

Downtown Knoxville Design Overlay District Certificate of Appropriateness

Name of Applicant: David Randle
☒ Owner ☐ Contractor ☐ Architect ☐ Engineer ☐ Other
Date Filed: 2/5/10 Application accepted by: Michael ReynoldsFee Amount: 30.00 Review Date: 2/12/10 File Number: 2-2-10-DT**PRE-APPLICATION CONFERENCE**

Date Completed: _____

RECEIVED

PROPERTY INFORMATION

Building or Project Name: _____

Street Address: 415 S Gay StTax Identification Number(s): 044LG006**PROPERTY OWNER**

PLEASE PRINT

Name: Ratik Hanna

Company: _____

Address: 7109 Merrick DrCity: Knoxville State: TN Zip: 37919Telephone: 865-755-2389

Fax: _____

E-mail: ratikhanna@aol.com**ACCOMPANYING MATERIALS**

Please see the reverse side of this form for a list of information required as part of this application.

FOR OFFICE USE ONLY**PROJECT INFORMATION**

LEVEL 1: \$30

- ☒
- Minor Alteration of an Existing Building/Structure
-
- ☐
- Sign

LEVEL 2: \$70

- ☐
- Major Alteration of an Existing Building/Structure
-
- ☐
- Addition to an Existing Building/Structure

LEVEL 3: \$100

- ☐
- Construction of New Building/Structure

PROJECT ARCHITECT/ENGINEER

PLEASE PRINT

Name: Grant AstourCompany: Astour AssociateAddress: 9709 Dutchtown Rd.City: Knoxville State: TN Zip: 37923Telephone: 865-687-8015

Fax: _____

E-mail: _____

PROJECT CONTRACTOR

PLEASE PRINT

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

PROJECT CONTACT

All application-related correspondence should be directed to:

PLEASE PRINT

Name: David Randle

Company: _____

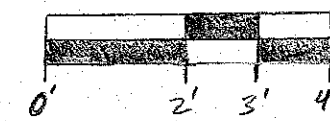
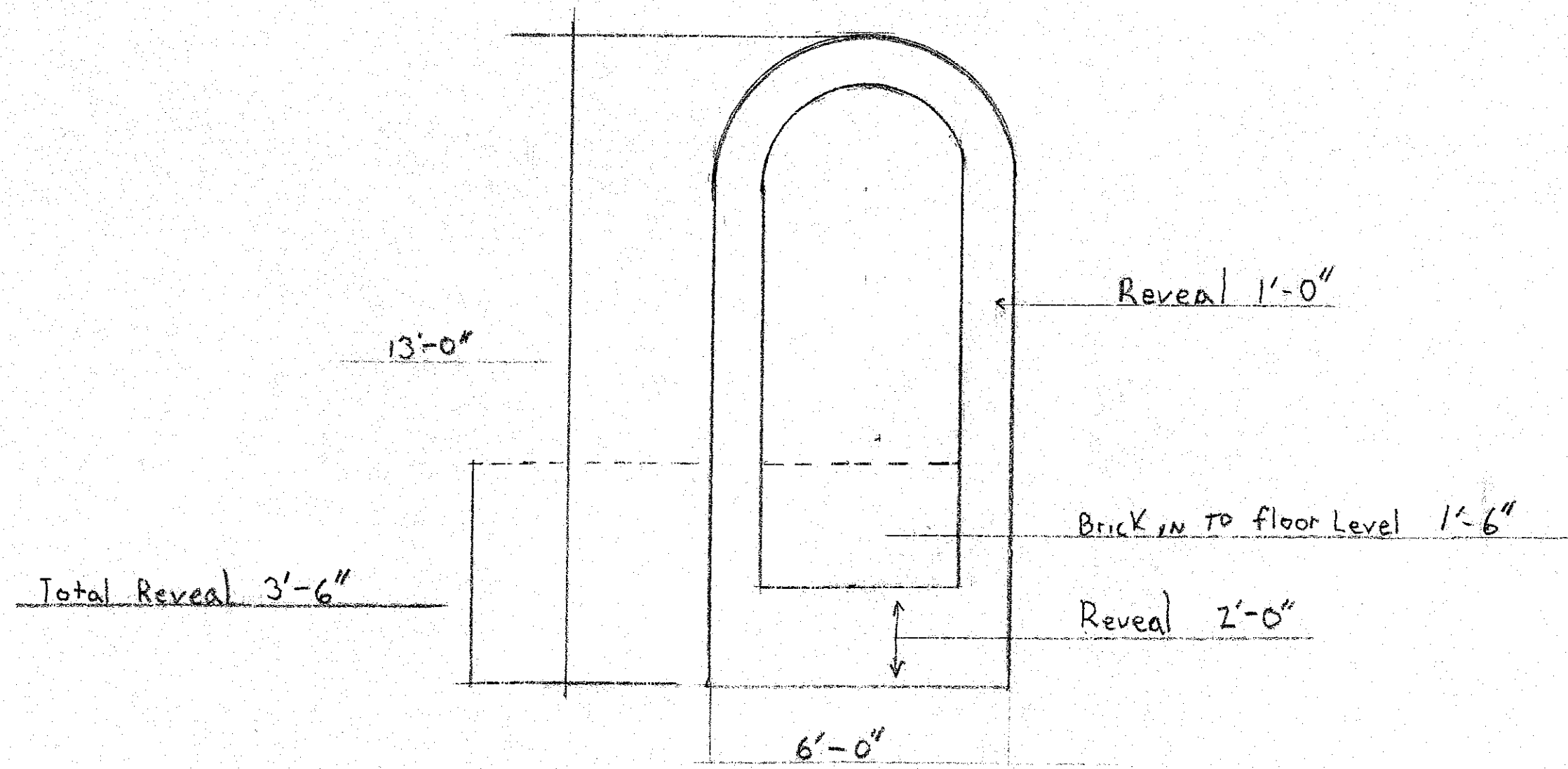
Address: _____

City: _____ State: _____ Zip: _____

Telephone: 964-9153

Fax: _____

E-mail: _____



SCALE: 3/8" = 1'		APPROVED BY:
DATE:		