

# **FINAL SUBDIVISION PLAT**

**10-SD-25-F**



Final Plat For: Final Plat of The Enclave at Harvey, Phase 2

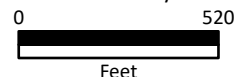
**Original Print Date: 9/3/2025**

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

**Petitioner:** Ryan Lynch

**Map No:** 169

**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	File Number(s)  <b>10-SD-25-F</b>
Date Filed	Meeting Date (if applicable)	

## 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
_____ 1630 Harvey Rd	(part of)	
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

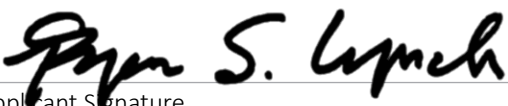
		RELATED REZONING FILE NUMBER
Proposed Subdivision Name		
+1 Common Area		
Unit / Phase Number	<input type="checkbox"/> Combine Parcels <input type="checkbox"/> Divide Parcel	Proposed Number of Lots (total)
<input type="checkbox"/> Other (specify) _____		
Specify if requesting: <input type="checkbox"/> 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
	<div></div>	
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	\$1,240	0208	\$520			\$1,760