

**FINAL SUBDIVISION PLAT**

**9-SB-25-F**

**Petitioner:** Mark C Tucker

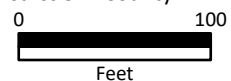


Final Plat For: Resubdivision of Lot 85R1 of Cantrell Heights Subdivision  
Phase 2

**Original Print Date:** 8/1/2025

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

**Map No:** 19  
**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)

~~7 G 25~~

File Number(s)

**9-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

Name

Company

Address

City

State

ZIP

Phone

Email

## Current Property Info

Property Owner Name (if different)

Property Owner Address

Property Owner Phone

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 <u>Proposed Zoning</u> <u>Proposed Density (units/acre, for PR zone only)</u>		
<input type="checkbox"/> Sector Plan <input type="checkbox"/> One Year Plan <input type="checkbox"/> Comprehensive Plan		
<input type="checkbox"/> Plan Amendment Change <u>Proposed Plan Designation(s)</u>		
<input type="checkbox"/> If, in Knox county, submit plan amendment request with application <u>Previous Rezoning Requests</u>		
<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 style="background-color: black; width: 150px; height: 20px;"></div>	
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	
0201	\$250	0207	\$100	0205	\$250	\$350	\$600 7/28/2025