Certification of Zoning

REQUEST

To Be Issued To: __________________________
Date of Request: __________________________
☐ Fee Paid

Certification Requested By:
Name: ____________________________________________
Address: __________________________________________
Phone: __________________ Fax: __________________

Location of Subject Property:
Physical Address: ________________________________
Tax Parcel ID Number: ____________________________ City Block Number (City only): ____________
General Location Description: ________________________
Name of business (if applicable): ____________________

ZONING CERTIFICATION

The Current Zoning of Property as identified above is: ____________________________________________

The following uses are permitted in the above referenced zone:
☐ Real Estate Offices ☐ Automobile Sales ☐ Truck Sales
☐ Other: ____________________________________________

Additional Comments: ____________________________________________

☐ A copy of this form will be sent to the Knoxville Beer Board.

To the best of my knowledge and belief, our zoning map is accurate with respect to the subject property. If further certification of zoning is a significant issue, however, it is suggested that you or your attorney search the public record located in the office of the Knoxville City Recorder, City County Building, 400 Main Street, Knoxville, TN (if parcel is in the City) or in the office of the Knox County Clerk, 300 Main Street, Knoxville, TN (if parcel is in the County).

Certified by Planning Staff: __________________________ Date: ________________________