

Review No. \_\_\_\_\_

## IMPROVEMENT GUARANTEE CHANGE APPLICATION

Joint City-County Planning Commission of Barren County, Kentucky  
126 East Public Square – City Hall  
Glasgow, KY 42141  
(270) 659-0661

The following Items are to be submitted along with this application:

- Two (2) copies of the Plat(s) and/or Development Plan(s) and one (1) digital (PDF or CAD) file showing proposed request.
- An Application Fee of \$250.00, payable to the Joint City-County Planning Commission, is required and of which no part is refundable to the applicant.

### PART I: (to be completed by applicant)

1. Owner(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State / Zip \_\_\_\_\_ Phone \_\_\_\_\_
2. Applicant Information \_\_\_\_\_  
(if different from owner)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State / Zip \_\_\_\_\_ Phone \_\_\_\_\_
3. Project Engineer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State / Zip \_\_\_\_\_ Phone \_\_\_\_\_
4. The subdivider or their agent shall submit all development items to the Commission's Administrative Officer or Staff at least fifteen (15) consecutive days prior to the next regular meeting of the Planning Commission, (i.e., third Monday of each month).  
Submittal Date \_\_\_\_\_
5. Request Type
  - Time Extension of Improvement Guarantee
  - Reduction of Improvement GuaranteeIf "requesting a Reduction of the Improvement Guarantee see the Construction Cost Estimates Form.

6. Explanation of Request: (Use Additional Sheets, if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Development Information  
Name of Subdivision or Development \_\_\_\_\_  
Plat Book \_\_\_\_\_ Page Number \_\_\_\_\_

Detailed List of Improvements Completed: (Use Additional Sheets, if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detailed List of Improvements Remaining to be Completed: (Use Additional Sheets, if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (We) do hereby certify that the information provided herein is both complete and accurate to the best of my (our) knowledge, and I (we) understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

\_\_\_\_\_  
Property Owner(s) Signature                      Date

\_\_\_\_\_  
Property Owner(s) Signature                      Date

**OFFICE USE ONLY**

**PART II:** (to be completed by the commission staff)

1. Date Application Received \_\_\_\_\_ Fee Received \_\_\_\_\_

2. Final Plat:

Date of Commission Approval \_\_\_\_\_ Date Plat was Recorded \_\_\_\_\_

3. Action Taken: \_\_\_\_\_

4. Conditions of Approval: \_\_\_\_\_

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

5. Approved Time Extension Amount = \_\_\_\_\_

6. Approved Reduction Amount = \$ \_\_\_\_\_

New Improvement Guarantee Amount = \$ \_\_\_\_\_