GENERAL INFORMATION - Zoning Ordinance Text Amendment Application APPLICANT INFORMATION: Name:____UK Coldstream Research Campus_____ Address:___ 1500 Bull Lea Rd., Suite 100____ City, State, Zip Code: Lexington, KY 40502 Phone Number:____859-231-8324_____ 2. ATTORNEY (Or Other Representative) INFORMATION: Name: _____George Ward and Jim Conner _____Coldstream Administration Address:____same as above_____ City, State, Zip Code:_____ Phone Number: 3. DESCRIBE YOUR REQUESTED TEXT CHANGE: Date of Pre-application Conference: 10/10/16 Zoning Ordinance Article # 8-24_____Specific text change proposed: See attached blackline document_____ 4. DESCRIBE THE JUSTIFICATION FOR MAKING THIS CHANGE: (Use attachment if necessary.) See attached Coldstream Research Campus justification document 5. SIGN THIS APPLICATION: 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. APPLICANT: ATTORNEY (or other representative): Imalianum

LFUCG EMPLOYEE/OFFICER, if applicable: