

Review No. _____

IMPROVEMENT GUARANTEE CHANGE APPLICATION

Joint City-County Planning Commission of Barren County, Kentucky
200 S. Green St., Suite 201 (2nd Floor)
Glasgow, KY 42141
Barren County Development Center Building
(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 = \$ _____