



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 # _____