Technology Overlay Appeal of Decision

Planning
KNOXVILLE | KNOX COUNTY

Name of Person Appealing Decision

Interest *(Owner, Owner's Agent, Group Representative, Other)* Date Appeal Filed

ORIGINAL APPLICATION INFORMATION

Please Note: Original application and staff report are made a part of this application.

Applicant Name Date Heard

File Number(s) Jurisdiction: ☐ City Council District ☐ County Commission District

Certificate of Appropriateness for: ☐ Building Permit ☐ Rezoning ☐ Signage

DECISION BEING APPEALED

☐ Approval ☐ Denial ☐ Modification ☐ Other

Please be specific:

REASON FOR APPEAL

Attach additional pages if needed.

APPLICATION CORRESPONDENCE

Please Print.

Name Phone Fax

Mailing Address Email

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.

Applicant Signature Please Print Date

Mailing Address Phone Fax

STAFF USE ONLY

Application Accepted by Staff Member Fee Amount Date

Body of who will hear the appeal: ☐ City Council (6pm) Meeting Date ☐ County Commission (5pm) Meeting Date

Revised August 2025