

SUBDIVISION REPORT - FINAL PLAT

FILE #: 12-SC-21-F		AGENDA ITEM #:	29
POSTPONEMENT(S):	12/9/2021, 1/13/2022	AGENDA DATE:	2/10/2022
SUBDIVISION:	THE BECKHAM PROPERTY		
APPLICANT/DEVELOPER:	HINDS SURVEYING CO. STAN HINDS		
OWNER(S):	Sonya Leann Beckham		
TAX IDENTIFICATION:	154 035	<u>View ma</u>	ap on KGIS
JURISDICTION:	County Commission District 4		
STREET ADDRESS:	1629 Maplegreen Ln.		
LOCATION:	1629 Maplegreen Ln.		
SECTOR PLAN:	Southwest County		
GROWTH POLICY PLAN:	Planned Growth Area		
WATERSHED:	Tennessee River		
APPROXIMATE ACREAGE:	2.29 acres		
NUMBER OF LOTS:	0		
ZONING:	RA (Low Density Residential)		
SURVEYOR/ENGINEER:	Hinds Surveying		
► VARIANCES REQUIRED:	1. Reduce the required width of the Excl Easement width from 25 ft to 12 ft and 10 gradually widening to 20-ft wide as spac	0 in at the right-of-wa	

STAFF RECOMMENDATION:

• Table the application per request of the applicant.

Knoxville-Knox County Planning Commission's approval or denial of this request is final, unless the action is appealed to Knox County Chancery Court. The date of the Knox County Chancery Court appeal hearing will depend on when the appeal application is filed.

1/27/22, 2:50 PM

Knoxville - Knox County Planning Mail - [Applications] Request to table form

Name of Applicant: Sony	AS IT APPEARS ON THE CURRENT PLANNING COMMISSION AGENDA
RNDXVILLE KNOK COUNTY Original File Number(s):	-SH -21-+
Date Scheduled for Planning Rev	ew: 2-10-22
Date Request Filed: 1-27-	22 Request Accepted by: Merry Miche
REQUEST Postpone Please postpone the above application(s) until:	PLEASE NOTE Consistent with the guidelines set forth in Planning's Administrative Rules and Procedures:
DATE OF FUTURE PUBLIC MEETING Table Please table the above application(s). Withdraw Please withdraw the above application(s).	POSTPONEMENTS Any first time (new) Planning application is eligible for one automatic postponement. This request is for 30 days only and does not require Planning approval if received no later than 3:30 p.m. on the Friday prior to the Planning Commission meeting. All other postponement
State reason for request: plat map needs to be revised for extra emergency drain fill area. Sewage tobe on programy.	requests must be acted upon by Planning before they can be officially postponed to a future public meeting.
Eligible for Fee Refund? Yes No Amount: Approved by: Determine	Any item requested for tabling must be acted upon by the Planning Commission before it can be officially tabled.
Date: APPLICATION AUTHORIZATION I hereby certify that I am the property owner, applicant, or applicant's authorized representative. Signature:	WITHDRAWALS Any item is eligible for automatic withdrawal. A request for withdrawal must be received no later than 3:30p.m. on the Friday prior to the Planning Commission meeting. Withdrawal requests that do not meet these guidelines must be acted upon by Planning Commission before they can be officially withdrawn.
PLEASE PRINT Name: <u>Sunya le Ann Beckham</u> Address: <u>1629 mapleguen Ln.</u> City: <u>KNWVILL</u> State: <u>TN</u> zip: <u>37422</u> Telephone: <u>805-209-6919</u>	Any new item withdrawn may be eligible for a fee refund according to the following: Application withdrawal with fee refund will be permitted only if a written request is received prior to public notice. This request must be approved by either the Executive Director, or the Planning Services Manager. Applications



Planning

Request to Postpone • Table • Withdraw

Name of Applicant: Stan Hinds

AS IT APPEARS ON THE CURRENT PLANNING COMMISSION AGENDA

Original File Number(s): 12-SC-21-F

Date Scheduled for Planning Review: 12-09-2021

Date Request Filed: 10/29/2021

Request Accepted by:	Skerry	Mich	enj
	0		0

REQUEST

Postpone
Please postpone the above application(s) until:

01-13-2022

DATE OF FUTURE PUBLIC MEETING

Please table the above application(s).

Withdraw Please withdraw the above application(s).

State reason for request:

Eligible	for	Fee	Refund ?	🗌 Yes	🗌 No
Amount:					

Approved by: _____ Date:

APPLICATION AUTHORIZATION

I hereby certify that I am the property owner, applicant, or applicant's authorized representative.

Signature: <u>Sta</u>	nley Hind	s
PLEASE PRINT Name: Stanley Hi	inds	
Address: 35556 V	and the second second second second	
City: Louisville	State:N	Zip: <u>37777</u>
Telephone: 865-5	88-9799	
Fax:		

E-mail: tnsurvey@gmail.com

PLEASE NOTE Consistent with the guidelines set forth in Planning's Administrative Rules and Procedures:

POSTPONEMENTS

Any first time (new) Planning application is eligible for one automatic postponement. This request is for 30 days only and does not require Planning approval if received no later than 3:30 p.m. on the Friday prior to the Planning Commission meeting. All other postponement requests must be acted upon by Planning before they can be officially postponed to a future public meeting.

TABLINGS

Any item requested for tabling must be acted upon by the Planning Commission before it can be officially tabled.

WITHDRAWALS

Any item is eligible for automatic withdrawal. A request for withdrawal must be received no later than 3:30p.m. on the Friday prior to the Planning Commission meeting. Withdrawal requests that do not meet these guidelines must be acted upon by Planning Commission before they can be officially withdrawn.

Any new item withdrawn may be eligible for a fee refund according to the following:

Application withdrawal with fee refund will be permitted only if a written request is received prior to public notice. This request must be approved by either the Executive Director, or the Planning Services Manager. Applications may be withdrawn after this time, but without fee refund.

	Development	SUBDIV		St zoning □ Plan Amendment
Planning KNOXVILLE KNOX COUNTY	 Development Hall Planned Development Use on Review / Special L Hillside Protection COA 	🔳 Final		□ Plan Amendment □ SP □ OYP □ Rezoning
Stan Hinds			Surve	yor
Applicant Name			Affiliati	on
10/25/2021	12/9/21			File Number(s)
Date Filed	Meeting Date (if applicable	2)	12-SC	C-21-F
CORRESPONDENCE A	ll correspondence related to this appli	cation should be dir	ected to the ap	proved contact listed below.
🗌 Applicant 🗌 Owner 🗌 C	Option Holder 🛛 Project Surveyor	🗌 Engineer 🗌	Architect/Land	scape Architect
Stan Hinds		Hinds Surveying	g Co.	
Name		Company		
3555 Windy J Farms Dr.		Louisville	Tn.	37777
Address		City	State	ZIP
865-588-9799	tnsurvey@gmail.com			
Phone	Email			
CURRENT PROPERTY INFO				
Sonya Beckham	1629 Maplegr	een Ln.		865-712-7789
Owner Name (if different)	Owner Address			Owner Phone
1629 Maplegreen Ln.		154 - 03	5	
Property Address		Parcel ID		
none	first uti	ility		У
Sewer Provider	Water Pr	ovider		Septic (Y/N)
STAFF USE ONLY				
NW of Shady Ln, S of Bluegrass R	d		2.29 a	cres
General Location			Tract Si	ze
4	RA	RR		
City County	Zoning District	Existing	Land Use	
Southwest County	LDR, HP		Planne	ed Growth
Planning Sector	Sector Plan Land Use Class	Sector Plan Land Use Classification		Policy Plan Designation

DEVELOPMENT REQUEST

Development Plan Use on Review / Special Use Hillside Protection CC	A Related City Permit Number(s)
🗌 Residential 🔲 Non-Residential	
Home Occupation (specify)	
Other (specify)	

SUBDIVISION REQUEST

final plat of the subdivision of the beck	ham property		Related Rezoning File Number
Proposed Subdivision Name		2	
Combine Parcels	Divide Parcel		
Unit / Phase Number		Total Number of Lots Created	

Other (specify)

Attachments / Additional Requirements

ZONING REQUEST

			Pending Plat File Number
Zoning Change			
	Proposed	Zoning	
🗌 Plan Amendmen	t Change	Proposed Plan Designation(s)	
		Proposed Plan Designation(s)	

Proposed Density (units/acre)	Previous Rezoning Requests
Other (specify)	

STAFF USE ONLY

PLAT TYPE	Fee 1		Total
Staff Review 🛛 Planning Commission	0205	\$500	
ATTACHMENTS			
Property Owners / Option Holders Variance Request	Fee 2		\$850
ADDITIONAL REQUIREMENTS		\$100	çõõõ
Design Plan Certification (Final Plat)			
Use on Review / Special Use (Concept Plan)	Fee 3		
Traffic Impact Study	0207	\$250	
COA Checklist (Hillside Protection)		,	

AUTHORIZATION

By signing below, I certify I am the property owner, applicant or the owners authorized representative.

Stanley Hinds Applicant Signature	Stan Hinds	
Applicant Signature	Please Print	Date
865-588-9799	tnsurvey@gmail.com	
Phone Number	Email	
until	Erin Kelbly	10/25/21 swm
Staff Signature	Please Print	Date