



Suite 403 • City County Building
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Downtown Knoxville Design Overlay District Certificate of Appropriateness

Name of Applicant: Leigh A. Burch III

Owner Contractor Architect Engineer Other

Date Filed: 8/4/14 Application accepted by: Michael Reynolds

Fee Amount: \$50 Review Date: 9/17/14 File Number: 9-C-14-DT

PRE-APPLICATION CONFERENCE		Date Completed:
<p style="text-align: center;">PROPERTY INFORMATION</p> <p>Building or Project Name: <u>STERCHI LOFTS</u></p> <hr/> <p>Street Address: <u>116 S. GAY Street</u></p> <p>Parcel Identification Number(s): _____</p> <hr/> <p style="text-align: center;">PROPERTY OWNER</p> <p>PLEASE PRINT Name: <u>Leigh A. Burch III d/b/a</u> <u>STERCHI LOFTS L.P.</u></p> <p>Company: <u>''</u></p> <p>Address: <u>126 S. GAY ST.</u></p> <p>City: <u>KNOXVILLE</u> State: <u>TN</u> Zip: <u>37902</u></p> <p>Telephone: <u>865 673-6800</u></p> <p>Fax: <u>865.525.3395</u></p> <p>E-mail: <u>lab3rd36@comcast.net</u></p>	<p style="text-align: center;">PROJECT ARCHITECT/ENGINEER</p> <p>PLEASE PRINT Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	
<p style="text-align: center;">ACCOMPANYING MATERIALS</p> <p>Please see the reverse side of this form for a list of information required as part of this application.</p>	<p style="text-align: center;">PROJECT CONTRACTOR</p> <p>PLEASE PRINT Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	
FOR OFFICE USE ONLY		
<p style="text-align: center;">PROJECT INFORMATION</p> <p>LEVEL 1: \$50</p> <p><input checked="" type="checkbox"/> Minor Alteration of an Existing Building/Structure</p> <p><input type="checkbox"/> Sign</p> <p>LEVEL 2: \$100</p> <p><input type="checkbox"/> Major Alteration of an Existing Building/Structure</p> <p><input type="checkbox"/> Addition to an Existing Building/Structure</p> <p>LEVEL 3: \$250</p> <p><input type="checkbox"/> Construction of New Building/Structure</p>	<p style="text-align: center;">PROJECT CONTACT</p> <p>All application-related correspondence should be directed to:</p> <p>PLEASE PRINT Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	

NOTE: Payment is due at time of application. Please make check payable to Knoxville Knox County Metropolitan Planning Commission.





