

PLN-MAR-16-00007

Date Received 8/1/16

Pre-Application Date 5/4/16

Filing Fee \$ 500⁰⁰

GENERAL INFORMATION: MAP AMENDMENT REQUEST (MAR) APPLICATION

1. ADDRESS INFORMATION (Name, Address, City/State/Zip & PHONE NO.)

APPLICANT:	Community Ventures Properties, LLC, 1450 N Broadway, Lexington, KY 40505, (859) 231-0054
OWNER:	Same
ATTORNEY:	Jacob C. Walbourn, 201 East Main Street, Suite 900, Lexington, KY 40507, (859) 231-8780

2. ADDRESS OF APPLICANT'S PROPERTY (Please attach Legal Description)

556, 561, 563, 565, 576 E Third Street; 225, 261, 265 Midland Avenue; 250 Lewis Street

3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY (Use attachment, if needed--same format.)

Existing		Requested		Acreage	
Zoning	Use	Zoning	Use	Net	Gross
I-1	Vacant	B-1	Mixed-use building	0.3511 ac	0.5354 ac
I-1	CVC Pavilion/vacant	B-2A	Mixed-use buildings	2.3773 ac	3.9536 ac

4. SURROUNDING PROPERTY, ZONING & USE

Property	Use	Zoning
North	Vacant/Residential/Mixed-Use Building	R-3/I-1
East	Isaac Murphy Memorial Art Garden	I-1
South	Lexington Cut Stone Marble	B-1/I-1
West	Charles Young Park	R-3

5. 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 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 _____ Units

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

Roads	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Storm Sewers	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Sanitary Sewers	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Curb/Gutter/Sidewalks	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> To be constructed by	<input type="checkbox"/> Developer	<input type="checkbox"/> Other
Refuse Collection	<input checked="" type="checkbox"/> LFUCG	<input type="checkbox"/> Other		
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

7. DESCRIBE YOUR JUSTIFICATION FOR REQUESTED CHANGE (Please provide attachment.)

This is in... in agreement with the Comp. Plan more appropriate than the existing zoning due to unanticipated changes.

8. APPLICANT/OWNER SIGNS THIS CERTIFICATION

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. I further certify that I am OWNER or HOLDER of an agreement to purchase this property since _____.

APPLICANT _____ DATE _____

OWNER [Signature] _____ DATE 8/1/16

ATTORNEY _____

LFUCG EMPLOYEE/OFFICER, if applicable _____ DATE _____