

# **FINAL SUBDIVISION PLAT**

**10-SB-25-F**



Final Plat For: Final Plat of The Reserve at Three Ridges Phase 2

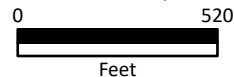
**Original Print Date: 9/3/2025**

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

**Petitioner:** Ryan Lynch

**Map No:** 50

**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.**Ryan Lynch****Land Surveyor**

Applicant Name

Affiliation

8/25/2025

10/2/2025

File Number(s)

Date Filed

Meeting Date (if applicable)

10-SB-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**Ryan Lynch****Lynch Surveys LLC**

Name

Company

4405 Coster Road

Knoxville

TN

37912

Address

City

State

ZIP

865-584-2630

Phone

Email

**Current Property Info****Homestead Land Holdings LLC**

122 Perimeter Park Rd, Knoxville, TN 37922 865-690-3200

Property Owner Name (if different)

Property Owner Address

Property Owner Phone

2543 Legg Creek Lane

050 202 (part of)

Property Address

Parcel ID

KUB

NEKUD

N

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

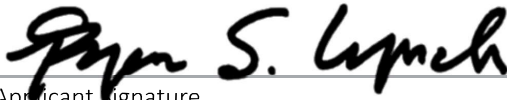

Final Plat of The Reserve at Three Ridges		RELATED REZONING FILE NUMBER
Proposed Subdivision Name		
2	<input type="checkbox"/> Combine Parcels <input checked="" type="checkbox"/> Divide Parcel	54
Unit / Phase Number	Proposed Number of Lots (total)	
<input type="checkbox"/> Other (specify) _____		
Specify 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

<input type="checkbox"/> Zoning Change		PENDING PLAT FILE NUMBER
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

	Ryan Lynch/Surveyor	8/25/2025
Applicant Signature	Print Name / Affiliation	Date
865-584-2630		
Phone Number	Email	
		8/25/2025 SG
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	1,640	0208	720			\$2,360