



SITE PLAN 2009 UNIVERSITY DISTRICT CERTIFICATION

This form is only to be completed by organizations being reviewed for the first time or by organizations that have made changes to the structure or property since the original approval. Please write legibly or type.

Date: _____

Name of Applicant: _____
(Organization under which original approval was granted.)

Property Location: _____

Property Owner Contact Information

Name: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

*Resident Representative Contact Information:

Name: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

*Housing Corporation Representative Contact Information

Name: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

Site plans should include the following. The University District Review Committee may request additional information:

- Site plan, drawn to scale indicating the location and uses proposed for any and all structures. Site plan should include all parking areas, landscaping, open space, fencing and any other amenities or developments located upon the property.

Detailed layout of the interior of the building. The layout should note uses intended for various portions and the number of students to be housing in the building as well as in each individual room. The maximum number of persons permitted in common open areas, such as meetings rooms, counseling rooms, and dining rooms, based on Kentucky Building code occupancy load requirements capacity should also be included.

SIGNATURES

*These persons will be responsible for on-site compliance with originally approved site plan and current monitoring plan and will be the contact person for local officials, University, and surrounding property owners and neighbors. Signature is sworn statement acknowledging responsibility and same shall constitute irrefutable presumption of responsibility hereunder.

Property Owners(s):

Signature

Signature

STATE OF KENTUCKY
(SCT
COUNTY OF _____

Subscribe to and acknowledged before me by _____ on this the
_____ day of _____, 2009.

Notary Public:
My Commission Expires: _____

Housing Corporation Representative:

Signature

STATE OF KENTUCKY
(SCT
COUNTY OF _____

Subscribe to and acknowledged before me by _____ on this the
_____ day of _____, 2009.

Notary Public:
My Commission Expires: _____

Resident Representative:

Signature

STATE OF KENTUCKY
(SCT
COUNTY OF _____

Subscribe to and acknowledged before me by _____ on this the
_____ day of _____, 2009.

Notary Public:
My Commission Expires: _____

Return this completed form and the above attachments to:

University District Review Committee
City-County Planning Commission
1141 State Street
Bowling Green, KY 42101

A \$50 additional fee is due when Recertification is deficient and University Board has to reconvene.

If you have questions call Jonathan at 270.842.1953 or e-mail marshall.robinson@bgky.org

FOR STAFF USE ONLY

Site Plan in compliance: Yes No

Reviewed by: _____ Date: _____

If No, state non-compliance items:

