

Please **print** and submit to city staff prior to start of meeting.

HEARING DATE: 5/18/17 Check which applies:
APPLICATION NO.: GPA17-d ☒ I support this application
☒ I oppose this application
☐ I have questions
NAME: Robert Tillman
ADDRESS: 8376 W. Missouri Ave
CITY: Glenale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: 623-866-8441

Please **print** and submit to city staff prior to start of meeting.

HEARING DATE: 5/18/17 Check which applies:
APPLICATION NO.: GPA17-d ☒ I support this application
☒ I oppose this application
☐ I have questions
NAME: Caroline Tillman
ADDRESS: 8376 W. Missouri Ave
CITY: Glenale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: 623-772-9549

Please **print** and submit to city staff prior to start of meeting.

HEARING DATE: 5/18/17 Check which applies: Wish to speak
APPLICATION NO.: GPA17-01 ☒ I support this application
☒ I oppose this application
☐ I have questions
NAME: Karen Aborne²⁰¹⁷⁻⁰¹
ADDRESS: 7318 W. Griffin Ln.
CITY: Gldl STATE: AZ ZIP CODE: 85303
TELEPHONE NUMBER: (623) 934-9530

Please **print** and submit to city staff prior to start of meeting.

Check which applies:

HEARING DATE: 18 May 17

APPLICATION NO.: GPA17-01/20N 17-01 X I support this application
I oppose this application
I have questions

NAME: Kevin Willard

ADDRESS: 8027 W. Luke Ave

CITY: Glendale STATE: AZ ZIP CODE: 85303

TELEPHONE NUMBER: 480 297 5040

EMAIL ADDRESS: kswillard@hotmail.com

Please **print** and submit to city staff prior to start of meeting.

Check which applies:

HEARING DATE: 5/18/17

APPLICATION NO.: GPA17-01 STONEHAVEN ✓ I support this application
I oppose this application
I have questions

NAME: JANE BACHMANN

ADDRESS: 8213 N. 51st Dr

CITY: Glendale STATE: AZ ZIP CODE: 85302

TELEPHONE NUMBER: 623 934-1053

Please **print** and submit to city staff prior to start of meeting.

Check which applies:

HEARING DATE: 5

APPLICATION NO.: GPA17-01/20N17-01 ✓ I support this application
I oppose this application
I have questions

NAME: Richard & Judy Hroy

ADDRESS: 6234 N. 88th Lane

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: 623-802-9516

EMAIL ADDRESS: JRH1231@cox.net

Please **print** and submit to chair or to city staff prior to start of meeting.

Check which applies:

HEARING DATE: 5-18-17

APPLICATION NO.: GPA 17-01/2017-01 ☒ I support this application
☐ I oppose this application
☐ I have questions

NAME: Gary D Sherwood

ADDRESS: 5928 W. Pershing Ave

CITY: Glendale STATE: ZIP CODE: 85304

TELEPHONE NUMBER: 602-625-5098

Please **print** and submit to chair or to city staff prior to start of meeting.

Check which applies:

HEARING DATE: 5/18/17

APPLICATION NO.: STAIR HAVEN ☐ I support this application
☒ I oppose this application
☐ I have questions

NAME: Robert Singer

ADDRESS: 6218 N. 79th LN.

CITY: Glendale STATE: AZ ZIP CODE: 85303

TELEPHONE NUMBER: 602-501-9729
cell #

NO SPEAKING

Please **print** and submit to city staff prior to start of meeting.

Check which applies:

HEARING DATE: 05/18/17

APPLICATION NO.: GPA 17-01/2017-01 ☒ I support this application
☒ I oppose this application
☐ I have questions

NAME: Janel A. Peoples

ADDRESS: 8018 W. Luke Ave

CITY: Glendale STATE: AZ ZIP CODE: 85303

TELEPHONE NUMBER: 602-763-0452

Please **print** and submit to chair or to city staff prior to start of meeting.

HEARING DATE: 5/18/17 **Check which applies:**
APPLICATION NO.: 6PA17-01 2017-01 ☐ I support this application
☒ I oppose this application
☐ I have questions
NAME: Manuel Ramirez
ADDRESS: 5053 N 85th Ave
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: 623-251-8077

Please **print** and submit to chair or to city staff prior to start of meeting.

HEARING DATE: 5/18/17 **Check which applies:**
APPLICATION NO.: 6PA17-01 2017-01 ☐ I support this application
☒ I oppose this application
☐ I have questions
NAME: Fior Barber
ADDRESS: 5053 N 85th Ave
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: 623-242-4191

HEARING DATE: 5/18/17 **Check which applies:**
APPLICATION NO.: 6PA17-01 2017-01 ☐ I support this application
☒ I oppose this application
☐ I have questions
NAME: Monia Barber
ADDRESS: 5053 N 85th Ave
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: 623-242-4191

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 05/18/17 ☒ I support this application.
APPLICATION NO.: GPA17-01/2017-01 ☐ I oppose this application.
NAME: Steve Oxford ☐ I have questions.
ADDRESS: 20949 W. EASTVIEW WAY
CITY: Buckeye STATE: AZ ZIP CODE: 85396
TELEPHONE NUMBER: (602) 919-9732

Please **print** and submit to chair or to city staff prior to start of meeting.

HEARING DATE: 05-18-17 ☐ I support this application
APPLICATION NO.: GPA17-01 ☒ I oppose this application
2017-01 ☐ I have questions
NAME: Elmer J. Denney
ADDRESS: 8240 W Georgia AV
CITY: Glendale STATE: AZ ZIP CODE: 85303
TELEPHONE NUMBER: 623-239-5496

HEARING DATE: 18 MAY 17 ☐ I support this application.
APPLICATION NO.: GPA17-01 ☒ I oppose this application.
NAME: Philip K. SAVAGE JR. ☐ I have questions.
ADDRESS: 9440 W. Colter St.
CITY: GlenDALE STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (623) 455-3395

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5/18/17 **Check which applies:**
____ I support this application.
☒ I oppose this application.
____ I have questions.

APPLICATION NO.: GPA 17-01

NAME: Michelle Savage

ADDRESS: 4440 W. Cotton St.

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (623) 455-3395

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5-18-17 **Check which applies:**
____ I support this application.
☒ I oppose this application.
____ I have questions.

APPLICATION NO.: GPA 17-01/2017

NAME: Norman Harris

ADDRESS: 7239 N. 7th Ln

CITY: Glendale STATE: AZ ZIP CODE: 85303

TELEPHONE NUMBER: (623) 937-9681

HEARING DATE: 5/18/2017 **Check which applies:**
☒ I support this application.
____ I oppose this application.
____ I have questions.

APPLICATION NO.: GPA 17-01/2017

NAME: Leslie Maunard

ADDRESS: 6245 W. Keim Dr.

CITY: Glendale STATE: AZ ZIP CODE: 85301

TELEPHONE NUMBER: (623) 251-1527

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5-18-17 **Check which applies:**
☐ I support this application.
☒ I oppose this application.
☐ I have questions.
APPLICATION NO.: GPA1701200
1701
NAME: DON MARTIN
ADDRESS: 3602 W WILSON BLVD
CITY: GLENDALE STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (623) 480-7192

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5/18/17 **Check which applies:**
☐ I support this application.
☒ I oppose this application.
☐ I have questions.
APPLICATION NO.: GPA17-01
NAME: Dimi S Norra
ADDRESS: 5304 N 94th Lane
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: 480, 1021-0575

HEARING DATE: 5-18-17 **Check which applies:**
☐ I support this application.
☒ I oppose this application.
☐ I have questions.
APPLICATION NO.: GPA17-01
NAME: Scott Johnson
ADDRESS: 5304 N 94th LN
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: 480, 621-0557

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5-18-17 Check which applies:
 I support this application.
APPLICATION NO.: GPA17-01/Zone 1701 ☒ I oppose this application.
 I have questions.
NAME: CAREY HOLZMAN
ADDRESS: 5381 N 87th Ave
CITY: GLENDALE STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (602) 527-9723

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5/18/17 Check which applies:
 I support this application.
APPLICATION NO.: Stonehaven ☒ I oppose this application.
 I have questions.
NAME: Rick Villareal
ADDRESS: 8572 W. Oregon Ave
CITY: Glendale STATE: Az ZIP CODE: 8305
TELEPHONE NUMBER: (623) 217-6812

HEARING DATE: 5/18/17 Check which applies:
 I support this application.
APPLICATION NO.: Stonehaven ☒ I oppose this application.
 I have questions.
NAME: Leticia Lora
ADDRESS: 8572 W Oregon Ave
CITY: glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (602) 943-7727

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5-18-17 X Check which applies:
X I support this application.
APPLICATION NO.: GPA 17-012 and 7-014 I oppose this application.
X I have questions.
NAME: CHRIS WELMORE
ADDRESS: 7330 N 72ND AVE
CITY: Glendale STATE: AZ ZIP CODE: 85303
TELEPHONE NUMBER: (623) 977-4046

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5.18.17 Check which applies:
 I support this application.
X I oppose this application.
APPLICATION NO.: APA 17-01/20N-1701 I have questions.
NAME: Jorge Torres
ADDRESS: 8420 W. Windsor Blvd.
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (623) 606-8867

prior to start of meeting.

HEARING DATE: 5/18/17 ✓ Check which applies:
✓ I support this application.
APPLICATION NO.: GPA 17-01 I oppose this application.
 I have questions.
NAME: ROBERTA HOYT
ADDRESS: 7330 N. 72ND AVE
CITY: GLENDALE STATE: AZ ZIP CODE: 85303
TELEPHONE NUMBER: (623) 977-4046

(4)

Please **print** and submit to Chair or to City staff
prior to start of meeting.

HEARING DATE: 5-18-17 Check which applies:
 I support this application.
APPLICATION NO.: GPA 17-01/2017-01 ☒ I oppose this application.
 I have questions.
NAME: DIANE SHERIDAN
ADDRESS: 8580 W. WINDSOR
CITY: GLENDAL STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: 602, 568-3535

Please **print** and submit to Chair or to City staff
prior to start of meeting.

HEARING DATE: 5-18-2017 Check which applies:
 I support this application.
APPLICATION NO.: GPA-17-01 ZONE I oppose this application.
17-01 I have questions.
NAME: Sylvia Bernhardt
ADDRESS: 8370 W. San Juan Ave
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (623) 849-6643

HEARING DATE: 5.18.17 ☒ Check which applies:
 I support this application.
APPLICATION NO.: GPA 17-01/2017-01 I oppose this application.
 I have questions.
NAME: SCOTT SWITZER
ADDRESS: 7021 W. TONOPAH DR.
CITY: GLENDAL STATE: AZ ZIP CODE: 85308
TELEPHONE NUMBER: (602) 377-1814

Please print and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5/18/17 GPA17-01 2017-01 2017-01
APPLICATION NO.: 2017-01

Check which applies:

☐ I support this application.

☒ I oppose this application.

☐ I have questions.

NAME: Marsha Hill

ADDRESS: 5107 83rd Dr

CITY: Glendale STATE: AZ ZIP CODE: 85303

TELEPHONE NUMBER: (310) 874-8741

prior to start of meeting.

HEARING DATE: 5-18-17 GPA17-01/2017-01
APPLICATION NO.: GPA17-01/2017-01

Check which applies:

☐ I support this application.

☒ I oppose this application.

☐ I have questions.

NAME: Ernie Zarra

ADDRESS: 5107 N 81st Drive

CITY: Glend STATE: AZ ZIP CODE: 85303

TELEPHONE NUMBER: (623) 872-7586

prior to start of meeting.

HEARING DATE: 5/18/17 GPA17-01
APPLICATION NO.: GPA17-01

Check which applies:

☐ I support this application.

☒ I oppose this application.

☐ I have questions.

NAME: David Cemon

ADDRESS: 5209 N 87th Ave

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (623) 255-2828

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5-18-17 Check which applies:
 I support this application.
X I oppose this application.
 I have questions.
APPLICATION NO.: GPA17-01
ZON17-01
NAME: Teresa Zarra
ADDRESS: 5107 N 81st Dr
CITY: Glendale STATE: AZ ZIP CODE: 85303
TELEPHONE NUMBER: (623) 872-7586

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5-18-17 Check which applies:
 I support this application.
✓ I oppose this application.
 I have questions.
APPLICATION NO.: GPA17-01/ZON17-01
NAME: Alice Blankenship
ADDRESS: 5411 N. 50th Drive
CITY: Glendale STATE: AZ ZIP CODE: 85303
TELEPHONE NUMBER: (623) 872-2280

HEARING DATE: 5-18-17 Check which applies:
 I support this application.
X I oppose this application.
 I have questions.
APPLICATION NO.: GPA17-01/ZON17-01
NAME: Crystal Nuttle
ADDRESS: 1983 W. Montebello Ave.
CITY: Glendale STATE: AZ ZIP CODE: 85303
TELEPHONE NUMBER: (602) 348-3181

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5-18-17 Check which applies:
☐ I support this application.
☒ I oppose this application.
APPLICATION NO.: GPA17-01 / ZON17-01 I have questions.
NAME: Curtiss Schuler
ADDRESS: 7989 W Stella Ave
CITY: Glen Dale STATE: AZ ZIP CODE: 85303
TELEPHONE NUMBER: (602) 320-1334

prior to start of meeting.

HEARING DATE: 18 May 17 Check which applies:
☐ I support this application.
☒ I oppose this application.
APPLICATION NO.: GPA17-01
ZON17-1
NAME: Stacy Willard
ADDRESS: 8027 W Luke Ave
CITY: Glen Dale STATE: AZ ZIP CODE: 85303
TELEPHONE NUMBER: (480) 297-5257

HEARING DATE: 5-18-2017 Check which applies:
☐ I support this application.
☒ I oppose this application.
APPLICATION NO.: GPA17-01 I have questions.
NAME: PAUL WATERS
ADDRESS: 8055 W. OREGON AV
CITY: GLENDALE STATE: AZ ZIP CODE: 85303
TELEPHONE NUMBER: (623) 326-2840

SPEAK LNU

Please **print** and submit to Chair or to City staff prior to start of meeting.

Tom Traw - ~~last~~ Speak

Check which applies:

HEARING DATE: 5-18-2017 ☐ I support this application.

☒ I oppose this application.

APPLICATION NO.: Stonehaven ☐ I have questions.

NAME: Patty Coyne

ADDRESS: 6256 N 89th DR

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (623) 521 4518

Please **print** and submit to Chair or to City staff prior to start of meeting.

Check which applies:

HEARING DATE: 05-18-17 ☐ I support this application.

OPAT-01

☒ I oppose this application.

APPLICATION NO.: 2017-01 ☐ I have questions.

NAME: Mercedes Denney

ADDRESS: 8240 W Georgia AV

CITY: Glendale STATE: AZ ZIP CODE: 85303

TELEPHONE NUMBER: (623) 239-5496

Check which applies:

HEARING DATE: 5-18-2017 ☐ I support this application.

☒ I oppose this application.

APPLICATION NO.: 4PAT-01 ☐ I have questions.

NAME: CAROL WATERS

ADDRESS: 8055 W. OREGON AV

CITY: GLENDALE STATE: AZ ZIP CODE: 85303

TELEPHONE NUMBER: (623) 238-1466

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5/18/2017 Check which applies:
I support this application.
APPLICATION NO.: GPA17-01/20N17-01 X I oppose this application.
I have questions.
NAME: Bonnie Ervine
ADDRESS: 9302 W. Missouri Avenue
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (602) 541-7762

I don't wish to speak.

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5/18/17 Check which applies:
I support this application.
APPLICATION NO.: GPA17-01/20N17-01 X I oppose this application.
I have questions.
NAME: Dinah Walter
ADDRESS: 9224 W. Missouri
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (602) 524-2211

HEARING DATE: 05/18/17 X Check which applies:
I support this application.
APPLICATION NO.: GPA17-01/20N17-01 I oppose this application.
I have questions.
NAME: DARYL DURBIN
ADDRESS: 4636 W KALER CIRCLE
CITY: GLENDAL STATE: AZ ZIP CODE: 85301
TELEPHONE NUMBER: (623) 322-2415

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5/18/17 X Check which applies:
I support this application.
I oppose this application.
APPLICATION NO.: GPA17-01 I have questions.
NAME: Melissa Maynard
ADDRESS: 15010 N 59th Ave #254
CITY: Glendale STATE: AZ ZIP CODE: 85306
TELEPHONE NUMBER: (414) 839-5184

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5/18/17 X Check which applies:
I support this application.
I oppose this application.
APPLICATION NO.: GPA17-01/ZON17-0 I have questions.
NAME: Jose Lujan
ADDRESS: 8501 W Cavalier Drive
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (623) 698-4391

HEARING DATE: 5-18-17 X Check which applies:
I support this application.
I oppose this application.
APPLICATION NO.: GPA17-01/ZON17-01 I have questions.
NAME: MICHAEL SOCACIU
ADDRESS: 8574 W BERRIDGE LN
CITY: GLENDALF STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (602) 799-0322

not speaking

Please print and submit to Chair or to City staff
prior to start of meeting.

HEARING DATE: 5/18/17 ✓ Check which applies:
I support this application.
APPLICATION NO.: 17-01 I oppose this application.
I have questions.

NAME: Ron Huxley

ADDRESS: 4930 E. BALCONINO ROAD

CITY: Phoenix STATE: AZ ZIP CODE: 85018

TELEPHONE NUMBER: (602) 694-2751

prior to start of meeting.

HEARING DATE: 5/18 * Check which applies:
I support this application.
APPLICATION NO.: GPA 17-01/2017-01 I oppose this application.
I have questions.

NAME: Rick Hurula

ADDRESS: 7306 E Paradise Dr

CITY: Scottsdale STATE: AZ ZIP CODE: 85260

TELEPHONE NUMBER: (480) 368-9130

prior to start of meeting.

I do not wish to speak

HEARING DATE: 5-18-17 * Check which applies:
I support this application.
APPLICATION NO.: GPA 17-01/2017-01 I oppose this application.
I have questions.

NAME: Margery Beaty

ADDRESS: 9239 W. Marshall Ave.

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (623) 872-8654

NO SPEAK

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5/18/17 GRA17-01 2017-01 2017-01
APPLICATION NO.: 2017-01

Check which applies:

☐ I support this application.

☒ I oppose this application.

☐ I have questions.

NAME: Crowack

ADDRESS: 8533 W. Cdter St

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (602) 750-8686

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 05/18/17 GRA17-01 2017-01
APPLICATION NO.: 2017-01

Check which applies:

☐ I support this application.

☒ I oppose this application.

☐ I have questions.

NAME: SCOTT HADLEY

ADDRESS: 5427 N. 82ND AVE

CITY: GLENDALE STATE: AZ ZIP CODE: 85303

TELEPHONE NUMBER: (480) 271-9480

HEARING DATE: 5-18-17 GRA17-01 2017-01
APPLICATION NO.: 2017-01

Check which applies:

☐ I support this application.

☒ I oppose this application.

☐ I have questions.

NAME: Helen Davis

ADDRESS: 7835W Rancho Dr

CITY: Glendale STATE: AZ ZIP CODE: 85303

TELEPHONE NUMBER: 623 848 0152

Non Speaking

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5/18/17 **Check which applies:**
☐ I support this application.
☒ I oppose this application.
APPLICATION NO.: GPA 17-01 / Zon 1701 ☐ I have questions.
NAME: Sheri Miller
ADDRESS: 6265 N 89th Dr
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (602) 5105-4641

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5/18/17 **Check which applies:**
☐ I support this application.
☒ I oppose this application.
APPLICATION NO.: GPA 17-01 / Zon 17-01 ☐ I have questions.
NAME: Cory Miller
ADDRESS: 6265 N 89th Dr
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (623) 606-1385

HEARING DATE: 5/18 **Check which applies:**
☐ I support this application.
☒ I oppose this application.
APPLICATION NO.: GPA 17-01 ZONE ☐ I have questions.
17-01
NAME: MARY FICET
ADDRESS: 8559 W Denton
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (623) 693 8046

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5/18 Check which applies:
I support this application.
I oppose this application. ☒
APPLICATION NO.: GPA17-01/2017-01 I have questions.
NAME: Loren Wolfensperger
ADDRESS: 6118 N 90th Dr
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (303) 905-6929
non-speaking

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5-18-17 Check which applies:
I support this application.
I oppose this application. ☒
APPLICATION NO.: GPA17-01/2017-01 I have questions.
NAME: Stephanie Little
ADDRESS: 8972 W. Ravey Avenue
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (602) 524-3768

HEARING DATE: 5/18/17 I support this application.
GPA17-01 ☒ I oppose this application.
APPLICATION NO.: 2017-01 I have questions.
NAME: Stacey Bittner
ADDRESS: 5524 N. 67th Dr
CITY: Glendale STATE: AZ ZIP CODE: 85303
TELEPHONE NUMBER: (602) 769-2184

Please print and submit to Chair or to City staff prior to start of meeting.

Check which applies:

HEARING DATE: 5-18-17

☐ I support this application.

APPLICATION NO.: GPA17-01 / ZON17-01

☒ I oppose this application.

☐ I have questions.

NAME: Dan Strach

ADDRESS: 6119 N 90th Dr.

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (623) 628-0973

NOT speaking

Please print and submit to Chair or to City staff prior to start of meeting.

Check which applies:

HEARING DATE: 5-18-17

☐ I support this application.

APPLICATION NO.: GPA1701 ZON1701

☒ I oppose this application.

☐ I have questions.

NAME: Gretchen Strach

ADDRESS: 4119 N. 90th Dr

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: () - -

- NOT speaking -

Check which applies:

HEARING DATE: 5-18-17

☐ I support this application.

APPLICATION NO.: GPA17-01 / ZON17-01

☒ I oppose this application.

☐ I have questions.

NAME: Brenda Wolfensperger

ADDRESS: 6118 N. 90th Dr

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (303) 907-5346

no speak

Please **print** and submit to Chair or to City staff
prior to start of meeting.

HEARING DATE: 5-18-17 Check which applies:
☐ I support this application.
☒ I oppose this application.
☐ I have questions.

APPLICATION NO.: GPA17-01
2017-01

NAME: JACQUE FIORI

ADDRESS: 8567 W. Windsor Blvd

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (602) 526-8636

no speak

Please **print** and submit to Chair or to City staff
prior to start of meeting.

HEARING DATE: 5/18/17 Check which applies:
☐ I support this application.
☒ I oppose this application.
☐ I have questions.

APPLICATION NO.: GPA17-01-ZONING
Stonehaven

NAME: Jane Bittner

ADDRESS: 7946 W Vermont Ave

CITY: Glendale STATE: AZ ZIP CODE: 85303

TELEPHONE NUMBER: (602) 769-2600

HEARING DATE: 5/18/17 ☐ I support this application.
☒ I oppose this application.
☐ I have questions.

APPLICATION NO.: GPA17-01 ZONING
17-01

NAME: SHEILA TIRRES

ADDRESS: 8620 W WINDSOR BLVD

CITY: GLENDAL STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (623) 498-6390

no

Please **print** and submit to Chair or to City staff
prior to start of meeting.

Check which applies:

HEARING DATE: May 18, 2017 ☐ I support this application.
GPA17-01 ☒ I oppose this application.
APPLICATION NO.: ZON17-01 ☐ I have questions.

NAME: RALPH SCHREIBER

ADDRESS: 9318 W MISSOURI AVE

CITY: GLENDALE STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (623) 764-8042

prior to start of meeting.

Check which applies:

HEARING DATE: 5/18/2017 ☐ I support this application.
GPA17-01 ☒ I oppose this application.
APPLICATION NO.: ZON17-01 ☐ I have questions.

NAME: Ralph Schreiber

ADDRESS: 9318 W. Missouri Ave.

CITY: Glendale STATE: Az ZIP CODE: 85305

TELEPHONE NUMBER: (623) 256-8180

Check which applies:

HEARING DATE: 5/18/17 ☐ I support this application.
☒ I oppose this application.
APPLICATION NO.: GPA17-01/ZON17-01 ☐ I have questions.

NAME: Nancy Estrada

ADDRESS: 5401 N. 87th Ave

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (602) 741 9999

NO SPEAR

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5-18-17 **Check which applies:**
☐ I support this application.
☒ I oppose this application.
☐ I have questions.
APPLICATION NO.: GPA17-01/2017-01
NAME: Joshua Cox
ADDRESS: 8533 W. Colter St
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (623) 225-2237

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5-18-17 **Check which applies:**
☐ I support this application.
☒ I oppose this application.
☐ I have questions.
APPLICATION NO.: GPA17-01/2017-01
NAME: Angelica Avila
ADDRESS: 8533 W. Colter St
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (623) 414-9219

HEARING DATE: 5-18-2017 **Check which applies:**
☐ I support this application.
☒ I oppose this application.
☐ I have questions.
APPLICATION NO.: GPA17-01/2017-01
NAME: Bezan & Ray Finley
ADDRESS: 8329 W Oregon Ave
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (623) 872-9106

no speak

Please **print** and submit to Chair or to City staff
prior to start of meeting.

HEARING DATE: 5-18-17 6PA17-01 2017-01 X 2017-01
APPLICATION NO.: 2017-01

Check which applies:
☐ I support this application.
☒ I oppose this application.
☐ I have questions.

NAME: Senny PAVIS
ADDRESS: 7835 W Roncho Dr
CITY: Glendale STATE: AZ ZIP CODE: 85303
TELEPHONE NUMBER: (623) 848 0152

Please **print** and submit to Chair or to City staff
prior to start of meeting.

HEARING DATE: 5-18-17 6PA17-01 2017-01 X
APPLICATION NO.: 2017-01

Check which applies:
☐ I support this application.
☒ I oppose this application.
☐ I have questions.

NAME: Patricia Cruz
ADDRESS: 7838 W. Solano Dr.
CITY: Glendale STATE: AZ ZIP CODE: 85303
TELEPHONE NUMBER: (623) 332 4698

HEARING DATE: 5-18-17 6PA17-01 2017-01 X
APPLICATION NO.: 6PA17-01 2017-01

Check which applies:
☐ I support this application.
☒ I oppose this application.
☐ I have questions.

NAME: TOM TRAW
ADDRESS: 6024 N. 83rd Ave
CITY: Glendale STATE: AZ ZIP CODE: 8530
TELEPHONE NUMBER: (623) 512-3601
Speech

Please print and submit to Chair or to City staff prior to start of meeting. no speak

HEARING DATE: 5/18/17 Check which applies:
GPA17-01 ☐ I support this application.
APPLICATION NO.: ☒ I oppose this application.
☐ I have questions.

NAME: Volanda Morin
ADDRESS: 8539 W. Georgia Ave
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (623) 266-7161

Please print and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5/18/17 Check which applies:
GPA17-01 ☐ I support this application.
APPLICATION NO.: 2017-01 ☒ I oppose this application.
☐ I have questions.

NAME: Lenore Morin
ADDRESS: 8539 W. Georgia Ave
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (623) 266-7161

HEARING DATE: 5/18/17 Check which applies:
GPA17-01 ☐ I support this application.
APPLICATION NO.: ☒ I oppose this application.
☐ I have questions.

NAME: MARCELLA SOLIMA
ADDRESS: 5124 N. 85th Ave.
CITY: Glendale STATE: AZ ZIP CODE: 85305
TELEPHONE NUMBER: (623) 742-3362

11 NO SPEAK 11

Please print and submit to Chair or to City staff prior to start of meeting.

Check which applies:

HEARING DATE: 18 MAY/17

☐ I support this application.

☒ I oppose this application.

APPLICATION NO.: GPA17-01

☐ I have questions.

NAME: JAMES & Celia Hodges

ADDRESS: 8032 W. Montebello

CITY: Glendale STATE: AZ ZIP CODE: 85303

TELEPHONE NUMBER: (623) 872-9414

Please print and submit to Chair or to City staff prior to start of meeting.

Check which applies:

HEARING DATE: 5/18/2017

☐ I support this application.

☒ I oppose this application.

APPLICATION NO.: GPA17-01-ZON
17-01

☐ I have questions.

NAME: SANDRA BITTINGER (Co-Trustee)

ADDRESS: 7946 W Vermont Ave

CITY: Glendale STATE: AZ ZIP CODE: 85303

TELEPHONE NUMBER: (623) 872-7555

Check which applies:

HEARING DATE: 5/18/17

☐ I support this application.

☒ I oppose this application.

APPLICATION NO.: GPA17-01/ZON1701

☐ I have questions.

NAME: Elvis Estrada

ADDRESS: 5401 N. 87th Ave

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (623) 297-5998

Please **print** and submit to Chair or to City staff prior to start of meeting.

HEARING DATE: 5-18-17 Check which applies:
☐ I support this application.
☒ I oppose this application.
APPLICATION NO.: GPA17-01/Zon17-01 ☐ I have questions.

NAME: Joseph Smith

ADDRESS: 8968 W. Citrus Way

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (623) 872-2626

I don't want to speak
prior to start of meeting.

HEARING DATE: 5-18-17 Check which applies:
☐ I support this application.
☒ I oppose this application.
APPLICATION NO.: GPA17-01/Zon17-01 ☐ I have questions.

NAME: Mary Smith

ADDRESS: 8968 W. Citrus Way

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: (623) 872-2626

I don't want to speak

HEARING DATE: 5/18/17 Check which applies:
☐ I support this application.
☒ I oppose this application.
APPLICATION NO.: GPA17-01/Zon17-01 ☐ I have questions.

NAME: Chris John

ADDRESS: 9404 W. Missouri

CITY: Glendale STATE: AZ ZIP CODE: 85305

TELEPHONE NUMBER: () - -

I DO NOT WISH TO SPEAK