METROPOLITAN Downtown Knoxville Design Overlay District Certificate of Appropriateness

The state of the s	PLANNING COMMISSION Name of Applicant: Saker	Jones/Sianco
Date Filed: 7/2/70/8 Application accepted by: Mire Property PRE-APPLICATION CONFERENCE PROPERTY INFORMATION Building or Project Name: Reby K: Eduan Street Address: UD Jackson Aut. Parcel Identification Number(s): 09466012.0 PROPERTY OWNER PROPERTY OWNER PROPERTY OWNER PROPERTY OWNER Please PRINT Name: Thomas Boyd City: Markille State: Th Zip: 37902 Telephone: Fax: E-mail: Telephone: Fax: City: Markille State: Th Zip: 37902 Telephone: For Office USE ONLY PROJECT INFORMATION LEVEL 1: \$50 Million Alteration of an Existing Building/Structure Sign LEVEL 2: \$100 Major Alteration of an Existing Building/Structure Address: City: State: Zip: Telephone: Telephone: State: Zip: Telephone: State: Zip: Telephone: Sign LEVEL 3: \$250	T E N N E C C C	
PRE-APPLICATION CONFERENCE PROPERTY INFORMATION Building or Project Name: Rebet Kitchen Street Address: LLD Dackson Auc., Parcel Identification Number(s): D9466012.01 PROPERTY OWNER PLEASE PRINT Name: Company: State: Zip: Telephone: Fax: E-mail: PROJECT CONTRACTOR PLEASE PRINT Company: State: TD Zip: 37902 Telephone: (155) 947-2586 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: \$50 Minor Alteration of an Existing Building/Structure Sign LEVEL 2: \$100 Major Alteration of an Existing Building/Structure Address: City: State: Zip: Telephone: Telephone: State: Zip: State: Zip: Telephone: State: Zip:	400 Main Street Knoxville, Tennessee 37902 Date Filed: 7/21/70/8 Appli	cation accepted by: Wike Raynolds
PROPERTY INFORMATION Building or Project Name: Sebel Kitchen Street Address: ID Jackson Auc. Parcel Identification Number(s): D9466012.01 PROPERTY OWNER PLEASE PRINT Thomas Toylo Company: Telephone: Fax: E-mail: PROJECT CONTRACTOR PLEASE PRINT Address: The Toylo City: Maguille State: The Toylo Telephone: (165) 947-2686 Fax: E-mail: info@Signe - inc. com PROJECT CONTACT Address: The Toylo Telephone: (165) 947-2686 Fax: E-mail: info@Signe - inc. com PROJECT CONTACT All application-related correspondence should be directed to: PROJECT CONTACT All application-related correspondence should be directed to: PLEASE PRINT Name: Company: Address: City: Maguille State: The Toylo Telephone: Fax: E-mail: info@Signe - inc. com Address: Company: Address: City: State: Zip: Telephone: Fax: Fax: Fax: Fax: Company: Address: City: State: Zip: Telephone: Fax: Fax: Fax: Fax: Company: Address: City: State: Zip: Telephone: Fax: Fax: Company: Address: City: State: Zip: Telephone: Fax: Fax: Company: Address: City: State: Zip: Telephone: Telephone: Fax: Fax: Company: Address: City: State: Zip: Telephone: Telephone: Fax: Company: Address: City: State: Zip: Telephone: Telephone: Fax: Company: Address: City: State: Zip: Telephone: Telephone: Fax: F	8 6 6 . 2 1 5 . 2 5 0 0	
Building or Project Name: Rebel Kitchen Street Addross: ILD Jackesh Auc. Parcel Identification Number(s): D9466012.01 PROPERTY OWNER PLEASE PRINT Name: City: State: Zip: Telephone: Fax: E-mail: PROJECT CONTRACTOR PROJECT CONTRACTOR PROJECT CONTRACTOR PROJECT CONTRACTOR PLEASE PRINT Name: E-mail: PROJECT CONTRACTOR PROJECT CONTRACTOR PLEASE PRINT Name: City: Kandrille State: TN Zip: 37902 Company: Signed Toe. Address: Stoll Now Park In. City: Kandrille State: TN Zip: 37902 Company: Signed Toe. Address: Stoll Now Park In. City: Kandrille State: TN Zip: 37902 Company: Signed Toe. Address: Stoll Now Park In. City: Kandrille State: TN Zip: 37902 Company: Signed Toe. Address: Toe. PROJECT CONTACT All application-related correspondence should be directed to: PROJECT CONTACT All application-related correspondence should be directed to: PLEASE PRINT Name: Sign LEVEL 1: \$50 Minor Alteration of an Existing Building/Structure Sign LEVEL 2: \$100 Major Alteration of an Existing Building/Structure Addiress: City: State: Zip: Telephone: Telephone: State: Zip: Telephone: Telephone: Fax: F	PRE-APPLICATION CONFERENCE	Date Completed:
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PROJECT CONTRACTOR PROJECT CONTRACTOR PROJECT CONTRACTOR PLEASE PRINT Name: Company: Signed Jack Dr.		Fax:
Address: III Sauksan Are City: Knavuille State: III Zip: 37902 Telephone: Fax: E-mail: 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: \$50 Minor Alteration of an Existing Building/Structure Sign LEVEL 2: \$100 Major Alteration of an Existing Building/Structure Addition to an Existing Building/Structure Address: PLEASE PRINT Sauc III Address: Company: Sign PLEASE PRINT Sauc III Address: E-mail: Info@SignLo - Inc. Com PROJECT CONTACT All application-related correspondence should be directed to: PLEASE PRINT Sauc III Name: City: Knavuille State: III Zip: 37921 Telephone: E-mail: Info@SignLo - Inc. Com Name: City: State: Zip: Telephone: Telephone: Telephone: Fax: Telephone: Telephone: Fax: Telephone: Telephone: Fax: Telephone: Fax: Telephone: Telephone:	Name: Thomas Boyd	E-mail:
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Telephone: Fax: E-mail: 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: \$50 Minor Alteration of an Existing Building/Structure Sign LEVEL 2: \$100 Major Alteration of an Existing Building/Structure Address: Company: Address: Company: Address: City: State: Telephone: Company: Address: City: State: Tip: Telephone: Telephone: Fax: Fax: E-mail: Telephone: Company: Address: City: State: Zip: Telephone: Fax: Telephone: Fax: Telephone: Fax:		
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LEVEL 5. \$250	/ LEVEL 2: \$100 ☐ Major Alteration of an Existing Building/Structure	City: State: Zip:





