



### **Development Request**

| DC V CIOPIIICI                | 116 116 40     |                  |
|-------------------------------|----------------|------------------|
| DEVELOPMENT                   | SUBDIVISION    | ZONING           |
| □ Development Plan            | ☐ Concept Plan | ☐ Plan Amendment |
| ☐ Planned Development         | ☐ Final Plat   | ☐ SP ☐ PA        |
| ☐ Use on Review / Special Use |                | Rezoning         |
| ☐ Hillside Protection COA     |                |                  |

| Randy Guignard                     |                   |                                  | owner/developer    |                              |  |
|------------------------------------|-------------------|----------------------------------|--------------------|------------------------------|--|
| Applicant Name                     | Affiliation       |                                  |                    |                              |  |
| 12-23-2025                         | Feb. 13 20        | 25                               |                    | File Number(s)               |  |
| Date Filed                         | Meeting Date      | e (if applicable)                | 2-                 | C-25-RZ                      |  |
| CORRESPONDENCE All corr            | espondence relate | ed to this application should be | directed to the ap | proved contact listed below. |  |
| ■ Applicant □ Property Owner □     | Option Holder     | ☐ Project Surveyor ☐ Eng         | gineer 🗌 Archit    | ect/Landscape Architect      |  |
| Randy Guignard                     |                   | The Preserves                    | s LLC              |                              |  |
| Name                               |                   | Company                          |                    |                              |  |
| 2800 Hoitt Ave.                    |                   | Knoxville                        | Tn.                | 37917                        |  |
| Address                            |                   | City                             | State              | ZIP                          |  |
| 865 244 8050                       |                   |                                  |                    |                              |  |
| Phone                              | Email             |                                  |                    |                              |  |
| CURRENT PROPERTY INFO              |                   |                                  |                    |                              |  |
| Cafe interntional LLC              | 540               | 08 Fountain Gate                 |                    | 865 244 8050                 |  |
| Property Owner Name (if different) | Prop              | perty Owner Address              |                    | Property Owner Phone         |  |
| 0 Riflr range Rd.                  | 048 070           |                                  |                    |                              |  |
| Property Address                   | Parcel ID         |                                  |                    |                              |  |
| Hallsdale Powell                   |                   | Hallsdale Powell                 |                    | N                            |  |
| Sewer Provider                     |                   | Water Provider                   |                    | Septic (Y/N)                 |  |

#### **COMMUNITY ENGAGEMENT**

Sign and return the **Public Notice & Community Engagement** form with this application.

Planning strives to provide community members with information about upcoming cases in a variety of ways. In addition to posting public notice signs, our agency encourages applicants to provide information and offer opportunities for dialogue related to their upcoming case(s). We require applicants to acknowledge their role in this process.

| DEVELOPMENT REQUEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                           |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------|-------------------------------|
| ☐ Development Plan ☐ Use on Review ☐ Residential ☐ Non-Residential Home Occupation (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | al                                    |                           | Related City Permit Number(s) |
| Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                           |                               |
| SUBDIVISION REQUEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                           |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                           | Related Rezoning File Number  |
| Proposed Subdivision Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                           |                               |
| Unit / Phase Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rcels Divide Parcel Total N           | Number of Lots Creat      | red                           |
| Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                           |                               |
| ☐ Attachments / Additional Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5                                     |                           |                               |
| ZONING REQUEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           |                               |
| ■ Zoning Change RB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                           | Pending Plat File Number      |
| Proposed Zoning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                           |                               |
| ☐ Plan Amendment ChangeProposed P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | lan Designation(s)                    |                           |                               |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4-B-23-DP 4-N-22-RZ                   | 2                         |                               |
| Proposed Density (units/acre)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Previous Rezoning Requests            |                           |                               |
| Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                           |                               |
| STAFF USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           |                               |
| PLAT TYPE  ☐ Staff Review Planning Commiss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ion                                   | Fee 1                     | Total                         |
| ATTACHMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | Fee 2                     |                               |
| ☐ Property Owners / Option Holders ☐ Amendment Request (Comprehensive In the International Comprehensive Internat | Variance Request                      |                           | \$936.00                      |
| ADDITIONAL REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ,                                     |                           |                               |
| ☐ Use on Review / Special Use (Concept F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Plan)                                 | Fee 3                     |                               |
| ☐ Traffic Impact Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                           |                               |
| COA Checklist (Hillside Protection)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                           |                               |
| AUTHORIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                           |                               |
| By signing below, I declare under penalty of<br>2) The application and all associated material<br>holders, each additional individual must sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s are being submitted with his/her/it | s consent. If there are a |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Randy Guignard                        |                           | 12-23-2025                    |
| Applicant Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Print Name / Affiliation              | on                        | Date                          |
| 865 244 8050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u> </u>                              | II.                       |                               |
| Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Email                                 |                           |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Randy Guignard                        |                           | 12/23/2024, SG                |
| Property Owner Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Please Print                          |                           | Date Paid                     |



# Public Notice and Community Engagement

## Sign Posting and Removal

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.

**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.

### Community Engagement

Applicant Signature

Planning strives to provide community members with information about upcoming cases in a variety of ways. In addition to posting public notice signs, our agency encourages applicants to provide information and offer opportunities for dialogue related to their upcoming case(s).

| Acknowledgement  By signing below, you acknowledge that public notice signs must be posted and visible on the property consistent with the guidelines above and between the dates listed below. |                    | Have you engaged the                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------|--|
|                                                                                                                                                                                                 |                    | surrounding property owners to discuss your request?  Yes No |  |
| 31st<br>January <del>14,</del> 2025                                                                                                                                                             | February 14, 2025  | ■ No, but I plan to prior to the Planning Commission meeting |  |
| Date to be Posted                                                                                                                                                                               | Date to be Removed | - 25                                                         |  |

Date: 2024.12.23 13:16:20 -05'00' Randy Guignard 12-23-2025

Applicant Name

Digitally signed by Randy Guignard

2-C-25-RZ

Date