

## Knoxville-Knox County Historic Zoning Commission 2005 Survey Preliminary Evaluation Questionnaire

The information provided in this form will assist the Knoxville or Knox County Historic Zoning Commission staff in evaluating a property's eligibility for a local historic or neighborhood conservation overlay. It is not an application form. If the property appears to meet the criteria for local listing, HZC staff will contact you.

If you have questions about this questionnaire, contact Historic Zoning Commission staff at (865) 215-2500.

Mail to: Knoxville-Knox County Metropolitan Planning Commission; Suite 403 City-County Building; 400 Main Street; Knoxville, TN 37902; Attention: Ann K. Bennett

1. Name of the Property \_\_\_\_\_  
Street & Number \_\_\_\_\_  
City & Zip \_\_\_\_\_
  
2. Original Use: \_\_\_\_\_  
Present Use: \_\_\_\_\_
  
3. Date(s) of Construction & of any major changes: \_\_\_\_\_  
\_\_\_\_\_
  
4. Name and Address of Owner: \_\_\_\_\_  
\_\_\_\_\_
  
5. Original or other historically notable owner or occupant: \_\_\_\_\_  
\_\_\_\_\_
  
6. Architect or builder (if known): \_\_\_\_\_
  
7. Why is the property historically or architecturally important? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Briefly describe the property. (Describe the original form and any major changes, inside and out, that may have occurred. Be sure to point out any notable features. If the property includes outbuildings or notable landscape features, mention them also. Enclose photographs showing any notable exterior, interior, and landscape features.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are there plans for the rehabilitation or renovation of the property in the near future? If so, please describe them.

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10. Is the property endangered? If so, explain. \_\_\_\_\_

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11. Name, address, telephone number, and email address of person submitting this questionnaire:

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12. If the person submitting this form is not the property owner, has the owner been contacted and does the owner consent to the consideration of this property as a designated local landmark?

Contacted: Yes \_\_\_ No \_\_\_      Consents: Yes \_\_\_ No \_\_\_

Submitter's interest in the property (e.g. owner, renter, relative of owner, local historian, etc.): \_\_\_\_\_

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13. Are there other historic resources located adjacent to this property, or is it in a historic neighborhood that might be considered as a larger historic district?      If so, please list the streets that should also be evaluated.

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14. Date questionnaire submitted: \_\_\_\_\_