



Plans Review & Inspections

City County Building
400 Main Street, Suite 475
Knoxville, TN 37901

Email your application to
bldginspections@knoxvilletn.gov

Temporary Use Permit Application

LOCATION		PROPERTY OWNER	
Business Name _____		Name _____	
Street Address _____		Street Address _____	
City, State, Zip _____		City, State, Zip _____	
Subdivision/Shopping Center _____		Phone Number _____	
CLT _____	Zoning District _____	Email _____	
APPLICANT INFORMATION		APPLICANT IS:	CONTACT
Name _____		Owner <input type="checkbox"/>	Name _____
Street Address _____		Contractor <input type="checkbox"/>	Primary Phone# _____
City, State, Zip _____		Tenant <input type="checkbox"/>	Secondary # _____
Phone Number _____		Other <input type="checkbox"/>	(describe): _____

[illegible]

ADDITIONAL INFORMATION		
Anticipated Start Date:		
Anticipated End Date:		

The applicant of this permit does hereby covenant and agree to comply with the ordinances of this jurisdiction pertaining to said building and site, and to construct the proposed use in accordance with the plans and specifications submitted herewith, and certify that the information and statement given on this application, drawings, and specifications are to be the best of their knowledge, true and correct. It is understood and agreed by the applicant that any error, misstatement, or misrepresentation of the fact, either with or without intention on his part, such as might, if known cause a refusal of this application or any alternative or change in plans made without approval of the Zoning Inspector subsequent to the issuance of the temporary use permit shall constitute sufficient grounds for revocation of such permit and the temporary use will be declared illegal.

APPLICANT'S SIGNATURE _____ DATE _____

OWNER AUTHORIZATION FORM

It is requested that a Temporary Use Permit application be accepted by the Plans Review and Inspections Division of the City of Knoxville for property generally located at:

(e.g. northeast corner of Kroger parking lot at 85th Ave. & Mountain View Road)

Tax Parcel Number _____ - _____ - _____

Address (if applicable) _____

Said property is owned by:

I hereby certify that the above information and information submitted as part of the requested application is correct, and that I am authorized to file an application on said property, being either the owner of record or authorized by the owner. (If not owner of record, attach written authorization from owner.)

Owner's Name

Owner's Signature and Date