PUBLIC COMMENTS OPPOSITION

CARROLLTON TEXAS PLANNING & ZONING APPEARANCE CARD

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.
Name ANNA GOSLANG Phone 972-815-918 Bate 35/15
Name ANNA GOSLANG Phone 972-815-918 Bate 35/15 Address 1602 E. FRANKFOLD # 1207 City CARROLLIONZID 75007
Public Hearing Agenda Item # 13 + 14
I wish to speak IN FAVOR of this item I wish to speak IN OPPOSITION to this item.
I wish to speak IN FAVOR of this item. I wish to speak IN OPPOSITION to this item. SUPPORT OPPOSITION. Please identify the group or organization you represent, if any:
Please identify the group or organization you represent, if any:

Case No/Name: 10-1423 Mcloy VillAs Date:	3-22-15
Name: Teny Fortin	
Address: 150360Den GATE DR. City, ST, ZIP: CAMOUTON, Tx. 75	20 desired
I hereby register my: Support Opposition	MAR 2 3 2015
to the above referenced case. Comments:	Planning City of Carrollton
Privacy Loberspace	are Veny
important to me. As	Alle Property
Signature: Tey Forting	VALUES.
Tring farm to take	

Name:	('oy withas)
Address: /72	6 (70/den Cate Dr.
City, ST, ZIP:	rrolltan, Tx 7(007
I hereby register my:	
Comments: Do	NOT WANT
POUSTING	tion - this is
Children	WOOLKWATCENEDA
	Marc 0.2 7315
Signature:	Pulled and a second
	Building Inspection City of Carrollton
	15MD1 McCoy Villas Date: 2/25/1
Name: Jace	ab Anderson
Name: Sace Address: 1403	3 Golden Gote Dr.
Name: Sace Address: 1403	ab Anderson
Name: Sace Address: 1403	Support Deposition
Name: Sacce Address: 1403 City, ST, ZIP: Cay I hereby register my:	Sch Anderson Galden Gote Dr. Mallton, TX 75007 Support Opposition ase.
Name: Sacce Address: 1403 City, ST, ZIP: Cay I hereby register my: to the above referenced ca	Sch Anderson Galden Gote Dr. Mallton, TX 75007 Support Opposition ase.
Name: Jace Address: 1403 City, ST, ZIP: Cay I hereby register my: to the above referenced ca	Sch Anderson Calden Gote Dr. Mallton, TX 75007 Support Opposition ase. Received

SUPPORT

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.
Name Heather Erickson Phone 214-529-0492Date 3/5
Address 1737 Delaford Dr City Carrollton Zip 75007
Public Hearing Agenda Item # 14,15
I wish to speak IN FAVOR of this item I wish to speak IN OPPOSITION to this item.
I do not wish to speak; however, please record mySUPPORT OPPOSITION.
Please identify the group or organization you represent, if any: McLoy Villas

Please	comple	ete this	card and submit it t	o a city staff me	mber prior to the	beginning of t	he meeting.
Name	Ja	an	Erickson	Pho	ne 972.40	72 92 92 Date	3.5-11
Addres	ss <u>17</u>	131	DELAGORD	DR	_City CARRO	Let on Zip	7500
	Public	Hearii	ng Agenda Item#_	14,15			
	I wish t	o speal	IN FAVOR of this	item.	_ I wish to speak	IN OPPOSITI	ON to this item
			o speak; however, pl				
Please	identif	y the g	roup or organization	you represent, if	any: McCou	1 WILLAS	

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.
Name - STAN WXL SPhone 461 463 4326 Date 3/5/2015
Address 6436XPHN6H015EHN City XAXE Zip 7020
Public Hearing Agenda Item #
I wish to speak IN FAVOR of this item I wish to speak IN OPPOSITION to this item.
I do not wish to speak; however, please record my SUPPORT OPPOSITION.
Please identify the group or organization you represent, if any:

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.
Name <u>Barbara Shell</u> Phone <u>4724661944</u> ate <u>3/5//5</u>
Address 4253 Hunt For #23 City Carrell top 75010
Public Hearing Agenda Item #
I wish to speak IN FAVOR of this item I wish to speak IN OPPOSITION to this item.
I do not wish to speak; however, please record my SUPPORT OPPOSITION. Please identify the group or organization you represent, if any: MCCOY VII/as
Transportation of the property

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.	
Name Edwin Bayano Phone 972-242-9844 Date 3-5-2015	
Address 1404 foldenGATE City CARPOINS Zip 75007	•
Public Hearing Agenda Item #?	
I wish to speak IN FAVOR of this item I wish to speak IN OPPOSITION to this item.	
I do not wish to speak; however, please record my SUPPORT OPPOSITION.	
Please identify the group or organization you represent, if any:	

∂	CARROLI	TEXAS	P	LANNIN	G & 2	Zon	ING	AP	PEA	AR.	ANG	CE	Car	E
		_	_							_				

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.
Name Marcia See Cachan Phone 214458 1054 Date 3 5
Address 2019 Stc fani (+ City Carrolltoning
Public Hearing Agenda Item #
wish to speak IN FAVOR of this item I wish to speak IN OPPOSITION to this item.
I do not wish to speak; however, please record my SUPPORT OPPOSITION.
Please identify the group or organization you represent, if any:

CARROLLTON PLANNING & ZONING APPEARANCE CARD

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.
Name Mark Mohimus Phone 972.746.7187 Date March 5 2015
Address 1533 Brighton Dr City Canallta Zip 75007
Public Hearing Agenda Item # 14 115
I wish to speak IN FAVOR of this item I wish to speak IN OPPOSITION to this item.
I do not wish to speak; however, please record my SUPPORT OPPOSITION.
Please identify the group or organization you represent, if any: Ridumis Coverant Church

CARROLLTON TEXAS PLANNING & ZONING APPEARANCE CARD

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.
Name GABE CRUZ Phone 9) 948 7503 Date 3.
Address 2909 PANORAMA DR City CARROWAZip 75007
Public Hearing Agenda Item # I wish to speak IN OPPOSITION to this item. I do not wish to speak; however, please record my SUPPORT OPPOSITION.
Please identify the group or organization you represent, if any: PAUSADES POINT NEIGHBORITORD ASSOC.

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.
Name GENE Burks Phone 912613-039 Date 5-5-11
Address 304 STANDA: de City CANTOll 400 Zip 75007
Public Hearing Agenda Item #
I wish to speak IN FAVOR of this item I wish to speak IN OPPOSITION to this item.
I do not wish to speak; however, please record my SUPPORT OPPOSITION.
Please identify the group or organization you represent, if any: Receleany Church
Please identify the group or organization you represent, if any: Received Charles MYSH AS A PROPERTY DEFINE

CARROLLTON PLANNING & ZONING APPEARANCE CARD

Please complete this card and submit it to a city staff member prior to the beginning of the meeting. Name Randall D. Chrisman Phone 972-466-0969 Date 3-5-2015		
Name Kandall D. Chrisman	Phone <u>972-466-0969</u> Date <u>3-5-201</u> 5	
Address 1501 Broken Bow Thail	City Carnollton zip 75007	
Public Hearing Agenda Item # 14 15 I wish to speak IN FAVOR of this item.		
I wish to speak IN FAVOR of this item.	I wish to speak IN OPPOSITION to this item.	
I do not wish to speak; however, please record	my SUPPORT ` OPPOSITION.	
Please identify the group or organization you represen	nt, if any:	

Please c	complete this card and submit it to a city staff member prior to the	e beginning of the meeting.
Name _	CLIFF ERICKSU Phone 214-44	2-9527 Date 3-5-15
Address	ss 1737 DalbFur ORIVE City ARR	DUTILZip 7505)
	Public Hearing Agenda Item # 14	
I v	I wish to speak IN FAVOR of this item I wish to speak	k IN OPPOSITION to this item.
<u>X</u> 10	I wish to speak IN FAVOR of this item. I wish to speak IN FAVOR of this item. I wish to speak IN FAVOR of this item. SUPPORT	OPPOSITION.
Please ic	identify the group or organization you represent, if any:	Coy VILLAS