



APPLICATION FOR SUBDIVISION

Date Filed: 2/25/25

*For a subdivision plat application to be considered, the subdivision plat checklist must be completed.

- 1. Property Owner's Name City of Lexington
2. Property Owner's Address P.O. Box 70
3. Telephone Number (308) 324-2341 E-Mail Address bbrecks@cityoflex.com

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.

Signature of Owner

Handwritten signature of applicant in blue ink

Signature of Applicant

Administrative Use Only

Date Submitted Case Number
Filing Fee \$100.00 Accepted By
Cert. Of Ownership Date Advertised
Date Sign Posted Date of Public Hearing

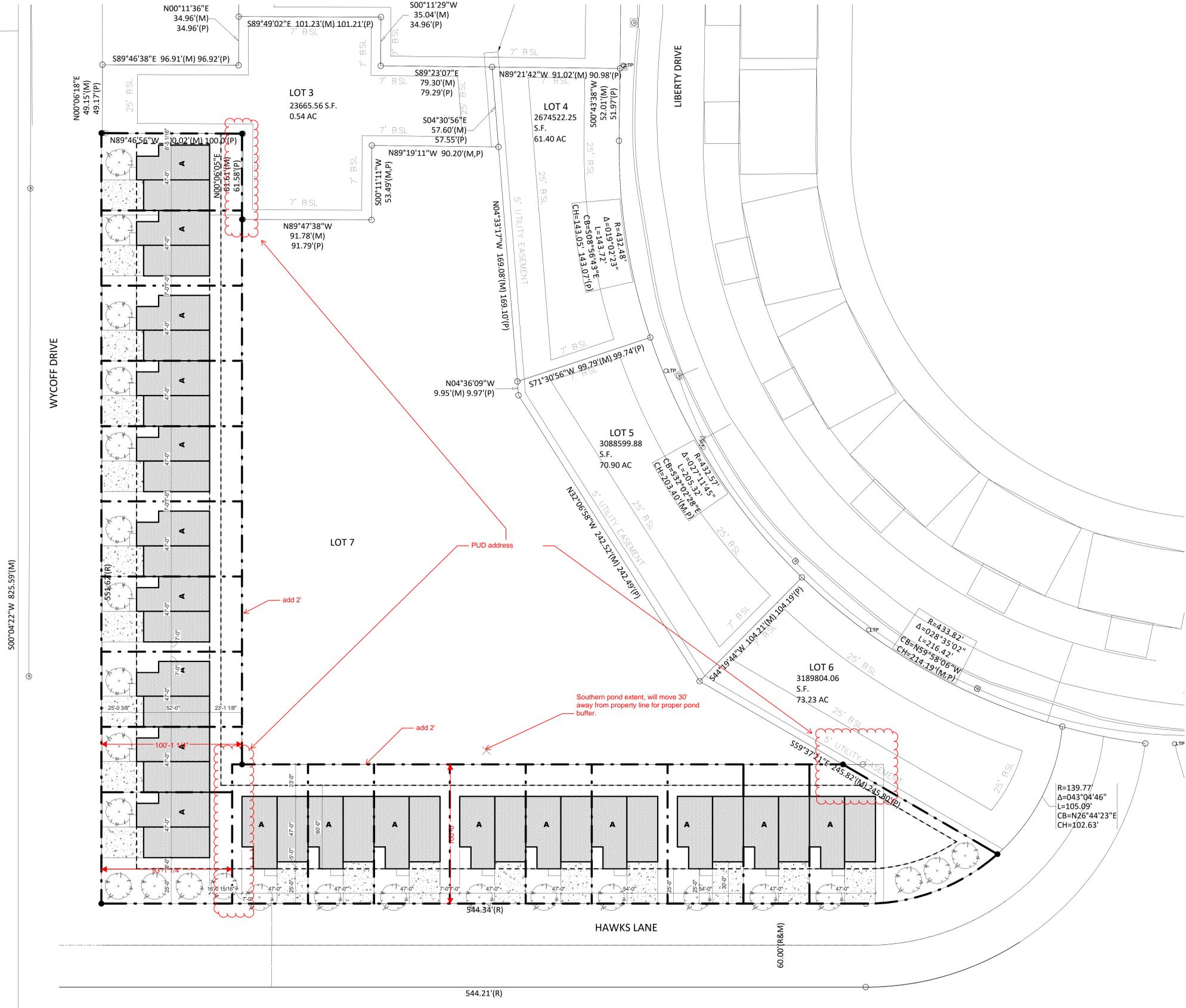
GENERAL SITE PLAN NOTES

SETBACK	REGULATION	PROVIDED
FRONT YARD	25'-0"	25'-0"
REAR YARD	25'-0"	23'-0"
SIDE YARD	7'-0"	7'-0"
CORNER FRONT	7'-0"	VARIES

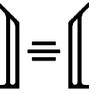
FLOOR PLAN TYPE	
FLOOR PLAN TYPE	'A'
NUMBER OF UNITS	19

SITE PLAN LEGEND

- 1 NOTE
- 2 NOTE
- 3 NOTE
- 4 NOTE
- 5 NOTE
- 6 NOTE
- 7 NOTE



2 SITE PLAN - OPTION A2
1" = 30'-0"



DRAFT

REVISIONS SCHEDULE	MARK	DATE	DESCRIPTION

GRAPHIC SCALES:

1" = 10'	1" = 20'	1" = 30'	1" = 40'	1" = 50'	1" = 60'	1" = 70'	1" = 80'	1" = 90'	1" = 100'
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VINTAGE TOWNHOMES