



Suite 403 • City County Building  
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# SUBDIVISION - FINAL

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

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

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

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

### PROPERTY INFORMATION

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

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

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

Tract Size: \_\_\_\_\_

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

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

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

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

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

Tax Identification Number: \_\_\_\_\_

Jurisdiction:  City Council \_\_\_\_\_ District

County Commission \_\_\_\_\_ District

### COMBINE OR DIVIDE PARCELS

Combine  Divide

No. of Lots Created: \_\_\_\_\_

### AVAILABILITY OF UTILITIES

List utility districts proposed to serve this subdivision:

Sewer \_\_\_\_\_

Water \_\_\_\_\_

Electricity \_\_\_\_\_

Gas \_\_\_\_\_

Telephone \_\_\_\_\_

### DESIGN PLANS CERTIFICATION REQUIRED

Yes  No

### 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: \_\_\_\_\_