(1) Download and fill out this form at your convenience. (2) Sign the application digitally (or print, sign, and scan). (3) Either print the completed form and bring it to the Knoxville-Knox County Planning offices or email it to applications@knoxplanning.org. opment Request ZONING ☐ Concept Plan ☐ Development Plan ☐ Plan Amendment ☐ Planned Development ☐ Final Plat ☐ SP ☐ OYP ☐ Use on Review / Special Use Rezoning ☐ Hillside Protection COA **DEVELOPER** ACRE KINGSTON PIKE T5 LLC Affiliation **Applicant Name** 9-17-2020 Date Filed **CORRESPONDENCE** All correspondence related to this application should be directed to the approved contact listed below. ☐ Owner ☐ Option Holder ☐ Project Surveyor ☐ Engineer ☐ Architect/Landscape Architect Theo Stone Atwell Company Name 1255 lakes parkway building 100 suite 120 lawrenceville 30043 ga Address City State ZIP tstone@atwell-group.com 770-789-6415 Phone Email **CURRENT PROPERTY INFO** WHEELER E F JR & WILLIAM D MCSPADDEN PO BOX 400 JACKSBORO TN 37757 865.567.3065 Owner Name (if different) Owner Address **Owner Phone** 8002 KINGSTON PIKE 120JA008 **Property Address** Parcel ID STAFF USE ONLY Pike 1/3 Winston Ro Jurisdiction (specify district above) ■ City □ County

Sector Plan Land Use Classification

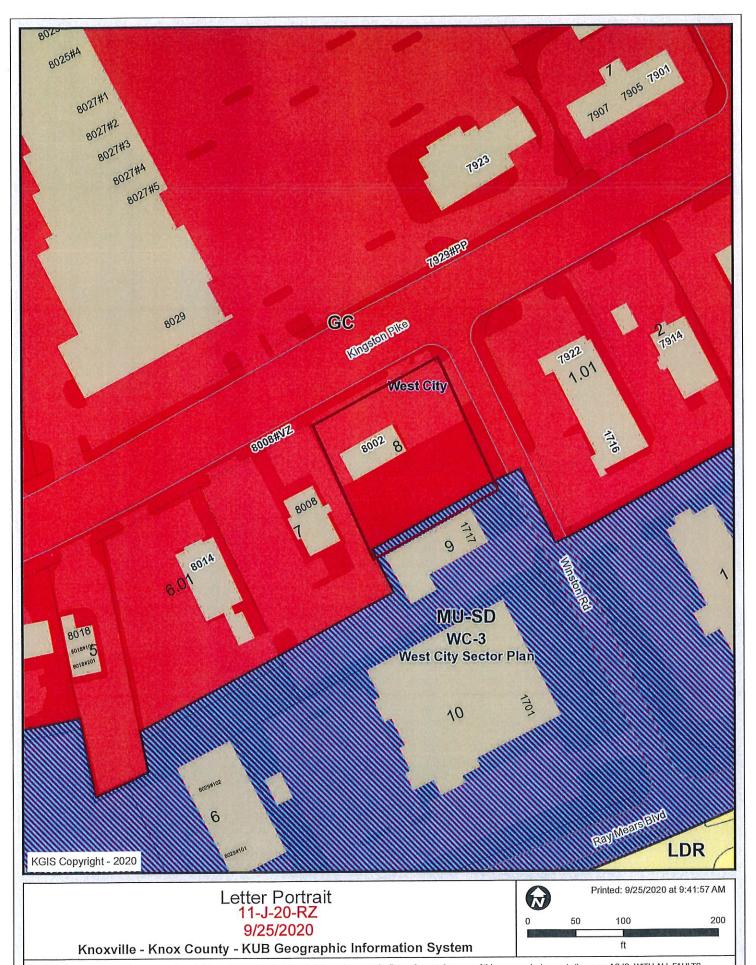
Sewer Provider

Septic (Y/N)

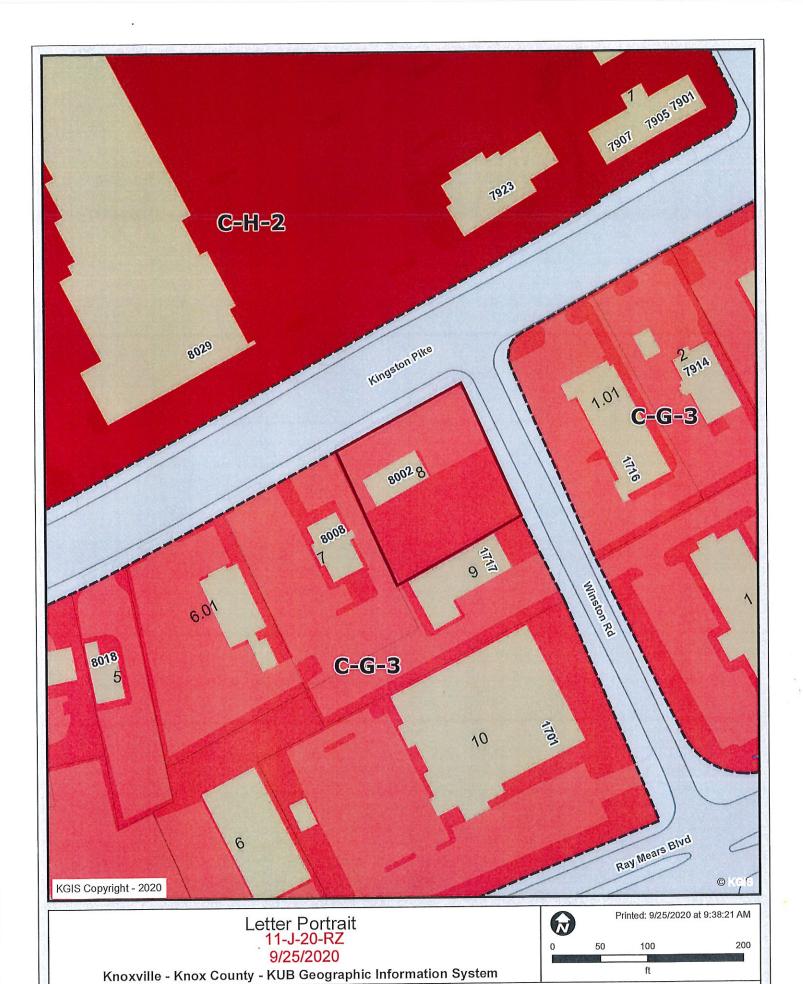
Plan Designation

Water Provider

☐ Development Plan ☐ Use on Ro ☐ Residential ☐ Non-Residential ☐ Home Occupation (specify)	dential		Related City Permit Number(s)
Other (specify)		· · · · · · · · · · · · · · · · · · ·	
SUBDIVISION REQUEST			
			Related Rezoning File Number
Proposed Subdivision Name	- Fagaings		•
Combine	Parcels Divide Parcel		
Unit / Phase Number	361	Total Number of Lots Created	,
Other (specify)			
☐ Attachments / Additional Requiren			1
ZONING REQUEST Zoning Change Proposed Zoning	s 15 a Compara	true Zoning A	equest.
Toning Change		1-6-1 Em	Pending Plat File Number
Proposed Zoning	-	THE WAY	/
☐ Plan Amendment Change			
Propose	d Plan Designation(s) NONE		
Proposed Density (units/acre)		quests	
☐ Other (specify)		10	
STAFF USE ONLY			
PLAT TYPE		Fee 1	OOO, OO Total
☐ Staff Review ☐ Planning Com	mission	0326	
ATTACHMENTS		Fee 2	· C
☐ Property Owners / Option Holders	S	7002	
ADDITIONAL REQUIREMENTS			N/. U
☐ Design Plan Certification (Final Plate)☐ Use on Review / Special Use (Conce		Fee 3	TE THOUSE
☐ Traffic Impact Study	pt Planj		1
☐ COA Checklist (Hillside Protection)		. 1	N/A : N/A
BSTE 在国家建筑中 医克勒内的产生 ATTA ATTA ATTA ATTA ATTA ATTA ATTA AT	, ,		10.
AVUITIORI ATI NA By signing	below, I certify I am the prop	erty owner, applicant or the owi	ners authorized representative
WIFE	Michael Alt	erman	9-17-20
Applicant Signature	Please Print		'Date
678-358-7650	michael@a	Itermancommerical.com	
Phone Number	Email		
			1 1
	41.0		Λ - Ι -
Staff Signature	Marc Vo	Kyne	9/25/20



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