



# Development Request

**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 <b>TYLER NICELY</b>		Affiliation <b>11 W Property</b>	
Date Filed <b>8-5-25</b>	Meeting Date (if applicable) <b>10/02/2025</b>	File Number(s) <b>10-SE-25-F (formerly 8-LL-25)</b>	

## Correspondence

All correspondence will be directed to the approved contact listed below.

☐ Applicant ☐ Property Owner ☐ Option Holder ☒ Project Surveyor ☐ Engineer ☐ Architect/Landscape Architect

Name <b>Scott Stanley</b>		Company <b>True Meridian Land Surveying &amp; Engineer</b>	
Address <b>619 Glen Willow Dr</b>		City <b>Knoxville</b>	State <b>TN</b>
Phone <b>865-675-0175</b>		Email <b>jcott.stanley@gmail.com</b>	ZIP <b>37934</b>

## Current Property Info

Property Owner Name (if different) <b>11 W Property</b>	Property Owner Address <b>2002 W Hwy 11E</b>	Property Owner Phone <b>New Market, TN 37820 865-257-1634</b>
Property Address <b>8917 Rutledge Pike</b>		Parcel ID <b>042 064</b>
Sewer Provider <b>North east Knox</b>	Water Provider <b>North east Knox</b>	Septic (Y/N)

## Development Request

☐ Residential ☒ Non-Residential

RELATED CITY PERMIT NUMBER

Proposed Use

**Office**

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

## Subdivision Request

Final plat of 11W Properties

RELATED REZONING FILE NUMBER

Proposed Subdivision Name

0

Unit / Phase Number

☐ Combine Parcels

☐ Divide Parcel

Proposed Number of Lots (total)

☒ Other (specify) \_\_\_\_\_

Specify if requesting: ☐ Variance ☐ Alternative design standard

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

## Zoning Request

PENDING PLAT FILE NUMBER

☐ Zoning Change

Proposed Zoning

Proposed Density (units/acre, for PR zone only)

☐ Sector Plan ☐ One Year Plan ☐ Comprehensive Plan

☐ Plan Amendment Change

Proposed Plan Designation(s)

☐ If, in Knox county, submit plan amendment request with application

Previous Rezoning Requests

☐ 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

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
0205	\$250.00		\$250.00