



# UNIVERSITY DISTRICT CERTIFICATION SITE PLAN

**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.**

## GENERAL INFORMATION:

**Date:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_  
(Organization Name)

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

### Property Owner Contact Information

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Resident Representative (President) Contact Information:

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Housing Corporation Representative Contact Information

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**SITE PLAN REQUIREMENTS:**

Site Plan, drawn to scale, indicating the location and uses proposed for any and all structures. The Site Plan should include all parking areas (including number of off-street parking spaces provided), landscaping, open space, fencing, signage and any other amenities or developments located upon the property.

Detailed layout of the interior of the building. This layout should include the uses intended for various portions of the building and the number of students to be housed in the building, as well as in each individual room. The interior layout should also include 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 the approved site plan and current monitoring plan and will be the contact person for local officials, the University, surrounding property owners and neighbors. A 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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public:  
My Commission Expires: \_\_\_\_\_

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**RETURN THIS COMPLETED FORM AND THE ABOVE ATTACHMENTS TO:**

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

If you have any questions, please contact the Planning Commission at 270-842-1953.

**FOR STAFF USE ONLY**

Site Plan in compliance:  Yes  No

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

If No, state non-compliance items:

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