

CASE SUMMARY

APPLICATION TYPE: ROW CLOSURE

KNOXVILLE-KNOX COUNTY

M P C
METROPOLITAN
P L A N N I N G
C O M M I S S I O N

T E N N E S S E E

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File Number: 8-C-08-SC Related File Number:
Application Filed: 7/14/2008 Date of Revision:
Applicant: FORT SANDERS REGIONAL MEDICAL CENTER

PROPERTY INFORMATION

General Location:

Other Parcel Info.:

Tax ID Number: 94 N K 004,019

Jurisdiction: City

Size of Tract:

Accessibility:

GENERAL LAND USE INFORMATION

Existing Land Use:

Surrounding Land Use:

Proposed Use:

Density:

Sector Plan: Central City

Sector Plan Designation:

Growth Policy Plan: Urban Growth Area (Inside City Limits)

Neighborhood Context:

ADDRESS/RIGHT-OF-WAY INFORMATION (where applicable)

Street: Nineteenth St.

Location: Between Clinch Avenue and Laurel Avenue

Proposed Street Name:

Department-Utility Report: No objections received as of 7/25/08: subject to any required easements.

Reason: To enhance the public safety of pedestrians and vehicles at the Hospital Emergency entrance, and to be able to provide a connection between proposed building expansion and the present hospital facility.

ZONING INFORMATION (where applicable)

Current Zoning: O-1 (Office, Medical, and Related Services)

Former Zoning:

Requested Zoning:

Previous Requests:

Extension of Zone:

History of Zoning:

PLAN INFORMATION (where applicable)

Current Plan Category:

Requested Plan Category:

SUBDIVISION INFORMATION (where applicable)

Subdivision Name:

No. of Lots Proposed:

No. of Lots Approved: 0

Variances Requested:

S/D Name Change:

OTHER INFORMATION (where applicable)

Other Bus./Ord. Amend.: To enhance the public safety of pedestrians and vehicles at the Hospital Emergency entrance, and to be able to provide a connection between proposed building expansion and the present hospital facility.

MPC ACTION AND DISPOSITION**Planner In Charge:** Ken Pruitt**Staff Recomm. (Abbr.):** APPROVE the closure, subject to any required easements or relocation of utilities by applicant as required.**Staff Recomm. (Full):** This closure is needed to allow this regional medical facility to construct additional facilities to allow them to continue meeting the medical needs of this community and the region. The closure will also allow the existing and proposed structures of the facility to operate in a safe manner and comply with the federal handicapped accessibility requirements.**Comments:** The applicant was requested and did provide a traffic impact analysis for this closure which showed the existing street network will continue to function in a satisfactory manner with this closure. (See attachments from the applicant as well as from the MPC staff.)**MPC Action:** Approved**MPC Meeting Date:** 8/14/2008**Details of MPC action:****Summary of MPC action:** approve the closure, subject to any required easements or relocation of utilities by applicant as required,**Date of MPC Approval:** 8/14/2008**Date of Denial:****Postponements:****Date of Withdrawal:****Withdrawn prior to publication?:** **Action Appealed?:****LEGISLATIVE ACTION AND DISPOSITION****Legislative Body:** Knoxville City Council**Date of Legislative Action:** 9/9/2008**Date of Legislative Action, Second Reading:** 9/23/2008**Ordinance Number:****Other Ordinance Number References:****Disposition of Case:** Approved**Disposition of Case, Second Reading:** Approved**If "Other":****If "Other":****Amendments:****Amendments:****Date of Legislative Appeal:****Effective Date of Ordinance:**