

## MAP AMENDMENT REQUEST (MAR) APPLICATION

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

<b>Applicant:</b> HORN DONNA G TTEE, 7690 TATES CREEK RD, LEXINGTON, KY 40515
<b>Owner(s):</b> HORN DONNA G TTEE 7690 TATES CREEK RD LEXINGTON KY 40515
<b>Attorney:</b> Nick Nicholson, 300 West Vine Street, Suite 2100, Lexington, KY 40507 PH: 859-231-3950

**2. ADDRESS OF APPLICANT'S PROPERTY**

8200 TATES CREEK RD LEXINGTON KY 40515
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**3. ZONING, USE & ACREAGE OF APPLICANT'S PROPERTY**

Zoning	Existing Use	Zoning	Requested Use	Net Acreage	Gross Acreage

**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:	Not Applicable
Sanity Sewers:	Not Applicable
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

