



FORM-BASED CODE PLAN REVIEW CHECKLIST



Page 1 of 2

Date Filed: _____ Case Number: _____ Received By: _____

This checklist is to ensure that the Applicant knows what items will be reviewed and to aid in the review process of this project. This checklist must be fully completed and submitted at the time of application submission. For any questions, please contact the Development Review Planner, Emily Dixon, at 423.643.5834 or edixon@tvn.net

Address: _____

Zoning: _____

Project Name: _____

Building Permit Number: _____

Other existing permits: _____

Variance? _____

Was this an existing development or new? _____

What is the use? _____

What is the lot size (sqft)? _____

What is the lot width? _____

What are your setbacks?

Front/Primary Street _____

Right Side _____

Left Side _____

Rear Street _____

What is the percentage of lot frontage on the primary street? _____

What is the percentage of lot frontage on the Side Street? _____

Will you need a new curb cut? _____

Is it on a primary street or secondary? _____

What is your parking setback? _____

Protective Zone? _____

Buffer Around Parking? _____

Required Parking? _____

Provided Parking _____/5= _____ Trees

Required Bike Parking? _____

Provided Bike Parking _____

Ground Floor Elevation? _____

What is the building height? _____

How many living units are in your building? _____

Number of floors in your building? _____

What is the spacing between your entrances? _____

What is your transparency on the ground story? _____

What is your transparency on the upper story? _____



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What is the length of the greatest blank wall on the front of your building? _____

What is the width of your sidewalk? _____

What is your tree spacing? _____

Screening for dumpster? _____

Screening for equipment? _____

What are your signage dimensions? _____

Sign Type? _____

Provide:

Window Specifications

Lighting Specifications

Sign Specifications

I (We) certify that the facts set out in the Review Checklist are true to the best of my knowledge. I (We) understand that failure to provide adequate and complete information shall result in an incomplete plan review. This plan review will be on hold until the requested items or information are submitted.

In the event that the applicant/agent is not the owner, I (we) certify that the listed individual as the applicant/agent has the power and permission to represent the owner in this application and all matters related to it.

Applicant/Agent or Owner (Print Name)

Date

Applicant/Agent or Owner Signature