PUBLIC COMMENTS OPPOSITION

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.

Name ANNA GOSLING Phone 972-815-918 Bate 35/15 Address 1602 E. FRANCKFORD #1207 City CARPOLITONZip 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 do not wish to speak; however, please record my ____ SUPPORT ___ OPPOSITION. Please identify the group or organization you represent, if any: _____ ON that land.

Acloy VillAS Date: 3-22-15 Case No/Name: 10-1 1 any Forti Name: GATE DR 3 6 aller Address: 150 2 City, ST, ZIP: <00 MAR 2 3 2015 I hereby register my: 🔲 Support **D**Opposition to the above referenced case. Planning City of Carroliton **Comments:** are Ace TUV. 215 me Ne 1 S. Signature:

Name:	
Address:	6 (Volden Fate Dr.
City, ST, ZIP:	arrolltan, TX 7(007
I hereby register my: to the above referenced	
Comments: <u>Do</u>	NOT WANT
- Pagsteur	ction - this is
- Childsen	- WOOL CWRECEIVED
	Mar 0.9 2015
	0041X 072 2013
Signature:	Building Inspection City of Carrollton
Case No/Names 03.	15MD1 McCarl Miles Dlock
Name: Jac Address: 140	15MD1 McCoy Villas Date: 2/25/1 cob Anderson 13 Golden Gote Dr.
Name: Jac Address: 140	cob Anderson
Name: Jac Address: 140	Cob Anderson 3 Golden Gote Dr. Invallton, TX 75007 Support D Opposition
Name: Jac Address: <u>140</u> City, ST, ZIP: <u>Co</u> I hereby register my:	Cob Anderson 3 Golden Gate Dr. invallton, TX 75007 Support D Opposition case.
Name: Jos Address: 140 City, ST, ZIP: Co I hereby register my: to the above referenced	Cob Anderson 3 Golden Gate Dr. invallton, TX 75007 Support D Opposition case.
Name: Jos Address: 140 City, ST, ZIP: Co I hereby register my: to the above referenced	Cob Anderson 3 Golden Gote Dr. Wrollton, TX 75007 Support D Opposition case. Received
Name: Jos Address: 140 City, ST, ZIP: Co I hereby register my: to the above referenced	Cob Anderson 3 Galden Gate Dr. Wrollton, TX 75007 Support D Opposition case. Received MAR 0 2 2015

SUPPORT

 Please complete this card and submit it to a city staff member prior to the beginning of the meeting.

 Name
 Heather Erickson
 Phone 214-529-04920ate 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 FAVOR of this item.

 I do not wish to speak; however, please record my
 SUPPORT OPPOSITION.

 Please identify the group or organization you represent, if any:
 McLoy
 Villas

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.

Name Jan Erickson	Phone 972.492 92 92 Date 3. 5-15
Address 1731 DELAFORD DR	City CARROLLY on Zip 7500
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	-
Please identify the group or organization you repres	ent, if any: McCoy Willis

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.

Name ABREAN WALLER Phone ABIAGS 4326 Date 3/5/2015 Address 64326 ARCHING HOUSE (N) City DATAGE Zip 7252
Address 643 CXRINGHOUSEIN City CARE Zip 75252
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: MSCOV VH4485

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.

Name Barbara Shell Phone 4724661944 Jate 3/5/15 Address 4253 Hunt 121 #2309 Carrollton 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 \times SUPPORT OPPOSITION. Please identify the group or organization you represent, if any: MCCOY Villas

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.

Name Edwin BAYARD Phone 972-242-9844 Date 3-5-2015
Address 1404 Jolden Gate City CARPollin Zip 75007
Public Hearing Agenda Item # ? IU ? 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.
I do not wish to speak; however, please record my SUPPORT OPPOSITION.
Please identify the group or organization you represent, if any:

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 Marcia Sectachan Phone 2144581054 Date 35
Address 2019 Stefani (t city Carrolltonzip
Public Hearing Agenda Item # 14
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 read and comply with the "Guidelines for Speaking at City Government Public Meetings."

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.

Name Mark Mohinis Phone 972.746 7187 Date March 5 2015
Address 1533 Brighton Dr City Conolltan Zip 75007
Y Public Hearing Agenda Item # 14 115
X 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: Ridumir Coverant Church

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.

Name 🥝	GABE C	RUZ	Phor	ne <u>9)</u>	948-	1503 D	ate <u>3</u>	
Address _	2909	PANORAMA	DR.	_ City	CARRO	Zip	75	7007
Pu V I w	blic Hearing	Agenda Item #	<u>5</u>	I wish	to speak I	1 OPPOSI	TION t	o this item.
IP. CONTRACT		speak; however, pleas						
Please ide	entify the grou	up or organization yo	u represent, if	any:P	VEIGHB	ES P DR1400	DINT D	Assoc.

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.

Phone Mal Name GENE Burks _ City Address

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: Kerder Mer CHurth

Please complete this card and submit it to a city staff member prior to the beginning of the meeting.

Name LOBY 4 SHARI SPARKS Phone 9724920031 Date 3/ Address 2357 Highand Check Rd City CARROLDON Zip 75007 Public Hearing Agenda Item # 14 215 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: Redeemer Covenant Church

Please complete this card and submit it to a city staff member prior to the beginning of the meeting. Name <u>Randall D. Chaisman</u> Phone <u>972-466-0969</u> Date <u>3-5-2015</u> Address <u>1501 Broken Bow Thai</u> City <u>Carnollton</u> zip <u>75007</u> **Public Hearing Agenda Item #** <u>14415</u> 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 <u>SUPPORT</u> 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 CLIFF ERICKSU Phone 214-492-9527 Date 3-5-15
Address 1737 DELDEROD ORIVE City ARR PLITILZip 75007
Public Hearing Agenda Item # <u>19</u> 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: <u>McCoy VILLA</u>