

## MAP AMENDMENT REQUEST (MAR) APPLICATION

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

<b>Applicant:</b> Lexington Senior Housing 2, LLC, 150 E. Broad Street, 8th Floor, Columbus, OH 43215
<b>Owner(s):</b> THUNDER PROP LLC 304 WHITTINGTON PKWY STE 107 LOUISVILLE KY 40222
<b>Attorney:</b>

### 2. ADDRESS OF APPLICANT'S PROPERTY

4268 SARON DR LEXINGTON KY
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### 3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY

Zoning	Existing		Requested		Acreage	
	Zoning	Use	Zoning	Use	Net	Gross
B-1		Vacant	R-4	Independent Living	2.56	3.00
P-1		Vacant	R-4	Cottages Independent Living Cottages	2.22	2.42

### 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:	To Be Constructed
Storm Sewers:	To Be Constructed
Sanity Sewers:	To Be Constructed
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

