

SEVIERVILLE DEPARTMENT OF PLANNING AND DEVELOPMENT

120 GARY WADE BOULEVARD
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DEVELOPMENT REVIEW PROCESS AND APPLICANT GUIDELINES, CITY ZONING MAP, CITY ZONING TEXT, AND
CITY/PLANNING REGION SUBDIVISION REGULATIONS AVAILABLE IN OFFICE OR ONLINE

APPLICATION FOR PLANNING AND ZONING SERVICES

SUBMIT WITH SIX (6) COPIES OF PLANS (IF APPLICABLE) NO LATER THAN TWENTY (20) DAYS PRIOR TO THE FIRST THURSDAY OF THE MONTH

| √ | PROJECT TYPE OR REQUEST | √ | PROJECT TYPE OR REQUEST |
|---|---|---|--|
| | SITE PLAN | | ANNEXATION |
| | SUBDIVISION PLAT ___ PRELIM ___ FINAL | | SIGN REVIEW (MONUMENT AND NONPROFIT OFF-PREMISES SIGNS) |
| | REZONING (STATE PROPOSED USE BELOW) | | BOARD OF ZONING APPEALS (BZA) ___ VARIANCE ___ INTERPRETATION ___ OTHER |
| | OTHER (DESCRIBE REQUESTED SERVICE/ACTION BELOW IF NOT INCLUDED IN THE LIST ABOVE) | | |

LOCATION OF PROJECT (STREET and/or MAP/PARCEL OF SITE PLAN, SUBDIVISION, REZONING REQUEST, ANNEXATION, SIGN REVIEW, BZA REQUEST, OR OTHER REQUEST)

PROPOSED USE (REQUIRED FOR *SITE PLAN REVIEW* OR *REZONING REQUEST*) _____

BZA REQUEST (PROVIDE RELEVANT DETAILS AND INDICATE REQUESTED ACTION) _____

APPLICANT ___ **OWNER** ___ **AGENT FOR OWNER** (AGENTS MUST PROVIDE OWNER CONTACT INFORMATION BELOW)

MAILING ADDRESS (INCLUDE ZIP CODE) _____

TELEPHONE (DAYTIME with AREA CODE) _____

PROPERTY OWNER(S) and CONTACT INFORMATION (IF DIFFERENT THAN THE APPLICANT)
