REQUEST FOR REVISION TO THE ZONING MAP
ONE FORM PER TRACT/LOT OF LAND
PLEASE REVIEW INSTRUCTIONS PRIOR TO SUBMITTING AN APPLICATON

PLEASE PRINT ALL

1. Anderson Homes Foundation Inc.
Name – Property Owner

[redacted]
Address

[redacted]
City State/Zip Phone

Owner Email Address

N/A
Potential Buyer/Lessee

Address

City State/Zip Phone

Buyer Email Address

2. Legal description of land for which revision to zoning map application is made. Please attach copy of Warranty Deed, Deed of Trust, or survey.

Section 24 Township 49N Range 13W Parcel #: 11 - 619 - 24 - 00 - 001 . 0401
See Deed

3. Present zoning and actual land use: R-M

4. Lot/tract size: 7 Acres / Sq. Ft. 5. Requested zoning district: R-SP 6. Adjacent zoning R-S,R-M

7. Proposed use should the request to rezone be approved: (Please be as detailed as possible in describing the proposed use)
residential subdivision called "Spencer Hills Plat 4"

8. Reason and justification for the request being submitted: Resubmit updated preliminary plat to align with new standards.

9. Approximate size, use and location of any structure(s): Include sketch.
Existing: N/A Proposed: new home sizes on lots will vary

10. Type of wastewater system: public gravity

11. Date of Concept Review (If no concept review was held, state "None"): 6/09/2025

12. REQUIRED WITH INITIAL SUBMITTAL: (ADDITIONAL DOCUMENTATION MAY BE REQUIRED AT A LATER DATE)
- [x] Application FEE of $395.00 (or current fee)
- [x] Review Plan FEE (if applicable) of $305.00 (or current fee)
- [ ] Final Plan FEE (if applicable) of $100.00 (or current fee)
- [x] Copy of recorded Warranty Deed, Deed of Trust, or survey showing proof of ownership
- [x] List of property owners within 1000 feet of property (you may obtain from Assessor's Office)
- [x] If requesting Planned Zoning, all documentation required in Zoning Regulations Section 6.4
- [x] Additional Fees will be billed later including: Certified Mailings of $8.50 per notice (or current cost) and Newspaper fees which must be paid by Friday the week prior to the scheduled meeting unless otherwise noted. Indicate below who will pay additional fees. Failure to pay these additional fees by the due date may result in the item being removed from the agenda.
- [x] **Additional fees to be paid by Representative**
- [ ] **Additional fees to be paid by Owner**
- [ ] **Additional fees to be paid by Potential Buyer/Lessee**

13. The above information is true and correct to the best of my knowledge.

Mark P. Barbay 10/28/25
Owner's Signature (REQUIRED) Date

Potential Buyer's/Lessee's Signature Date

14. Representative: (Surveyor, Engineer, Attorney, Etc.)
Tim Crockett
Name

[redacted]
Address

[redacted]
City, State, Zip

Crockett Engineering
Business/Company Name

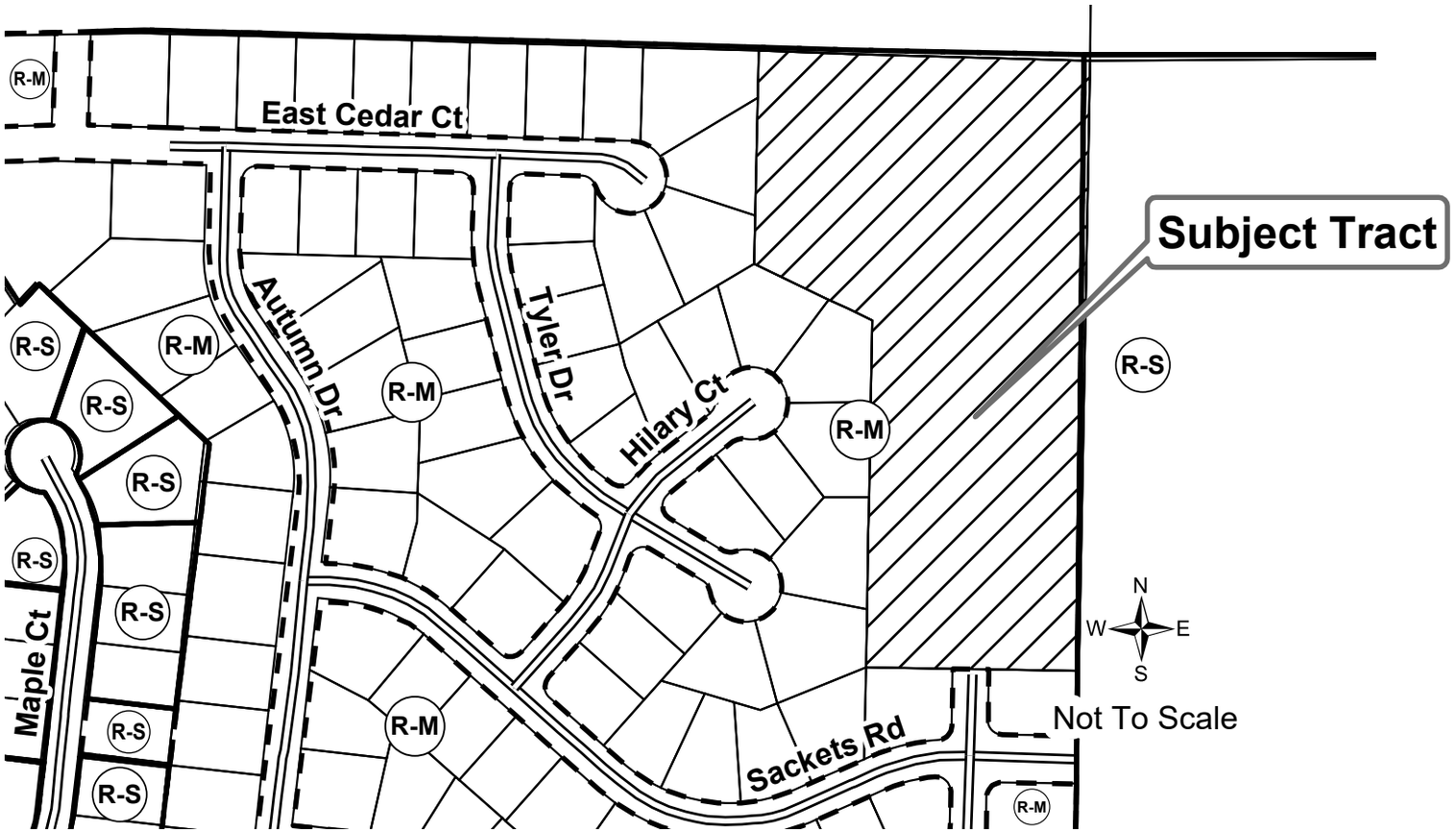
[redacted]
Office Phone Number

Email Address

NOTE: Please attach any additional documentation, sketches, permits, names, and addresses as required as minimum information. Failure to provide any of the required material will result in the invalidation of the application. If you plan to show a power point or other digital presentation during the meeting(s) please provide staff a copy at least 24 hours in advance of the meeting date.

Received by: _____ Date _____ Time: _____
Boone County Planning and Building Inspections

2025


East Cedar Ct
Subject Tract
Autumn Dr
Tyler Dr
Hilary Ct
Maple Ct
Sackets Rd
R-M
R-S
N
W
E
S
Not To Scale