

(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



Request to Postpone • Table • Withdraw

Mesana Investments, LLC 4/8/2024
Applicant Name (as it appears on the current Planning Commission agenda) Date of Request

4/11/2024 File Number(s)
Scheduled Meeting Date 4-P-24-RZ

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 5/9/2024 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WITHDRAW: Applications may be withdrawn automatically if the request is received in writing no later than 3:30pm on Thursday the week prior to the Planning Commission meeting.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.

 Scott Davis
Applicant Signature Please Print
(865) 693-3356 swd444@gmail.com
Phone Number Email

STAFF ONLY

 Michael Reynolds No Fee
Staff Signature Please Print Date Paid

Eligible for Fee Refund? Yes No Amount:

Approved by: _____ Date: _____

Payee Name _____ Payee Phone _____ Payee Address _____