

**SPECIAL USE**

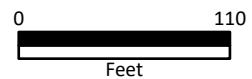
**7-C-24-SU**

**Petitioner:** Clinch Development Group, LLC



Independent Living Facility in O (Office), NC (Neighborhood Conservation Overlay)

**Map No:** 94  
**Jurisdiction:** City



**Original Print Date:** 6/3/2024

Knoxville - Knox County Planning Commission \* City / County Building \* Knoxville, TN 37902



# Development Request

### DEVELOPMENT

- Development Plan
- Planned Development
- Use on Review / Special Use
- Hillside Protection COA

### SUBDIVISION

- Concept Plan
- Final Plat

### ZONING

- Rezoning
- Plan Amendment
- Sector Plan
- City OYP / County Comp Plan

**Clinch Development Group, LLC**

Applicant Name

Affiliation

**5/28/2024**

**7/11/2024**

**7-C-24-SU**

Date Filed

Meeting Date (if applicable)

File Number(s)

## CORRESPONDENCE

*All correspondence related to this application should be directed to the approved contact listed below.*

**Buzz Goss Clinch Development Group, LLC**

Name / Company

**110 W Summit Hill Dr Knoxville TN 37902**

Address

**865-274-9108 / buzz@marblealley.com**

Phone / Email

## CURRENT PROPERTY INFO

**Buzz Goss Clinch Development Group, LL 110 W Summit Hill Dr Knoxville TN 37902**

Owner Name (if different)

Owner Address

**865-274-9108 / buzz@marbleall**

Owner Phone / Email

**1610 CLINCH AVE / 1616, 1618 CLINCH AVE**

Property Address

**94 N H 015,014,013**

Parcel ID

Part of Parcel (Y/N)?

**0.58 acres**

Tract Size

**Knoxville Utilities Board**

Sewer Provider

**Knoxville Utilities Board**

Water Provider

Septic (Y/N)

## STAFF USE ONLY

**South side of Clinch Ave, west of Sixteenth St**

General Location

City

**Council District 1**

**O (Office), NC (Neighborhood Conservation Overlay)**

**Multifamily Residential**

County District

Zoning District

Existing Land Use

**Central City**

**MDR (Medium Density Residential)**

Planning Sector

Land Use (City)/Place Type (County)

Growth Policy Plan Designation

## DEVELOPMENT REQUEST

<input type="checkbox"/> Development Plan <input type="checkbox"/> Planned Development <input checked="" type="checkbox"/> Use on Review / Special Use	Related City Permit Number(s)
<input type="checkbox"/> Hillside Protection COA <input type="checkbox"/> Residential <input type="checkbox"/> Non-residential	
Home Occupation (specify) _____	
Other (specify) <b>Independent Living Facility</b>	

## SUBDIVISION REQUEST

Proposed Subdivision Name	Related Rezoning File Number
Unit / Phase Number	
Additional Information _____	
<input type="checkbox"/> Attachments / Additional Requirements	

## ZONING REQUEST

<input type="checkbox"/> Zoning Change	Proposed Zoning	Pending Plat File Number
<input type="checkbox"/> Plan Amendment	Proposed Plan Designation(s)	
Proposed Density (units/acre)    Previous Rezoning Requests		
Additional Information _____		

## STAFF USE ONLY

<b>PLAT TYPE</b> <input type="checkbox"/> Staff Review <input type="checkbox"/> Planning Commission	Fee 1	Total
<b>ATTACHMENTS</b> <input type="checkbox"/> Property Owners / Option Holders <input type="checkbox"/> Variance Request <input type="checkbox"/> Amendment Request (Comprehensive Plan)	<b>\$450.00</b>	
<b>ADDITIONAL REQUIREMENTS</b> <input type="checkbox"/> Use on Review / Special Use (Concept Plan) <input type="checkbox"/> Traffic Impact Study <input type="checkbox"/> COA Checklist (Hillside Protection)	Fee 2	
	Fee 3	

## AUTHORIZATION

I declare under penalty of perjury the foregoing is true and correct: 1) He/she/it is the owner of the property, AND 2) the application and all associated materials are being submitted with his/her/its consent.

Applicant Signature	<b>Clinch Development Group, LLC</b> Please Print	<b>5/28/2024</b> Date
Property Owner Signature	<b>Buzz Goss Clinch Development Group, LLC</b> Please Print	<b>5/28/2024</b> Date



# Development Request

[Reset Form](#)

### DEVELOPMENT

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- Hillside Protection COA

### SUBDIVISION

- Concept Plan
- Final Plat

### ZONING

- Plan Amendment
  - SP  OYP
- Rezoning

## Clinch Development Group LLC

Applicant Name		Affiliation
16 May 24	13 Jun 24	File Number(s)
Date Filed	Meeting Date (if applicable)	

### CORRESPONDENCE *All correspondence related to this application should be directed to the approved contact listed below.*

- Applicant
- Property Owner
- Option Holder
- Project Surveyor
- Engineer
- Architect/Landscape Architect

**Buzz Goss**  
**Clinch Development Group LLC**

Name	Company	TN	37902
110 W Summit Hill Drive	Knoxville		
Address	City	State	ZIP
865.274.9108	buzz@marblealley.com		
Phone	Email		

### CURRENT PROPERTY INFO

Same	Same	Same
Property Owner Name (if different)	Property Owner Address	Property Owner Phone
1610, 1616, & 1618 Clinch Av Knoxville, TN	094NH014, 015, & 013	
Property Address	Parcel ID	
KUB	KUB	N
Sewer Provider	Water Provider	Septic (Y/N)

### STAFF USE ONLY

General Location	Tract Size
<input type="checkbox"/> City <input type="checkbox"/> County	
District	Zoning District
	Existing Land Use
Planning Sector	Sector Plan Land Use Classification
	Growth Policy Plan Designation

## DEVELOPMENT REQUEST

Development Plan    Use on Review / Special Use    Hillside Protection COA  
 Residential    Non-Residential

Home Occupation (specify) \_\_\_\_\_

**Special use as Independent Living Facility in O Zone.**

Other (specify) \_\_\_\_\_

Related City Permit Number(s)

## SUBDIVISION REQUEST

Proposed Subdivision Name

Unit / Phase Number    Combine Parcels    Divide Parcel

Total Number of Lots Created

Other (specify) \_\_\_\_\_

Attachments / Additional Requirements

Related Rezoning File Number

## ZONING REQUEST

Zoning Change

Proposed Zoning

Plan Amendment Change

Proposed Plan Designation(s)

Pending Plat File Number

Proposed Density (units/acre)

Previous Rezoning Requests

Other (specify) \_\_\_\_\_

## STAFF USE ONLY

### PLAT TYPE

Staff Review    Planning Commission

### ATTACHMENTS

Property Owners / Option Holders    Variance Request

### ADDITIONAL REQUIREMENTS

- Design Plan Certification (*Final Plat*)  
 Use on Review / Special Use (*Concept Plan*)  
 Traffic Impact Study  
 COA Checklist (*Hillside Protection*)

Fee 1

Total

Fee 2

Fee 3

## AUTHORIZATION

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**1) He/she/it is the owner of the property AND 2) The application and all associated materials are being submitted with his/her/its consent**



Applicant Signature

**Buzz Goss**

Please Print

**16 May 24**

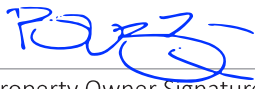
Date

**865.274.9108**

Phone Number

**buzz@marblealley.com**

Email



Property Owner Signature

**Buzz Goss**

Please Print

Date Paid