



Similar Use Determination

Knox County Only

Name of Applicant: _____

Date Filed: _____ Application Accepted by: _____

Fee Amount: _____ Meeting Date: _____ File Number: _____

PROPERTY INFORMATION

Address: _____

General Location: _____

Tract Size: _____ No. of Units: _____

Zoning District: _____

Existing Land Use: _____

Planning Sector: _____

Sector Plan Proposed Land Use Classification: _____

Growth Policy Plan Designation: _____

Census Tract: _____

Traffic Zone: _____

Parcel ID Number(s): _____

Jurisdiction: County Commission _____ District

PROPERTY OWNER/OPTION HOLDER

PLEASE PRINT

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

APPLICATION CORRESPONDENCE

All correspondence relating to this application should be sent to:

PLEASE PRINT

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

USE REQUESTED

ATTACH AS A SEPARATE DOCUMENT:

- A detailed description of the proposed specific use.** Including: number of employees, hours of operation, products made or sold, services performed, special equipment used.
- A statement indicating how the various permitted uses listed in the zoning regulations are similar in nature, operations, and character to the proposed use in this application** and how they would be compatible.
- Floor/site plan factors.** Details regarding limitations (such as maximum floor area or site area) on building and site development for the following: office areas, warehousing areas, manufacturing areas, showroom/retail areas.

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, whose signatures are included on the back of this form.

Signature: _____

PLEASE PRINT

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

