

MAP AMENDMENT REQUEST (MAR) APPLICATION

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

Applicant: LEXINGTON HOME OWNERSHIP COMM II INC, 300 W NEW CIRCLE RD, LEXINGTON, KY 40505
Owner(s): LEXINGTON HOME OWNERSHIP COMM II INC 300 W NEW CIRCLE RD LEXINGTON KY 40505 LEXINGTON HOME OWNERSHIP COMM II INC 300 W NEW CIRCLE RD LEXINGTON KY 40505
Attorney: Darby Turner, 300 W Vine Street, Suite 1200, Lexington, KY 40507

2. ADDRESS OF APPLICANT'S PROPERTY

366 GLEN ARVIN AVE LEXINGTON KY 370 GLEN ARVIN AVE LEXINGTON KY
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3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY

Existing		Requested		Acreage	
Zoning	Use	Zoning	Use	Net	Gross
R-3	Vacant	R-4	Multi Family Residential	0.48	0.58

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? 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 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

