

FINAL SUBDIVISION PLAT

10-SA-25-F

Petitioner: Ryan Lynch



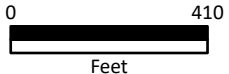
Final Plat For: Final Plat of Catlett Cove Subdivision and Resubdivision of Lot 1 of Catlett Place

Original Print Date: 8/28/2025

Knoxville - Knox County Planning Commission * City / County Building * Knoxville, TN 37902

Map No: 130

Jurisdiction: County



Subdivision ☐ Concept Plan* ☐ Final Plat**Zoning** ☐ Rezoning ☐ Plan Amendment***Development** ☐ Development Plan* ☐ Planned Development* ☐ Use on Review / Special Use* ☐ Hillside Protection COA*

*These application types require a [pre-application consultation](#) with Planning staff.

Applicant Name

Affiliation

Date Filed

Meeting Date (if applicable)

File Number(s)

10-SA-25-F

Correspondence

All correspondence will be directed to the approved contact listed below.☐ Applicant ☐ Property Owner ☐ Option Holder ☐ Project Surveyor ☐ Engineer ☐ Architect/Landscape Architect

Name

Company

Address

City

State

ZIP

Phone

Email

Current Property Info

Property Owner Name (if different)

Property Owner Address

Property Owner Phone

 (1141 and 1151)

Property Address

Parcel ID

Sewer Provider

Water Provider

Septic (Y/N)

Development Request

☐ Residential ☐ Non-Residential

RELATED CITY PERMIT NUMBER

Proposed Use

Specify if a traffic impact study is required: ☐ Yes (required to be submitted with application) ☐ No

Subdivision Request

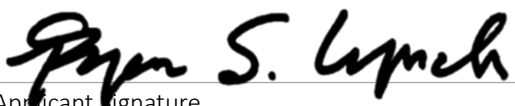
		RELATED REZONING FILE NUMBER
Proposed Subdivision Name		
Unit / Phase Number	<input type="checkbox"/> Combine Parcels <input type="checkbox"/> Divide Parcel	Proposed Number of Lots (total)
<input type="checkbox"/> Other (specify) _____		
Specify if requesting: <input type="checkbox"/> Variance <input type="checkbox"/> Alternative design standard		
Specify if a traffic impact study is required: <input type="checkbox"/> Yes (required to be submitted with application) <input type="checkbox"/> No		

Zoning Request

		PENDING PLAT FILE NUMBER
<input type="checkbox"/> Zoning Change Proposed Zoning _____ Proposed Density (units/acre, for PR zone only) _____		
<input type="checkbox"/> Sector Plan <input type="checkbox"/> One Year Plan <input type="checkbox"/> Comprehensive Plan		
<input type="checkbox"/> Plan Amendment Change Proposed Plan Designation(s) _____		
<input type="checkbox"/> If, in Knox county, submit plan amendment request with application		Previous Rezoning Requests _____
<input type="checkbox"/> Other (specify) _____		

Authorization

☐ **I declare under penalty of perjury** the foregoing is true and correct: **1)** He/she/it is the owner of the property AND **2)** The application and all associated materials are being submitted with his/her/its consent

		
Applicant Signature	Print Name / Affiliation	Date
Phone Number	Email	
		8/25/2025 FR
Property Owner Signature	Please Print	Date Paid

Staff Use Only

☐ Administrative Review

ADDITIONAL REQUIREMENTS

☐ Property Owners / Option Holders

FEE 1		FEE 2		FEE 3		TOTAL
0203	\$1,240	0208	\$520			\$1,760