

GENERAL INFORMATION - Zoning Ordinance Text Amendment Application

1. APPLICANT INFORMATION:

Name: **Crossroads Community Church, Inc**
Address: **3500 Madison Road**
City, State, Zip Code: **Cincinnati, OH 45209**
Phone Number: **513-731-7400**

2. ATTORNEY (Or Other Representative) INFORMATION:

Name: **Nick Nicholson, Stoll Keenon Ogden PLLC**
Address: **300 W. Vine St., Ste. 2100**
City, State, Zip Code: **Lexington, KY 40507**
Phone Number: **859-231-3000**

3. DESCRIBE YOUR REQUESTED TEXT CHANGE:

Date of Pre-Application Conference: 11/7/17

Zoning Ordinance Article 17-7(q)(1). Specific text change proposed:
(See attached)

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

(See attached letter)

5. SIGN THIS APPLICATION:

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.

APPLICANT: _____

ATTORNEY (or other representative): _____

LFUCG EMPLOYEE/OFFICER, if applicable: _____

NOTE: Attorneys may submit a formal letter instead of this form; otherwise, fill in all box information requested above.