



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

# SUBDIVISION - CONCEPT

Name of Applicant: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Application Accepted by: \_\_\_\_\_

Fee Amount: \_\_\_\_\_ File Number: Subdivision - Concept \_\_\_\_\_

Fee Amount: \_\_\_\_\_ Related File Number: Development Plan \_\_\_\_\_

## PROPERTY INFORMATION

Subdivision Name: \_\_\_\_\_

Unit/Phase Number: \_\_\_\_\_

General Location: \_\_\_\_\_

Tract Size: \_\_\_\_\_ No. of Lots: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Existing Land Use: \_\_\_\_\_

Planning Sector: \_\_\_\_\_

Growth Policy Plan Designation: \_\_\_\_\_

Census Tract: \_\_\_\_\_

Traffic Zone: \_\_\_\_\_

Parcel ID Number(s): \_\_\_\_\_

Jurisdiction:  City Council \_\_\_\_\_ District  
 County Commission \_\_\_\_\_ District

## AVAILABILITY OF UTILITIES

List utility districts proposed to serve this subdivision:

Sewer \_\_\_\_\_

Water \_\_\_\_\_

Electricity \_\_\_\_\_

Gas \_\_\_\_\_

Telephone \_\_\_\_\_

## TRAFFIC IMPACT STUDY REQUIRED

No  Yes

## USE ON REVIEW No Yes

Approval Requested:

Development Plans in Planned District or Zone

Other (be specific): \_\_\_\_\_

## VARIANCE(S) REQUESTED

No  Yes (If Yes, see reverse side of this form)

## PROPERTY OWNER/OPTION HOLDER

PLEASE PRINT

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## PROJECT SURVEYOR/ENGINEER

PLEASE PRINT

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## APPLICATION CORRESPONDENCE

All correspondence relating to this application (including plat corrections) should be directed to:

PLEASE PRINT

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

VARIANCES REQUESTED

1. \_\_\_\_\_

Justify variance by indicating hardship: \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

Justify variance by indicating hardship: \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

Justify variance by indicating hardship: \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

Justify variance by indicating hardship: \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

Justify variance by indicating hardship: \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

Justify variance by indicating hardship: \_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_

Justify variance by indicating hardship: \_\_\_\_\_

\_\_\_\_\_

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, as listed on this form. I further certify that any and all variances needed to meet regulations are requested above, or are attached. I understand and agree that no additional variances can be acted upon by the legislative body upon appeal and none will be requested. I hereby waive the requirement for approval or disapproval of the plat within sixty (60) days after its submission, in accordance with the provisions of Tennessee Code Annotated 13-3-404.

PLEASE PRINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail: \_\_\_\_\_