

**APPLICATION**  
Board of Zoning Appeals



**APPLICANT INFORMATION:**

Last Name Featherstone First Travis M.I. R Date 9/14/2023  
Street Address 4191 Skyland Drive Apartment/Unit #  
City Kingsport State TN ZIP 37664  
Phone 770-865-3259 E-mail Address travis.thegraylinegroup@gmail.com

**PROPERTY INFORMATION:**

Tax Map Information Tax map: 46P Group: C Parcel: 86 Lot: 39  
Street Address 134 Cherokee Street Apartment/Unit #  
Current Zone B-2 Proposed Zone No change  
Current Use Parking Lot Proposed Use Food Truck Lot

**REPRESENTATIVE INFORMATION:**

Last Name Same as Applicant First M.I. Date  
Street Address Apartment/Unit #  
City State ZIP  
Phone E-mail Address

**REQUESTED ACTION:**

**Zoning interpretation of whether the proposed structure is a principal structure or an accessory structure. The Board's interpretation determines where the structure must be located per the B-2 zone standards.**

**DISCLAIMER AND SIGNATURE**

By signing below I state that I have read and understand the conditions of this application and have been informed as to the location, date and time of the meeting in which the Board of Zoning Appeals will review my application. I further state that I am/we are the sole and legal owner(s) of the property described herein and that I am/we are appealing to the Board of Zoning Appeals.

Signature: [Handwritten Signature] Date: 9/14/2023

Signed before me on this 14 day of September 2023

a notary public for the State of Tennessee

County of Sullivan

Notary Lori Lane  
November 21 2026

