

Suite 403 • City County Building
400 Main Street
Knoxville, Tennessee 37902
865 • 215 • 2500
F A X • 215 • 2068
www.knoxmpc.org

REZONING

PLAN AMENDMENT

Name of Applicant: _____

Date Filed: _____ Meeting Date: _____

Application Accepted by: _____

Fee Amount: _____ File Number: Rezoning _____

Fee Amount: _____ File Number: Plan Amendment _____

PROPERTY INFORMATION

Address: _____

General Location: _____

Parcel ID Number(s): _____

Tract Size: _____

Existing Land Use: _____

Planning Sector: _____

Growth Policy Plan: _____

Census Tract: _____

Traffic Zone: _____

Jurisdiction: City Council _____ District
 County Commission _____ District

Requested Change
REZONING

FROM: _____

TO: _____

PLAN AMENDMENT

One Year Plan _____ Sector Plan

FROM: _____

TO: _____

PROPOSED USE OF PROPERTY

Density Proposed _____ Units/Acre

Previous Rezoning Requests: _____

PROPERTY OWNER OPTION HOLDER

PLEASE PRINT

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

APPLICATION CORRESPONDENCE

All correspondence relating to this application should be sent to:

PLEASE PRINT

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

APPLICATION AUTHORIZATION

I hereby certify that I am the authorized applicant, representing ALL property owners involved in this request or holders of option on same, whose signatures are included on the back of this form.

Signature: _____

PLEASE PRINT

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

