Planning
KNOXVILLE | KNOX COUNTY

Request to Postpone • Table • Withdraw

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

Date of Request

12-11-25
Scheduled Meeting Date

File Number(s): 11-K-25-RZ

POSTPONE

☐ **POSTPONE:** To be placed on a postponement list, a postponement request must be received in writing by the applicable deadline. New applications are eligible for a one-time automatic postponement for 30 days. The deadline is noon on the Thursday preceding the Planning Commission meeting. All other applications may request a 30-day, 60-day, or 90-day postponement, which must be paid for in advance and approved by the Planning Commission at their regular meeting. The deadline is noon the day before the meeting. After this, applicants must request postponement at the Planning Commission meeting. If payment is not received by the applicable 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☒ **WITHDRAW:** Applications may be withdrawn automatically if the request is received in writing no later than 3:30pm on Thursday the week prior to the Planning Commission meeting.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.

David Harbin
Applicant Signature

DAVID HARBIN
Please Print

865-588-6472
Phone Number

[redacted]
Email

STAFF ONLY

Shelley Gray
Staff Signature

Shelley Gray
Please Print

Date Paid

☐ No Fee

Eligible for Fee Refund? ☐ Yes ☒ No Amount:

Approved by:

Date:

Payee Name

Payee Phone

Payee Address