



Request to Postpone • Table • Withdraw

LEIGH BURCH

8/13/2025

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

Date of Request

August 14, 2025

Scheduled Meeting Date

8-C-25-RZ

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 September 11, 2025 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WITHDRAW: Applications may be withdrawn automatically if the request is received in writing no later than 3:30pm on Thursday the week prior to the Planning Commission meeting.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.

Taylor D. Forrester

Digitally signed by Taylor D. Forrester
DN: cn=Taylor D. Forrester, o=Taylor D. Forrester, ou=Taylor D. Forrester, email=tdforrester@lrwlaw.com
Reason: I am the author of this document
Location: Knoxville, TN
Date: 2025.08.13 11:47:00-0500

Taylor D. Forrester

Applicant Signature

Please Print

865-584-4040

tforrester@lrwlaw.com

Phone Number

Email

STAFF ONLY

Dallas DeArmond

8/13/2025

No Fee

Staff Signature

Please Print

Date Paid

Eligible for Fee Refund? Yes No

Amount:

Approved by:

Date:

Payee Name

Payee Phone

Payee Address