

ANNUAL SLEEPING QUARTERS APPLICATION PLANNING AND CODES DEPARTMENT



City of Alcoa • 223 Associates Boulevard • Alcoa, TN 37701 • Ph#: (865)380-4730 • Email: planningandcodes@cityofalcoa-tn.gov

Applicant: _____
Mailing Address: _____
Telephone: _____ Email: _____

Principle Use Owner: _____
Mailing Address: _____
Telephone: _____ Email: _____

Agent/Contact: _____
Mailing Address: _____
Telephone: _____ Email: _____

LOCATION OF SLEEPING QUARTERS:

Property Address: _____

| | | | |
|----------------|-------|----------------|-------|
| Map Number: | _____ | Group Number: | _____ |
| Parcel Number: | _____ | Parcel Zoning: | _____ |

ZONING AND LAND USE PROVISIONS FOR SLEEPING QUARTERS:

- An initial approval by the Alcoa Municipal Regional Planning Commission is to be granted for the establishment of a sleeping quarters unit. Has this location received prior approval? ___Yes or ___No (**Note that a sleeping quarters unit is permissible within the General Business District “E” zone as a by right use. If located within the Light Industrial District “F” and Heavy Industrial District “G” zones, this use is only permissible if granted a special exception by the Alcoa Board of Zoning Appeals.**)
- An annual application is to be filed each January at locations approved to have a sleeping quarters unit. An annual fee is to accompany an application in the amount of \$150.00. This fee is for the issuance of an annual permit after passing an annual safety inspection. This inspection is to be performed jointly by Building and Fire.
- Signage to identify a sleeping unit as a watchman, caretaker or custodian quarters is to be displayed 24/7/365 by permanently affixing the same adjacent to or directly on the entrance door of the unit. Is this signage displayed as required? ___Yes or ___No (**Please attach a current photo of this signage displayed as required.**)

SIGNATURE OF APPLICANT:

The undersigned hereby applies to the City of Alcoa, Tennessee for approval as indicated by action requested above. I hereby certify that I am the applicant and principle use owner of a sleeping quarters unit, or duly authorized agent of the applicant, and the information submitted in this application is true and correct to the best of my knowledge at the time of application.

Applicant/Agent Signature

Date

OFFICE USE ONLY

Date Application Received: _____

Application Fee Paid: \$ _____

(See Permit Fee Above)

Receipt Number: _____

Sleeping Quarters Unit Submitted Location: _____

(A=Approved D=Denied)

Step 1: Planning (Zoning/Use Confirmation that Sleeping Quarters Unit is at an Approved Location) **A** **D** **Initial**
 (____)

Jeremy Pearson or Ashley Miller (865-380-4730)

Comments: _____

Step 2: Codes (Safety Inspection of Sleeping Quarters Unit) (____)

Joe Ellis or Chance Hawkins (865-380-4730)

Comments: _____

Step 3: Fire (Safety Inspection of Sleeping Quarters Unit) (____)

Kevin Freeman or Evan Underwood (865-380-4998)

Comments: _____