

USE ON REVIEW

5-A-24-UR

Petitioner: Alexis Proffitt



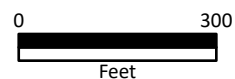
Childcare Center in OB (Office, Medical, and Related Services)

Map No: 62

Jurisdiction: County

Original Print Date: 4/2/2024

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

- Plan Amendment
 - Sector Plan
 - One Year Plan
- Rezoning

Alexis Proffitt

Applicant Name

Affiliation

3/20/2024

Date Filed

5/9/2024

Meeting Date (if applicable)

5-A-24-UR

File Number(s)

CORRESPONDENCE

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

Alexis Proffitt AP Legacy LLC

Name / Company

8537 Ashville Hwy Knoxville TN 37924

Address

865-455-0898 / Ap@thelegacyservices.org

Phone / Email

CURRENT PROPERTY INFO

Richie Tobett

Owner Name (if different)

8537 Ashville Hwy Knoxville TN 37924

Owner Address

423-791-0240 / Ap@thelegacys

Owner Phone / Email

8537 ASHEVILLE HWY

Property Address

62 210

Parcel ID

1.44 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 of Ashville Highway, east of Cedar Ridge Road

General Location

City

Commission District 8

OB (Office, Medical, and Related Services)

Office

County District

Zoning District

Existing Land Use

East County

Planning Sector

MU-SD (Mixed Use Special District)

Sector Plan Land Use Classification

Planned Growth Area

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 checked="" type="checkbox"/> Non-residential	
Home Occupation (specify) _____	
Other (specify) Childcare Center	

SUBDIVISION REQUEST

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

ZONING REQUEST

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

STAFF USE ONLY

PLAT TYPE

- Staff Review Planning Commission

ATTACHMENTS

- Property Owners / Option Holders Variance Request

ADDITIONAL REQUIREMENTS

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

Fee 1	Total
\$1,600.00	
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.

Applicant Signature	Alexis Proffitt Please Print	3/20/2024 Date
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Phone / Email		
Property Owner Signature	Richie Tobett Please Print	3/20/2024 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

Alexis Proffitt

Applicant Name

Affiliation

3/14/24

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

Alexis Proffitt

AP Legacy LLC

Name

Company

8537 Asheville Highway

Knoxville

TN

37924

Address

City

State

ZIP

865-455-0898

Ap@thelegacyservices.org

Phone

Email

CURRENT PROPERTY INFO

Richie Torbett

423-791-0240

Property Owner Name (if different)

Property Owner Address

Property Owner Phone

8537 Asheville Highway Knoxville TN 37924

062 210 alternate- 106311

Property Address

Parcel ID

KUB

KUB

N

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
 Home Occupation (specify) Childcare Center
 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) _____
 Proposed Density (units/acre) _____
 Previous Rezoning Requests _____
 Other (specify) _____



Pending Plat File Number

STAFF USE ONLY

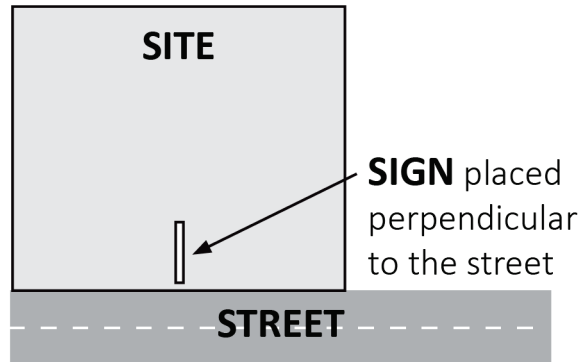
<p>PLAT TYPE</p> <p><input type="checkbox"/> Staff Review <input type="checkbox"/> Planning Commission</p> <p>ATTACHMENTS</p> <p><input type="checkbox"/> Property Owners / Option Holders <input type="checkbox"/> Variance Request</p> <p>ADDITIONAL REQUIREMENTS</p> <p><input type="checkbox"/> Design Plan Certification (<i>Final Plat</i>)</p> <p><input type="checkbox"/> Use on Review / Special Use (<i>Concept Plan</i>)</p> <p><input type="checkbox"/> Traffic Impact Study</p> <p><input type="checkbox"/> COA Checklist (<i>Hillside Protection</i>)</p>	Fee 1 Fee 2 Fee 3	Total
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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	Alexis Proffitt Please Print	3/14/24 Date
865-455-0898 Phone Number	Ap@thelegacyservices.org Email	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">  <div style="font-size: 8px; margin-left: 5px;"> dotloop verified 03/15/24 6:55 AM EDT SZIT-GUHZ-BG5C-UMAA </div> </div> Property Owner Signature	Richard Torbett 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:

_____ April 26, 2024 _____ and _____ May 10, 2024 _____
(applicant or staff to post sign) (applicant to remove sign)

Applicant Name: Alexis Proffitt

Date: 03/21/2024

File Number: 5-A-24-UR

- Sign posted by Staff
- Sign posted by Applicant