(1) Download and fill out this form at your convenience.
(2) Sign the application digitally (or print, sign, and scan).

(3) Print the completed form and bring it to the Knoxville-Knox County Planning offices OR email it to applications@knoxplanning.org

Reset Form

Planning
KNOXVILLE | KNOX COUNTY

Agenda #15

Request to
Postpone · Table · Withdraw

Victor Jernigan   04/10/2023

Applicant Name (as it appears on the current Planning Commission agenda)   Date of Request

04/13/2023

Scheduled Meeting Date

File Number(s)

4-P-23-RZ/ 4-G-23-PA/ 4-I-23-SP

POSTPONE

☑ **POSTPONE:** All applications are eligible for postponement if the request is received in writing and paid for by noon on Thursday the week prior to the Planning Commission meeting. All requests must be acted upon by the Planning Commission, except new applications which are eligible for one 30-day automatic postponement. If payment is not received by the deadline, the item will be tabled.

SELECT ONE: ☐ 30 days   ☑ 60 days   ☐ 90 days

Postpone the above application(s) until the _June_ Planning Commission Meeting.

WITHDRAW

☐ **WITHDRAW:** Applications may be withdrawn automatically if the request is received in writing no later than 3:30pm on Thursday the week prior to the Planning Commission meeting. Requests made after this deadline must be acted on by the Planning Commission. Applicants are eligible for a refund only if a written request for withdrawal is received no later than close of business 2 business days after the application submittal deadline and the request is approved by the Executive Director or Planning Services Manager.

TABLE

The refund check will be mailed to the original payee.

☐ **TABLE:** Any item requested for tabling must be acted upon by the Planning Commission before it can be officially tabled. There is no fee to table or untable an item.

AUTHORIZATION

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

Victor Jernigan   Digitally signed by Victor Jernigan
Date: 2023.04.10 13:56:59 -04'00'   Victor Jernigan

Applicant Signature   Please Print

865-567-9663   garrettjernigan@outlook.com

Phone Number   Email

STAFF ONLY

☐ No Fee

_____   _____   _____
Staff Signature   Please Print   Date Paid

Eligible for Fee Refund? ☐ Yes ☐ No   Amount: [   ]

Approved by: _____   Date: _____

Payee Name   Payee Phone   Payee Address

October 2022