LEXINGTON, KY 40508 |
|---|

### 3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY

| Zoning   | Existing |          | Requested             |          | Acreage |       |
|----------|----------|----------|-----------------------|----------|---------|-------|
|          |          | Use      | Zoning                | Use      | Net     | Gross |
| B-3 W/CZ |          | Car Wash | B-3 W/<br>MODIFIED CZ | Car Wash | 1.16    | 1.88  |

### 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?<br>If yes, how many units?<br>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:             | LFUCG  |
| Storm Sewers:      | LFUCG  |
| Sanity Sewers:     | LFUCG  |
| Refuse Collection: | LFUCG  |
| 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 |

