



Request Date \_\_\_\_\_

# Site Plan Permit Application

(non-residential)

Sevier County Planning and Zoning Department  
227 Cedar Street ~ Sevierville, TN. 37862

Telephone: (865) 453-3882

Fax: (865) 453-5923

**PROPERTY ADDRESS** **PROPERTY OWNER**

Street Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Street Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ ZIP \_\_\_\_\_

Phone Number: \_\_\_\_\_

**APPLICANT: ( if not owner: contractor, etc)**

Name: \_\_\_\_\_

If you would like the Zoning Compliance Permit sent to you, when issued, please provide your email address below.

Developer Engineer Architect Surveyor

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PERMIT INFORMATION (Please Check All That Apply)**

- Development Type:**     Commercial     Multi-family     Industrial     Public     Cell Tower
- Addition/Expansion     Accessory Building     Other use \_\_\_\_\_

Development Name: \_\_\_\_\_

# of Buildings/Units \_\_\_\_\_ Building Length \_\_\_\_\_ Width \_\_\_\_\_ Ave. Height \_\_\_\_\_ Story(s) \_\_\_\_\_ Kitchen/Restrooms: Yes No

Description of Work: \_\_\_\_\_

**UTILITY INFORMATION**

Water: \_\_\_\_\_ Public \_\_\_\_\_ Well \_\_\_\_\_ PPS (Private Public System)      Sewer: \_\_\_\_\_ Public \_\_\_\_\_ On Lot (Septic) \_\_\_\_\_ PPS (Private Public System)

Utility Name: \_\_\_\_\_

Utility Name: \_\_\_\_\_

**The Sevier County Zoning Resolution requires that any new commercial, industrial, multi-family and public developments be reviewed and approved by the Sevier County Planning Department and/or the designated Planning Commission. Refer to the Sevier County Zoning Resolution for specific requirements for Commercial Site Plans.**

I, the undersigned being the owner or applicant for the PERMIT described above, affirm the accuracy of the above information about the property and use described. I also authorize an agent of Sevier County Government to visit these premises for the purpose of inspecting setbacks and height restrictions. Any incorrect information provided causes this application and subsequent permit to be null and void.

The **Site Plan Permit** is valid for six (6) months after which times it is invalid if construction on the project site is not progressing.

Signature of Applicant: \_\_\_\_\_ Circle One: Owner Contractor Applicant Date: \_\_\_\_\_

**PROPERTY INFORMATION (To be completed by Planning Staff)**

Subdivision : \_\_\_\_\_ Lot Number: \_\_\_\_\_ Tax Map \_\_\_\_\_ Group \_\_\_\_\_ Parcel \_\_\_\_\_

Zoning District: A-1 R-1 R2-M R-2 C-1 C-2 I-1 CS Civil District: \_\_\_\_\_ Acreage: \_\_\_\_\_ Ac \_\_\_\_\_ SF

Overlay districts: CS Flood Hazard Areas: A AE STREAM N/A

Impact: Y Y Y Y

Site Plan Approval: \_\_\_\_\_ Site Plan Permit # \_\_\_\_\_ ZCP # \_\_\_\_\_