

# Downtown Knoxville Design Overlay District Certificate of Appropriateness

Name of Applicant: Daniel Smith

Owner  Contractor  Architect  Engineer  Other \_\_\_\_\_

Date Filed: 4/1/16 Application accepted by: Mike Reynolds

Fee Amount: 50.00 Review Date: 4/20/2016 File Number: 4-D-16-DT

<b>PRE-APPLICATION CONFERENCE</b>	Date Completed: _____
<p style="text-align: center;"><b>PROPERTY INFORMATION</b></p> <p>Building or Project Name: _____ <u>THE CROZIER</u></p> <p>Street Address: <u>115 WILLOW AVE</u></p> <p>Parcel Identification Number(s): _____ <u># 0954A00401</u></p>	<p style="text-align: center;"><b>PROJECT ARCHITECT/ENGINEER</b></p> <p>PLEASE PRINT Name: <u>DUANE GRIEVE</u></p> <p>Company: <u>GRIEVE ASSOC ARCHITECTS</u></p> <p>Address: <u>#8 EMORY PLACE</u></p> <p>City: <u>KNOXVILLE</u> State: <u>TN</u> Zip: <u>37917</u></p> <p>Telephone: <u>865-637-0382</u></p> <p>Fax: <u>865-637-2046</u></p> <p>E-mail: _____</p>
<p style="text-align: center;"><b>PROPERTY OWNER</b></p> <p>PLEASE PRINT Name: <u>NEXT STEP DEVELOPMENT LLC</u></p> <p>Company: _____</p> <p>Address: <u>315 TRALE DR</u></p> <p>City: <u>KNOXVILLE</u> State: <u>TN</u> Zip: <u>37919</u></p> <p>Telephone: <u>865-406-0938</u></p> <p>Fax: <u>865-971-6888</u></p> <p>E-mail: _____</p>	<p style="text-align: center;"><b>PROJECT CONTRACTOR</b></p> <p>PLEASE PRINT Name: <u>NATIONAL SERVICES LLC</u></p> <p>Company: _____</p> <p>Address: <u>315 TRALE DR</u></p> <p>City: <u>KNOXVILLE</u> State: <u>TN</u> Zip: <u>37919</u></p> <p>Telephone: <u>865 588-1558</u></p> <p>Fax: <u>865 588-1557</u></p> <p>E-mail: _____</p>
<p style="text-align: center;"><b>ACCOMPANYING MATERIALS</b></p> <p>Please see the reverse side of this form for a list of information required as part of this application.</p>	
<p><i>FOR OFFICE USE ONLY</i></p>	
<p style="text-align: center;"><b>PROJECT INFORMATION</b></p> <p>LEVEL 1: \$50  <input checked="" type="checkbox"/> Minor Alteration of an Existing Building/Structure  <input type="checkbox"/> Sign</p> <p>LEVEL 2: \$100  <input type="checkbox"/> Major Alteration of an Existing Building/Structure  <input type="checkbox"/> Addition to an Existing Building/Structure</p> <p>LEVEL 3: \$250  <input type="checkbox"/> Construction of New Building/Structure</p>	<p style="text-align: center;"><b>PROJECT CONTACT</b></p> <p>All application-related correspondence should be directed to:</p> <p>PLEASE PRINT Name: <u>DANIEL SMITH</u></p> <p>Company: _____</p> <p>Address: <u>810 HEKLEY ST</u></p> <p>City: <u>KNOXVILLE</u> State: <u>TN</u> Zip: <u>37902</u></p> <p>Telephone: <u>865 406-0938</u></p> <p>Fax: <u>865 971-6888</u></p> <p>E-mail: _____</p>

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











