

MAP AMENDMENT REQUEST (MAR) APPLICATION

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

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| Applicant: NEW LEXINGTON CLINIC, PSC, 1221 S. BROADWAY, LEXINGTON, KY 40504 |
| Owner(s): NEW LEXINGTON CLINIC, PSC, 1221 S. BROADWAY, LEXINGTON, KY 40504 JEAN ISAACS, 449 PARKWAY DR, LEXINGTON, KY 40504 |
| Attorney: Stephen M. Ruschell, Stites & Harbison, PLLC, 250 West Main Street, Ste 2300, Lexington, KY 40507 PH: 859-226-2300 |

2. ADDRESS OF APPLICANT'S PROPERTY

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| 1221 S. BROADWAY, LEXINGTON, KY (A PORTION OF) 437, 441, 445, 449 & 453 PARKWAY DR, LEXINGTON, KY |
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3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY

| Zoning | Existing | | Zoning | Requested | | Acreage | |
|--------|-------------|--|--------|----------------|------|---------|-------|
| | Use | | | Use | | Net | Gross |
| R-3 | Vacant | | P-1 | Medical Office | 0.42 | | 0.75 |
| R-1C | Residential | | P-1 | Medical Office | 1.41 | | 1.88 |

4. EXISTING CONDITIONS

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| a. Are there any existing dwelling units on this property that will be removed if this application is approved? | <input checked="" type="checkbox"/> YES <input 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 |

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

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|--------------------|--|
| 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 |

