

Subdivision ☐ Concept Plan* ☐ Final Plat**Zoning** ☒ Rezoning ☐ Plan Amendment* ☐ Governmental Rezoning**Development** ☐ Development Plan* ☐ Planned Development* ☐ Use on Review / Special Use* ☐ Hillside Protection COA**These application types require a [pre-application consultation](#) with Planning staff.**Benchmark Associates, Inc.****Consultant**

Applicant Name

Affiliation

25 August 2025

02 October 2025

File Number(s)

Date Filed

Meeting Date (if applicable)

10-V-25-RZ

Correspondence

All correspondence will be directed to the approved contact listed below. The contact information you provide here and elsewhere on this form will be included in the application materials and is part of the public record of your case.

☒ Applicant ☐ Property Owner ☐ Option Holder ☒ Project Surveyor ☐ Engineer ☐ Architect/Landscape Architect**Benjamin J. Moorman****Benchmark Associates, Inc.**

Name

Company

PO Box 23892

Knoxville

Tennessee

37933

Address

City

State

ZIP

865-692-4090

Phone

Email

Current Property Info

Keyon & Cayla Styles**2005 Robinson Road****865-235-9804**

Property Owner Name (if different)

Property Owner Address

Property Owner Phone

2005 Robinson Road

105 224.01

Property Address

Parcel ID

KUB

KUB

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


		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

RA		PENDING PLAT FILE NUMBER
<input checked="" 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

	Benjamin J. Moorman	25 August 2025
Applicant Signature	Print Name / Affiliation	Date
865-692-4090	b [REDACTED]	
Phone Number	Email	

Property Owner Signature	Please Print	Date Paid
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Staff Use Only

☐ Administrative Review

ADDITIONAL REQUIREMENTS ☐ Property Owners / Option Holders

FEE 1	FEE 2	FEE 3	TOTAL