

APPLICATION FOR THE DOWNTOWN MARYVILLE DESIGN REVIEW BOARD

APPLICATION REQUIREMENTS: Completed applications must be received by the Development Services Department by the third Monday of each month in order to be placed on the next agenda. Prior to submitting an application, applicants are encouraged to schedule a meeting with a Development Services Department staff member. If you have any questions or would like to schedule a pre-submittal meeting, please contact the Development Services Department at (865) 273-3500.

Applicants must include a written description of all proposed work and other supporting information, for example, color copies, photographs, drawings, building elevations, product brochures, paint chips, etc. Digital (pdf) copies of applications are preferred; faxed applications will not be accepted. Emailed applications and supporting documentation will be accepted at development@maryville-tn.gov. If submitting a paper application, applicants should provide ten copies of the application and all supporting documentation. These may be submitted in person or by mail to: Development Services Department, City of Maryville, 416 W. Broadway Ave., Maryville, TN 37801.

MEETING TIME / PLACE / ATTENDANCE: The Board meets on the second Monday of each month at 5:00 p.m. in the Maryville Municipal Center's Council Chambers (on the Middle Level), located at 400 W. Broadway Ave. Applicants must attend the meeting to present their applications and answer questions.

ZONING REGULATIONS: Applicants should reference the zoning regulations applicable to their property prior to preparing their application. The zoning regulations are available at the offices of the Development Services Department and by e-mailing ksduggan@maryville-tn.gov

2019 MARYVILLE DOWNTOWN DESIGN REVIEW BOARD SCHEDULE		
Meeting Date	Submittal Date	
January 14	December 17	
February 11	January 21	
March 11	February 18	
April 8	March 18	
May 13	April 15	
June 10	May 20	
July 8	June 17	
August 12	July 15	
September 9	August 19	
October 14	September 16	
November 11	October 21	
December 9	November 18	

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DATE OF APPLICATION:	
APPLICANT'S NAME:	
NAME OF COMPANY/BUSINESS:	
APPLICANT'S PHONE NUMBER:	
APPLICANT'S EMAIL ADDRESS:	
APPLICANT'S MAILING ADDRESS:	
ADDRESS OF RELATED PROPERTY:	
ZONING DISTRICT:	
SUMMARY OF PROPOSED WORK:	