



Type: ☐ Plan Amendment ☐ Rezoning ☐ Certificate of Appropriateness

☐ Street Name Change ☐ Other: _____

Decision By: ☐ Planning Staff ☐ Planning Commission ☐ Other: _____ ☐ Date of Decision: _____

Jurisdiction: ☐ City _____ Council District ☐ County _____ Commission District

Original File Number Being Appealed

Original Applicant Name

Name of Owner of Subject Property

Parcel Number of Subject Property

Decision Being Appealed

Reason for the Appeal:
(Attach additional pages,
if necessary.)

PETITIONER INFORMATION

Name of Petitioner

Signature of Petitioner

Petitioner's Interest in the Matter (Include a description of affected property owned by Petitioner):

All correspondence
should be sent to:

Name (Print)

Phone

Email

Address

City

State

ZIP

STAFF USE ONLY

Application Accepted by Planning Staff Member

Appeal Fee Amount

Date Appeal Received

APPEAL MEETING INFORMATION

City
Council - 6 p.m. _____
Month | Date | Year

County
Commission - 5 p.m. _____
Month | Date | Year

Knoxville-Knox
County Planning
Commission - 1:30 p.m. _____
Month | Date | Year