



Development Request

Subdivision Concept Plan*	■ Final Plat		Request		
Zoning Rezoning	☐ Plan Amendment*				
Development Plan*	☐ Planned Development* ☐ Use on	Review / Special Use*	☐ Hillside Protection COA*		
*These application types require a pre-application	olication consultation with Planning staff.				
Mark C Tucker	Surv	veyor .			
Applicant Name	Affilia	tion			
06/09/2025	8/14/2025	8-SA	-25-F File Number(s)		
Date Filed	Meeting Date (if applicable)	8-30-22	-C, J-C-22-UII,		
		3-G-23-l	DP & 6-E-04-3 P		
Correspondence	All correspondence v	vill be directed to the ap	pproved contact listed below		
■ Applicant □ Property Owner □	Option Holder Project Surveyor	☐ Engineer ☐ A	rchitect/Landscape Architec		
Mark C Tucker	Robert G Campbell & Associates				
Name	Company				
7523 Taggart Lane	Knoxville	Tn	37938		
Address	City	State	ZIP		
865-947-5996					
Phone	Email				
Current Property Info					
C Paul Harrison % Drew Staten	1111 N Northshore Dr. Suite P-195		865-806-8008		
Property Owner Name (if different)	Property Owner Address		Property Owner Phone		
E Emory Road	02	21 066			
Property Address	Parcel ID				
HPUD	HPUD				
Sewer Provider	Water Provider		Septic (Y/N		
Development Request					
☐ Residential ☐ Non-Residential		RE	LATED CITY PERMIT NUMBER		
5					
Proposed Use					

Subdivision Request

IRWIN ACR	ES					RELATED REZONING FILE NUMBER 1-E-22-RZ
Proposed Sub	odivision Name					
Unit / Phase I	☐ Com Number	bine Parcels	■ Divide Parcel	Proposed Nu	mber of Lots (to	otal)
☐ Other (spe	ecify)					
Specify if requ	uesting: 🗌 Variance	e 🗌 Altern	ative design standar	d		
Specify if a tra	affic impact study is r	equired: 🗌	Yes (required to be	submitted with	application)	□ No
Zoni	ng Request					PENDING PLAT FILE NUMBER
☐ Zoning Ch	ange Proposed Zoni	ng P	Proposed Density (ur	its/acre, for PF	zone only)	
☐ Sector Pla	n 🗌 One Year Plan	☐ Compre	hensive Plan			
☐ Plan Amer	ndment Change Prop	posed Plan De	esignation(s)			
	county, submit plan nt request with appli	cation P	revious Rezoning Re	quests		
☐ Other (spe	ecify)					
Aut	horization					correct: 1) He/she/it is the owner of the are being submitted with his/her/its cons
Mh	C Zw	2	Mark C Tuc	ker		6/9/2025
Applicant Sign			Print Name /	Affiliation		Date
865-947-59	996					
Phone Numb	er		Email			06/09/2025, SG
Property Owr	ner Signature		Please Print			Date Paid
Staff Use	Only □ Admi	nistrative Rev	iew	ADDITIONAL R	EQUIREMENTS	☐ Property Owners / Option Holders
FEE 1		FEE 2		FEE 3		TOTAL
0203	\$1,700.00	0208	\$750.00			\$2,450.00