

Potential Postponement

	I (applicant name) am	submitting an application for a Certificate of Appropriateness
	from the Knoxville Historic Zoning Commis	sion or Knox County Historic Zoning Commission for work to be
	completed at (property address)	
	I understand that, due to the COVID-19 outbreak, the Historic Zoning Commission meeting scheduled for	
	April 16, 2020 may be postponed. I unders	tand that consideration of my application may be postponed.
	Printed name	
	Signature	
	Date	
F	or Staff Completion:	
	Date of application	
	File number	