



## 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 Marshall at 270-842-1953 or e-mail [marshall.robinson@bgky.org](mailto:marshall.robinson@bgky.org)

**FOR STAFF USE ONLY**

Site Plan in compliance:  Yes  No

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

If No, state non-compliance items:

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