

(2) Sign the application digitally (or print, sign, and scan).

Knoxville-Knox County Planning offices OR email it to applications@knoxplanning.org

Reset Form



# Request to Postpone • Table • Withdraw

Mesana Investments LLC

6/11/24

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

Date of Request

6/13/24

Scheduled Meeting Date

6-SC-24-C

6-F-24-DP

File Number(s)

## 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 \_\_\_\_\_ 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**WITHDRAW:** Applications may be withdrawn automatically if the request is received in writing no later than 3:30pm on Thursday the week prior to the Planning Commission meeting.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.*

Applicant Signature

865-806-8008

Phone Number

Scott Davis

Please Print

swd444@gmail.com

Email

## STAFF ONLY

Staff Signature

Eligible for Fee Refund?  Yes  No

Amount:

Please Print

Date Paid

No Fee

Approved by:

Date:

Payee Name

Payee Phone

Payee Address