

**REZONING**

**6-A-24-RZ**

**Petitioner:** Elizabeth Davis Raines

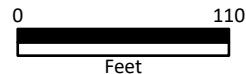


**From:** A (Agricultural)

**To:** RA (Low Density Residential)

**Map No:** 21

**Jurisdiction:** County



**Original Print Date:** 5/22/2024

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

**Elizabeth Davis Raines**

Applicant Name

Affiliation

**4/2/2024**

Date Filed

**6/13/2024**

Meeting Date (if applicable)

**6-A-24-RZ**

File Number(s)

## CORRESPONDENCE

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

**Elizabeth D. Raines**

Name / Company

**7639 Gibbs Rd Corryton TN 37721**

Address

**865-719-0330**

Phone / Email

## CURRENT PROPERTY INFO

**Elizabeth D. Raines**

Owner Name (if different)

**7639 Gibbs Rd Corryton TN 37721**

Owner Address

**865-719-0330**

Owner Phone / Email

**7639 GIBBS RD**

Property Address

**21 085 10 (part of)**

Parcel ID

Part of Parcel (Y/N)?

**1.99 acres**

Tract Size

**Hallsdale-Powell Utility District**

Sewer Provider

**Hallsdale-Powell Utility District**

Water Provider

Septic (Y/N)

## STAFF USE ONLY

**West side of Gibbs Rd, northeast of Tazewell Pike**

General Location

City

**Commission District 8**

**A (Agricultural)**

**Single Family Residential**

County District

Zoning District

Existing Land Use

**Northeast County**

**LDR (Low Density Residential)**

**Rural Area, Planned Growth Area**

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 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) _____	

## SUBDIVISION REQUEST

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

## ZONING REQUEST

<input checked="" type="checkbox"/> Zoning Change <b>RA (Low Density Residential)</b>	Proposed Zoning	Pending Plat File Number
<input type="checkbox"/> Plan Amendment		
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>\$650.00</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>Elizabeth Davis Raines</b> Please Print	<b>4/2/2024</b> Date
Phone / Email		
Property Owner Signature	<b>Elizabeth D. Raines</b> Please Print	<b>4/2/2024</b> Date



# Development Request

### DEVELOPMENT

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

### SUBDIVISION

- Concept Plan
- Final Plat

### ZONING

- Plan Amendment
- SP  OYP
- Rezoning

ELIZABETH PAVIS RAINES

Applicant Name

Affiliation

4-2-24

Date Filed

June 13, 2024

Meeting Date (if applicable)

File Number(s)

6-A-24-RZ

### 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

ELIZABETH D. RAINES

Name

Company

7639 GIBBS Rd Corryton TN 37721

Address

City

State

ZIP

865-7190330 betraines7@gmail

Phone

Email

### CURRENT PROPERTY INFO

Property Owner Name (if different) Property Owner Address Property Owner Phone

7639 Gibbs Rd Corryton TN 37721 part of 02108510

Property Address

Parcel ID

Hallsdale Powell N.E Knox utility NONE

Sewer Provider

Water Provider

Septic (Y/N)

### STAFF USE ONLY

General Location

Tract Size

City  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

Related City Permit Number(s)

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

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

## SUBDIVISION REQUEST

Proposed Subdivision Name

Related Rezoning File Number

Combine Parcels   
  Divide Parcel

Unit / Phase Number

Total Number of Lots Created

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

Attachments / Additional Requirements

## ZONING REQUEST

Zoning Change

R.A.  
Proposed Zoning

Pending Plat File Number

Plan Amendment Change

Proposed Plan Designation(s)

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
0801 \$ 650.00	
Fee 2	\$ 650.00
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: Elizabeth D. Raines   
 Please Print: ELIZABETH D. RAINES   
 Date: 4-2-2024

Phone Number: 865-719-0330

Email: betraines@gmail.com

Property Owner Signature: same

Please Print

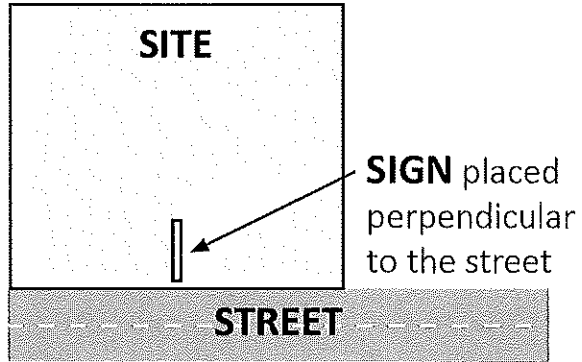
04/02/2024, SG

Property Owner Signature

Please Print

Date Paid

The Administrative Rules and Procedures of the Knoxville-Knox County Planning Commission require a sign to be posted on the property for each application subject to consideration by the Planning Commission, including the following applications: rezoning, plan amendment, concept plan, use on review/special use, planned development, right-of-way closure, and name change.



The required public notice sign(s) will be provided by Planning to the applicant when an application is submitted. If an application is submitted electronically, Planning staff will post the required sign. If a replacement sign(s) is needed, the applicant is responsible for picking up the new sign(s) from Planning and will be charged \$10 for each replacement.

## LOCATION AND VISIBILITY

The sign must be posted on the nearest adjacent/frontage street and in a location clearly visible to vehicles traveling in either direction. If the property has more than one street frontage, the sign should be placed along the street that carries more traffic. Planning staff may recommend a preferred location for the sign to be posted at the time of application.

## TIMING

The sign(s) must be posted **not less than 12 days prior to the scheduled Planning Commission public hearing** and must remain in place until the day after the meeting. In the case of a postponement, the sign can either remain in place or be removed and reposted not less than 12 days prior to the next Planning Commission meeting. The applicant is responsible for removing the sign after the application has been acted upon by the Planning Commission.

*The individual below is responsible for posting and removing the sign(s) provided consistent with the above guidelines and between the dates of:*

\_\_\_\_\_ 05/31/2024 \_\_\_\_\_ and \_\_\_\_\_ 06/14/2024 \_\_\_\_\_  
 (applicant or staff to post sign) (applicant to remove sign)

Applicant Name: Elizabeth Davis Raines

Date: 04/02/2024

File Number: 6-A-24-RZ

- Sign posted by Staff
- Sign posted by Applicant