

Administrative Use Only

Date Submitted _____
Filing Fee \$100.00
Cert. Of Ownership _____
Date Sign Posted _____

Case Number _____
Accepted By _____
Date Advertised _____
Date of Public Hearing _____

APPLICATION FOR REZONING

CITY OF LEXINGTON

*For an amendment to the zoning map, items 1 through 12 must be filled out completely before acceptance of this application for processing.

1. Property Owner's Name CONNIE S. Foster MARTIN
2. Property Owner's Address 75455 Rd 436 Lex.
3. Telephone Number (Home) 325-0584 (Work) _____
4. Developer's Name N/A
5. Developer's Address _____
6. Telephone Number (Home) _____ (Work) _____
7. Present Use of Subject Property Home + Livestock
8. Proposed Use of Subject Property 3A Residential
9. Present Zoning A1 Requested Zoning R1
10. Legal Description of Property Requested to be Rezoned 3A, of 00001678 part 5 1/2
NE 1/4 lying N of RR ROW + S of Spring Creek Exc Tracts (15.4)
Approximate Street Address and Location Corner of Hwy 300 Rd 436 (10-09-21)
9-21-10-1678
11. Area of Subject Property, Square Feet and/or Acres 3 Acres
12. Characteristics of Adjacent Properties (including zoning and actual use)
North: Ag South: Ag
East: Ag West: Ag

The following information must be submitted at the time of application:

- | | |
|---|--|
| <input type="checkbox"/> Application Fee | <input type="checkbox"/> Vicinity Map |
| <input type="checkbox"/> Justification of Rezoning | <input type="checkbox"/> Written Statement of Authorization from all Property Owners |
| <input type="checkbox"/> Blueline copies of site plan | |
| <input type="checkbox"/> Reduced copy of site plan | |

I/We, the undersigned, do hereby acknowledge that I/We do agree with the provisions and requirements for an application for rezoning as described above. I/We the undersigned do hereby agree to allow City of Lexington employees or agents working for the City of Lexington to enter the above referenced property as it pertains to this application.

Connie S Foster
Signature of Owner

Connie S Foster Martin
Signature of Applicant

REZONING CHECKLIST

Case No.: _____
Date Filed: _____
Date Advertised: _____
Date Notices Sent: _____
Public Hearing Date: _____

APPLICANT: CONNIE FOSTER MARTIN

LOCATION OF PROPERTY:
75455 RD 436

PRESENT ZONING: A-1 REQUESTED ZONING: R-1

PRESENT USE OF PROPERTY:
RESIDENCE

SURROUNDING LAND USE AND ZONING:

	<u>Land Use</u>	<u>Zoning</u>
North	<u>RESIDENCE</u>	<u>A-1</u>
South	<u>RAIL ROAD</u>	<u>M 2</u>
East	<u>AG</u>	<u>A-1</u>
West	<u>COMMERCIAL</u>	<u>C-3</u>

CHARACTER OF NEIGHBORHOOD:
AG

NEAREST EQUIVALENT ZONING:

LOCATION: IN CITY
CURRENT USE: _____

RELATIONSHIP TO EXISTING ZONING PATTERN:

1. Would proposed change create a small, isolated district unrelated to surrounding districts? YES
2. Are there substantial reasons why the property cannot be used in accord with existing zoning? NO If yes, explain _____
3. Are there adequate sites for the proposed use in areas already properly zoned? _____ If yes, explain _____

CONFORMANCE WITH COMPREHENSIVE PLAN:

1. Consistent with development policies? _____
2. Consistent with future land use map? _____
3. Are public facilities adequate? N/A

TRAFFIC CONDITIONS:

1. Street(s) with access to property: _____
2. Classification of street(s):
Arterial _____ Collector N/A Local _____
3. Right-of-way width: _____
4. Will turning movements caused by the proposed use create an undue traffic hazard? _____
5. Comments on traffic: _____

SHOULD PLATTING OR REPLATTING BE REQUIRED TO PROVIDE FOR:

1. Appropriately sized lots? OK
2. Properly sized street right-of-way? N/A
3. Drainage easements? FLOOD PLAIN
4. Utility easements:
Electricity? _____
Gas? _____
Sewers? NONE
Water? _____
5. Additional Comments: _____

UNIQUE CHARACTER:

PROPERTY IN

ADDITIONAL COMMENT

ADDITIONAL

AT PRESENT PROPERTY

IS FULL OF SNOW

FRAMOBILE ^{HOME} NEVER MOVED

AFTER BUILT HOUSE