

**REZONING**

**6-I-24-RZ**

**Petitioner:** Julie Cloninger



**From:** A (Agricultural)

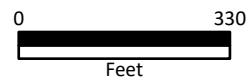
**To:** CN (Neighborhood Commercial)

**Map No:** 97

**Jurisdiction:** County

**Original Print Date:** 5/6/2024

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

**Julie Cloninger**

Applicant Name

Affiliation

**4/26/2024**

Date Filed

**6/13/2024**

Meeting Date (if applicable)

**6-I-24-RZ**

File Number(s)

## CORRESPONDENCE

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

**Julie Cloninger**

Name / Company

**5917 Thorn Grove Pike Knoxville TN 37914**

Address

**865-679-4001 / cjec460@gmail.com**

Phone / Email

## CURRENT PROPERTY INFO

**Julie Cloninger**

Owner Name (if different)

**5917 Thorn Grove Pike Knoxville TN 37914**

Owner Address

**865-679-4001 / cjec460@gmail.**

Owner Phone / Email

**5917 THORN GROVE PIKE**

Property Address

**97 100**

Parcel ID

**2.12 acres**

Tract Size

Part of Parcel (Y/N)?

**Knoxville Utilities Board**

Sewer Provider

**Knoxville Utilities Board**

Water Provider

Septic (Y/N)

## STAFF USE ONLY

**North side of Thorn Grove Pike, west of Kennedy Rd**

General Location

City

**Commission District 9**

**A (Agricultural)**

**Rural Residential**

County District

Zoning District

Existing Land Use

**East County**

**AG (Agricultural), HP (Hillside Protection)**

**Rural 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	Total Number of Lots Created
<input type="checkbox"/> Attachments / Additional Requirements	

## ZONING REQUEST

<input checked="" type="checkbox"/> Zoning Change <b>CN (Neighborhood Commercial)</b>	Pending Plat File Number
Proposed Zoning	
<input type="checkbox"/> Plan Amendment    Proposed Plan Designation(s)	

Proposed Density (units/acre)    Previous Rezoning Requests

Additional Information \_\_\_\_\_

## STAFF USE ONLY

### PLAT TYPE

Staff Review     Planning Commission

### ATTACHMENTS

Property Owners / Option Holders     Variance Request  
 Amendment Request (Comprehensive Plan)

### ADDITIONAL REQUIREMENTS

Use on Review / Special Use (Concept Plan)  
 Traffic Impact Study  
 COA Checklist (Hillside Protection)

Fee 1	Total
<b>\$1,000.00</b>	
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>Julie Cloninger</b> Please Print	<b>4/26/2024</b> Date
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Phone / Email

Property Owner Signature	<b>Julie Cloninger</b> Please Print	<b>4/26/2024</b> Date
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# 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

Julie Cloninger  
Applicant Name

\_\_\_\_\_ Affiliation

4/26/24 Date Filed      June 13, 2024 Meeting Date (if applicable)

File Number(s)  
  
6-I-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

Julie Cloninger  
Name

\_\_\_\_\_ Company

5917 Thorngrove Pike Address      Knoxville City      TN State      37914 ZIP

865 679 4001 Phone      cjcc460@gmail.com Email

**CURRENT PROPERTY INFO**

Julie Cloninger Property Owner Name (if different)      5917 Thorngrove Pike Property Owner Address      865-679-4001 Property Owner Phone

5917 Thorngrove Pike Property Address      \_\_\_\_\_ Parcel ID

KUB Sewer Provider      KUB 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

Related Rezoning File Number

Proposed Subdivision Name

Combine Parcels   
  Divide Parcel

Total Number of Lots Created

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

Attachments / Additional Requirements

## ZONING REQUEST

Pending Plat File Number

Zoning Change

Proposed Zoning CN

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
0803    \$1,000.00	\$1,000.00
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

Julie Cloninger  
Applicant Signature

Julie Cloninger  
Please Print

4/26/24  
Date

865 679 4001  
Phone Number

cjec460@gmail.com  
Email

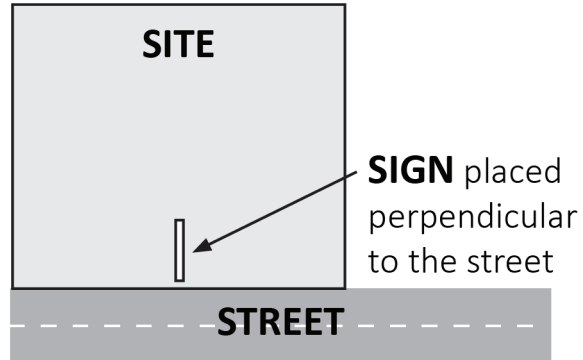
Julie Cloninger  
Property Owner Signature

Julie Cloninger  
Please Print

04/26/2024, SG

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: Julie Cloninger

Date: 04/26/2024

File Number: 6-I-24-RZ

- Sign posted by Staff
- Sign posted by Applicant