

## Request to

## **Postpone · Table · Withdraw**

| KNOXVILLE I KNOX COUNTY  | Lynch Bus Lines, LLC  |   | 1-8-25  |
|--|---|---|---|
|  | Applicant Name (as it appears on the current Planning Commission agenda)  Date of Request |   |   |
| 1-9-25   |   |   | File Number(s)  |
| Scheduled Meeting Date   |   | 1-C-25-PA; 1-C-25-RZ; 1-C-25-SP   |   |
| POSTPONE   |   |   |   |
| the week prior to the Planning C                                       | Commission meeting. All reques  | request is received in writing and paid<br>ts must be acted upon by the Planning<br>nement. If payment is not received by   | Commission, except new  |
| SELECT ONE: ■ 30 days □ 60   |   |   |   |
| Postpone the above application(s) u                                    | Intil the February 13, 2025   | Planning Com  | mission Meeting.  |
| WITHDRAW   |   | <del></del>   |   |
| week prior to the Planning Comr<br>Applicants are eligible for a refur | mission meeting. Requests made<br>nd only if a written request for w                      | e request is received in writing no later<br>e after this deadline must be acted on b<br>withdrawal is received no later than clos<br>wed by the Executive Director or Planni | by the Planning Commission.<br>Se of business 2 business days |
| TABLE  |   | *The refund check will be   | mailed to the original payee.                                 |
| no fee to table or untable an iter                                     | n.<br>ning below, I certify I am the prop   | e Planning Commission before it can be<br>berty owner, and/or the owners author   | ized representative.  |
| Joeph //   |   | amin C. Mullins for Lynch Bus Li  | nes, LLC  |
| Applicant Signature  | Please  | e Print   |   |
| 865-546-9321   | bmu   | llins@fmsllp.com  |   |
| Phone Number   | Email   |   |   |
| STAFF ONLY   |   |   |   |
| Shelley Gray   | Shelley Gra   | ay 01/08  | 3/2025 SG ☐ No Fee  |
| Staff Signature  | Please Print  | Date  |   |
| Eligible for Fee Refund? ☐ Yes ☐                                       | No Amount:  |   |   |
| Approved by:   |   | Date:   |   |
| Payee Name   | Payee Phone   | Payee Address   |   |