

4405 Coster Road  
Knoxville, Tennessee 37912  
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# Fax

To: EMILY @MPC From: Richard Lynch

Fax: 215 2068 Pages: 2

Re: 5-SF-09-F Date: 4/22/2009

SAND DOLLAR

Urgent  For Review  Please Comment  Please Reply

● Comments

*please revise my application with the attached name*

*Thanks  
Richard*

**IMPORTANT NOTICE**

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5-SF-09-F

**VARIANCES REQUESTED**

1. TO REDUCE THE STANDARD UTILITY AND DRAINAGE ESMT WITHIN DETENTION  
Justify variance by indicating hardship: Basin ESMT FROM REQUIRED WITHIN TO OFF  
TO AVOID OVERLAPPING EASEMENTS

2. \_\_\_\_\_  
Justify variance by indicating hardship: \_\_\_\_\_

3. \_\_\_\_\_  
Justify variance by indicating hardship: \_\_\_\_\_

4. \_\_\_\_\_  
Justify variance by indicating hardship: \_\_\_\_\_

5. \_\_\_\_\_  
Justify variance by indicating hardship: \_\_\_\_\_

6. \_\_\_\_\_  
Justify variance by indicating hardship: \_\_\_\_\_

7. \_\_\_\_\_  
Justify variance by indicating hardship: \_\_\_\_\_

**APPLICATION AUTHORIZATION**

I hereby certify that I am the authorized applicant, representing ALL property owners involved in this request or holders of option on same, as listed on this form. I further certify that any and all variances needed to meet regulations are requested above, or are attached. I understand and agree that no additional variances can be acted upon by the legislative body upon appeal and none will be requested. I hereby waive the requirement for approval or disapproval of the plat within sixty (60) days after its submission, in accordance with the provisions of Tennessee Code Annotated 13-3-404.

PLEASE PRINT

Name: RICHARD S. LYNCH

Address: 4403 LOSTER RD

City: KNOXVILLE State: TN Zip: 37912

Telephone: 865 584 2630

Fax: 584 -2801

Signature: [Handwritten Signature]

Date: 4/22/2009

E-mail: RICHARD@LYNCHSURVEY.COM