

# CASE SUMMARY

APPLICATION TYPE: SUBDIVISION

FINAL PLAT

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

Suite 403 • City County Building  
400 Main Street  
Knoxville, Tennessee 37902  
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www.knoxmpc.org

File Number: 9-SD-13-F                      Related File Number:  
Application Filed: 7/29/2013              Date of Revision:  
Applicant: EAST TENNESSEE CHILDREN'S HOSPITAL

## PROPERTY INFORMATION

General Location: At the intersection of White Avenue and S. Twenty First Street  
Other Parcel Info.:  
Tax ID Number: 108 C C 019                      Jurisdiction: City  
Size of Tract: 1.08 acres  
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:  
Location:  
Proposed Street Name:  
Department-Utility Report:  
Reason:

## 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:** East Tennessee Children's Hospital Property

**No. of Lots Proposed:** 1                      **No. of Lots Approved:** 1

**Variances Requested:** 1. To reduce the required right of way of White Avenue from 25' to 23' along entire property line where it has not been previously reduced.  
2. To reduce the required utility and drainage easement on Lot 1R from 10' to 0' along the north, east, and west lot lines.  
3. To reduce the required utility and drainage easement on Lot 1R from 10' to 3' along the south lot line.

**S/D Name Change:**

**OTHER INFORMATION (where applicable)**

**Other Bus./Ord. Amend.:**

**MPC ACTION AND DISPOSITION**

**Planner In Charge:** Emily Dills

**Staff Recomm. (Abbr.):** Approve Variances 1-3  
APPROVE Final Plat

**Staff Recomm. (Full):**

**Comments:**

**Action:** Approved

**Meeting Date:** 9/12/2013

**Details of Action:**

**Summary of Action:** Approve Variances 1-3  
APPROVE Final Plat

**Date of Approval:** 9/12/2013

**Date of Denial:**

**Postponements:**

**Date of Withdrawal:**

**Withdrawn prior to publication?:**  **Action Appealed?:**

**LEGISLATIVE ACTION AND DISPOSITION**

**Legislative Body:**

**Date of Legislative Action:**

**Date of Legislative Action, Second Reading:**

**Ordinance Number:**

**Other Ordinance Number References:**

**Disposition of Case:**

**Disposition of Case, Second Reading:**

**If "Other":**

**If "Other":**

**Amendments:**

**Amendments:**

**Date of Legislative Appeal:**

**Effective Date of Ordinance:**

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