

**APPLICATION FOR UNIVERSITY DISTRICT**  
**SITE PLAN**  
**AND MONITORING PLAN**



*(PLEASE TYPE OR PRINT)*

A. DATE OF APPLICATION: \_\_\_\_\_

B. APPLICANT(S): (Must be person(s) or entity having title/ownership to property)

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

(2<sup>nd</sup>) Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

C. CO-APPLICANT: (If Lessee, must also agree to be bound by Site Plan and Monitoring Plans)

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**D. NAME OF RESIDENT REPRESENTATIVE:**

**Name:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone numbers: (home)** \_\_\_\_\_ **(work)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**NAME OF HOUSING CORPORATION REPRESENTATIVE/ PERSON RESPONSIBLE FOR MAINTENANCE OF PROPERTY:**

*Name, address and telephone numbers of the person or entity, local housing corporation, other corporation or permanent person or officers of a corporation who will assume responsibility for maintaining property in accordance with this University District Site Plan and will be the contact person for local officials, University and surrounding property owners. This person(s) shall execute a sworn statement acknowledging responsibility which shall constitute an irrefutable presumption of responsibility hereunder:*

**Name:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone numbers: (home)** \_\_\_\_\_ **(work)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**E. ORGANIZATION/ PROPERTY LOCATION:**

**Location of Property:** \_\_\_\_\_

**F. SITE PLAN SUPPORTING INFORMATION ATTACHED TO THIS APPLICATION:**

**The supporting information to the University District Site Plan shall be attached to this Application and shall include, but is not limited to the following:**

*Site plan, drawn to scale indicating the location and uses proposed for any and all structures. A detailed layout of the interior of the building, the uses intended for various portions thereof and the number of students to be housed in the total building and the individual rooms thereof and the maximum permitted number of persons permitted in common open areas, such as meeting rooms, counseling rooms, and dining rooms, based on Kentucky Building code occupancy load requirements capacity. All parking areas, landscaping, open space, fencing and any other amenities or developments located upon the property.*

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**\*\*A new site plan is required only when there have been changes made to the structure or property since the original approval. Organizations being reviewed for the first time must submit site plan.**

**1. Site Plan drawn to scale with the following:**

- a) \_\_\_\_\_ distance, lot size and zoning;
- b) \_\_\_\_\_ location uses and dimensions of all of the following:
  - i) \_\_\_\_\_ structures
  - ii) \_\_\_\_\_ parking areas;
  - iii) \_\_\_\_\_ landscaping;
  - iv) \_\_\_\_\_ open space;
  - v) \_\_\_\_\_ fencing; and
  - vi) \_\_\_\_\_ any other amenities or developments location on property.
- c) \_\_\_\_\_ existing and proposed driveways;
- d) \_\_\_\_\_ sight distances;
- e) \_\_\_\_\_ curb cuts; and
- f) \_\_\_\_\_ setback lines.

**2. Detailing layout of interior of building showing the following:**

- a) \_\_\_\_\_ uses intended for various portions thereof;
- b) \_\_\_\_\_ number of students housed in total building and individual rooms;
- c) \_\_\_\_\_ maximum permitted number of persons permitted in common open areas such as meeting, counseling, and dining rooms based on KY Building Code occupancy load requirement capacity.

**3. Architectural plans or photographs showing the following:**

- a) \_\_\_\_\_ height detail; and
- b) \_\_\_\_\_ exterior detail.

**G. BUILDING INSPECTOR AND FIRE INSPECTOR APPROVAL OF STRUCTURE:**

Before the public hearing of the University District Review Committee, the UDRC Site Plan must be submitted to the Building Inspector and Fire Inspector and approval listed below or any conditions for Certificate of Occupancy (Applicant must have in Review Committee's file a Certificate of Occupancy from the Building Inspector and Fire Inspector prior to occupancy of building). The Bowling Green Fire and Building Inspectors will leave you a copy of their report when they inspect your property. Please submit a copy of all inspection reports (including any follow-up inspection letters certifying all item have been corrected) for the Board's review.

Certificate of Occupancy in file: YES \_\_\_\_\_ or NO \_\_\_\_\_

\_\_\_\_\_ APPROVED

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ DISAPPROVED

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature) Building Inspector

\_\_\_\_\_  
(date)

Certificate of Occupancy in file: YES \_\_\_\_\_ or NO \_\_\_\_\_

\_\_\_\_\_ APPROVED

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ DISAPPROVED

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature) Fire Inspector

\_\_\_\_\_  
(date)

**H. MONITORING PLAN APPLICATION:**

**SUPPORTING INFORMATION REQUIRED IN MONITORING PLAN APPLICATION:**

- *Policy with regard to social functions which will be held on property, i.e., number, type, hours and frequency of functions open to public, open to other organizations, admissions charged, contests and special events.*
- *Policy with regard to property maintenance and exterior condition of property.*
- *Monitoring Plans will be reviewed on an annual basis by the Review Committee for compliance, and those not in compliance must re-submit University District Monitoring Plans for re-approval.*
- **Police Call Response Form-** *If there have been no police calls during year, just sign and return the form marked, "No Calls." If there have been calls, complete the form in detail. A reminder to all organizations is when there are incidents where the police are called a letter of response is required to be submitted to the Planning Commission office within two (2) weeks of an incident.*
- **Neighbor Survey Forms-** *This survey is to be submitted concurrently with the annual certification form. Neighbors also have the option of mailing this form directly to the Planning Commission office. The adjoining neighbors which you are required to contact are on each side of your property, to the rear and across the street in front.*

**Signature(s) of Applicant(s):**

\_\_\_\_\_  
(Print name in addition to signature)

\_\_\_\_\_  
(Print name in addition to signature)

*(The above signature(s) constitute all of the owners of the affected property necessary to convey fee simple title, their attorney, or their legally constituted attorney-in-fact).*

COMMONWEALTH OF KENTUCKY)  
(SCT  
COUNTY OF \_\_\_\_\_)

Subscribed and sworn to before me by \_\_\_\_\_  
on this the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public - KY State at Large  
My Commission Expires: \_\_\_\_\_

COMMONWEALTH OF KENTUCKY)  
(SCT  
COUNTY OF \_\_\_\_\_)

Subscribed and sworn to before me by \_\_\_\_\_  
on this the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public - KY State at Large  
My Commission Expires: \_\_\_\_\_

**Signature(s) of Co-Applicant(s):**

\_\_\_\_\_  
(Print name in addition to signature)

COMMONWEALTH OF KENTUCKY)  
(SCT  
COUNTY OF \_\_\_\_\_)

Subscribed and sworn to before me by \_\_\_\_\_  
on this the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public - KY State at Large  
My Commission Expires: \_\_\_\_\_

**Signature of Resident Representative:**

\_\_\_\_\_  
(Print name in addition to signature)

COMMONWEALTH OF KENTUCKY)  
(SCT  
COUNTY OF \_\_\_\_\_)

Subscribed and sworn to before me by \_\_\_\_\_  
on this the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public - KY State at Large  
My Commission Expires: \_\_\_\_\_

**Signature of Housing Corp. Representative/person responsible for maintaining property:**

\_\_\_\_\_  
**(Print name in addition to signature)**

**COMMONWEALTH OF KENTUCKY)**  
**(SCT**  
**COUNTY OF \_\_\_\_\_)**

Subscribed and sworn to before me by \_\_\_\_\_  
on this the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public - KY State at Large  
My Commission Expires: \_\_\_\_\_

\*\*\*\*\*

**DATE FILED:** \_\_\_\_\_ **FEE PAID:** \_\_\_\_\_

**DATE ADVERTISED:** \_\_\_\_\_ **DATE OF COMMITTEE REVIEW:** \_\_\_\_\_

**Decision of Review Committee - Listing all Conditions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Site Plan Approved/Denied:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reasons for Denial:** \_\_\_\_\_  
\_\_\_\_\_

**Monitoring Plan Approved/Denied:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reasons for Denial:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Secretary**

\_\_\_\_\_  
**Chairman of Review Committee**