



CITY OF GARDEN CITY

6015 Glenwood Street Garden City, Idaho 83714
Phone 208/472-2900 Fax 208/472-2996

PUBLIC HEARING SIGN-UP SHEET

15 min

You must sign up to testify – or submit comments
(please place in the basket)

Agenda Item # or name: **SAPFY2023-0001**

Date: 5.24.23

PLEASE PRINT LEGIBLY

Name: Dave Leroy Alleyway

Physical Address (City & State of residence, not PO Box):
for Lumsbas, Schmellicks + Patterson

E-Mail: dave@alleyway.com

Voluntary Information	
Please check the following boxes if applicable:	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input checked="" type="checkbox"/> White	
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No

Choose one: _____ Support the application _____ Neutral _____ Oppose the application

Do you wish to testify? Yes X No _____

Do you wish to be an interested party? _____ Yes _____ No

if allowed regarding changes in record
since last hearing

If yes, email: _____

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

M J Byrne

C ca mellick

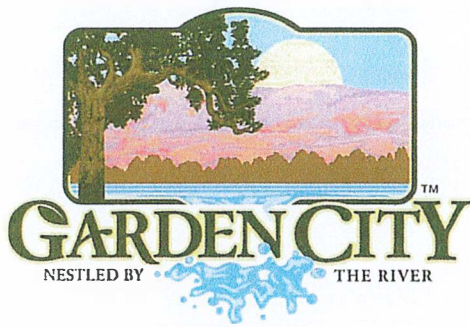
Bob Schmellick

David Patterson

Parker Massman

Gretchen Massman

Written Signature (only if not testifying)



CITY OF GARDEN CITY

6015 Glenwood Street • Garden City, Idaho 83714
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PUBLIC HEARING SIGN-UP SHEET

9 minutes
to Ron Bush

You must sign up to testify – or submit comments
(please place in the basket)

Agenda Item # or name: **SAPFY2023-0001**

Date: May 24, 2023

PLEASE PRINT LEGIBLY

Name: Ron Bush

Physical Address (City & State of residence, not PO Box):

3695 N. Gramarcy Lane
Garden City, ID 83703

E-Mail: _____

Voluntary Information	
Please check the following boxes if applicable:	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	

Choose one: _____ Support the application _____ Neutral X Oppose the application

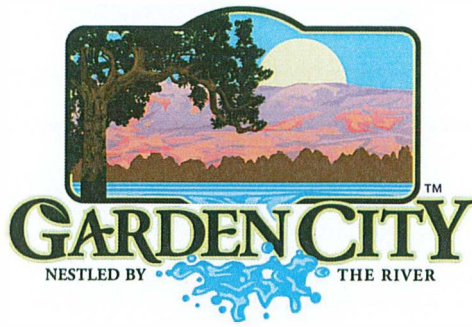
Do you wish to testify? Yes X No _____

Do you wish to be an interested party? _____ Yes _____ No If yes, email: _____

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

Patrick Pettiette
Doris Nics
Pettiette

Written Signature (only if not testifying)



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PUBLIC HEARING SPOKESPERSON SIGN-UP SHEET

The chairman must authorize spokespersons ahead of time. Please submit this form at least 72 hours in advance of the hearing to planning@gardencityidaho.org. Please provide presentations more than one week in advance to planning@gardencityidaho.org.

Date: 24-MAY-2023

PLEASE PRINT LEGIBLY

Name: TINA ELLIS

E-Mail: _____

Application File Number: _____

6 @ minutes

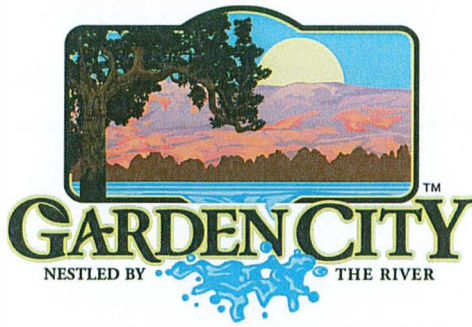
Choose one: _____ Support the application _____ Neutral _____ Oppose the application

Briefly describe the group that you represent; e.g. Homeowner's Association, etc: _____

Please provide the information for each person that you are representing.

Name	Physical Address (City & State of residence, not PO Box)	Signature
Barry Keener	3470 N Plantation River Dr	

Spokespersons may be limited to 3 minutes per person that they represent up to a maximum of 15 minutes.



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PUBLIC HEARING SPOKESPERSON SIGN-UP SHEET

The chairman must authorize spokespersons ahead of time. Please submit this form at least 72 hours in advance of the hearing to planning@gardencityidaho.org. Please provide presentations more than one week in advance to planning@gardencityidaho.org.

Date: 10/24/23

PLEASE PRINT LEGIBLY

Name: John M. Livingston

E-Mail: JohnLiving13@gmail.com

Application File Number: _____

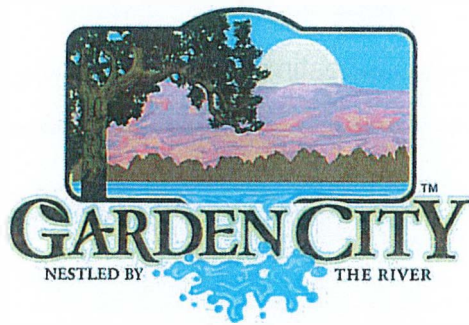
Choose one: _____ Support the application _____ Neutral ☒ Oppose the application

Briefly describe the group that you represent; e.g. Homeowner's Association, etc: Misc / 8

Please provide the information for each person that you are representing.

Name	Physical Address (City & State of residence, not PO Box)	Signature
Andrea Fogden	6420 W. Plantation	Andrea Fogden
Eric Fogden	6420 W. Plantation	Eric Fogden
John Livingston	6223 N. Fair Oaks Dr.	John Livingston
Deborah Hedbl		

Spokespersons may be limited to 3 minutes per person that they represent up to a maximum of 15 minutes.



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Agenda Item # or name: **SAPFY2023-0001**

PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments

Date: 5/24/2023

PLEASE PRINT LEGIBLY

Name: Dan Heller

Physical Address (City & State of residence, not PO Box):

6254 N. Fair Oaks Pl.

E-Mail: omzi6254@gmail.com

Voluntary Information		
<i>Please check the following boxes if applicable:</i>		
<input type="checkbox"/> American Indian or Alaskan Native		
<input type="checkbox"/> Asian		
<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Hispanic or Latino		
<input type="checkbox"/> White		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you wish to be an interested party? ☒ Yes ☐ No. If yes, email must be provided above.

Choose one: ☐ Support the application ☐ Neutral ☒ Oppose the application

Do you wish to testify? Yes ☒ No ☐

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

Written Signature (only if not testifying)



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PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments

Date: 5/24/23

PLEASE PRINT LEGIBLY

Name: Mark Johnson

Physical Address (City & State of residence, not PO Box):

6281 PLANTATION LN

E-Mail: boisejohnson15@gmail

Voluntary Information	
<i>Please check the following boxes if applicable:</i>	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you wish to be an interested party? ☒ Yes ☐ No. If yes, email must be provided above.

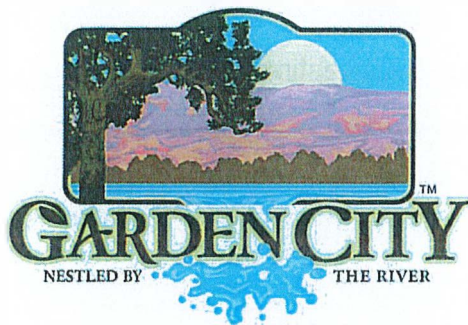
Choose one: ☒ Support the application ☐ Neutral ☐ Oppose the application

Do you wish to testify? Yes ☒ No ☐

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

Jan

Written Signature (only if not testifying)



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PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments

Date: 5/24/23

PLEASE PRINT LEGIBLY

Name: DAVE BOYLE

Physical Address (City & State of residence, not PO Box):

5827 W FLAMINGO DR
BOISE, ID 83704

E-Mail: DAVID@CHANDLER-BOISE.COM

Voluntary Information	
<i>Please check the following boxes if applicable:</i>	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No

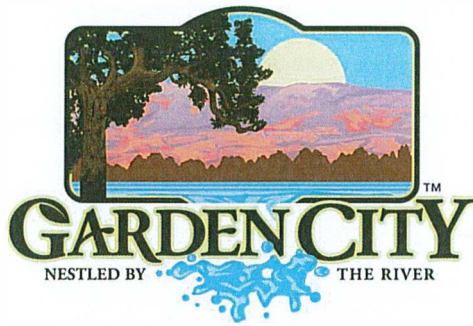
Do you wish to be an interested party? ☐ Yes ☐ No. If yes, email must be provided above.

Choose one: ☒ Support the application ☐ Neutral ☐ Oppose the application

Do you wish to testify? Yes ☐ No ☐

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

Written Signature (only if not testifying)



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PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments
(please place in the basket)

File Number: CUPFY2023-0007 - 115 E. 33rd

Date: _____

PLEASE PRINT LEGIBLY

Name: MIKE NERO

Physical Address (City & State of residence, not PO Box):
4675 SAVANNAH LANE

GARDEN CITY, ID

E-Mail: mikenero@jps.net

Voluntary Information			
<i>Please check the following boxes if applicable:</i>			
<input type="checkbox"/> American Indian or Alaskan Native			
<input type="checkbox"/> Asian			
<input type="checkbox"/> Black or African American			
<input type="checkbox"/> Hispanic or Latino			
<input checked="" type="checkbox"/> White			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No

Choose one: X Support the application _____ Neutral _____ Oppose the application

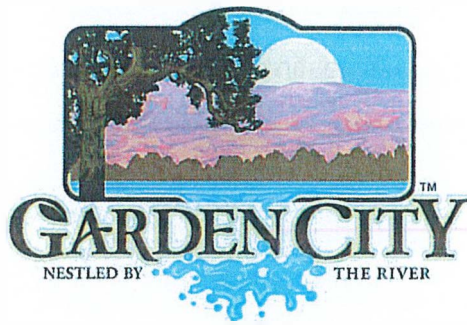
Do you wish to testify? Yes _____ No X

Do you wish to be an interested party? _____ Yes _____ No If yes, email: _____

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

I RECOMMEND PASSING/APPROVING THE SAP AS
WRITTEN & FORWARDING IT TO CITY COUNCIL

Written Signature (only if not testifying)



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PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments

Date: 5/24/23

PLEASE PRINT LEGIBLY

Name: Mary Ann Cronk

Physical Address (City & State of residence, not PO Box):

6510 W Plantation Ln
Boise, ID 83703

E-Mail: 1951macronk@gmail

Voluntary Information	
Please check the following boxes if applicable:	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No

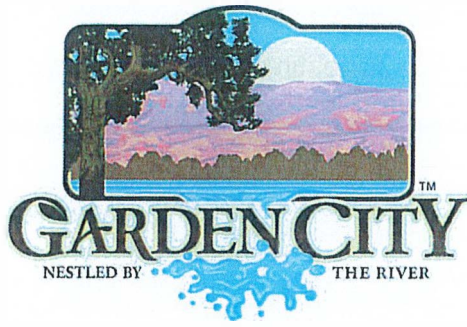
Do you wish to be an interested party? ☒ Yes ☐ No. If yes, email must be provided above.

Choose one: ☐ Support the application ☐ Neutral ☒ Oppose the application

Do you wish to testify? Yes ☐ No ☒

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

Mary Ann Cronk
Written Signature (only if not testifying)



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PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments

Date: 5.24.23

PLEASE PRINT LEGIBLY

Name: Christine Simon

Physical Address (City & State of residence, not PO Box):

6380W. Plantation Ln.

E-Mail: heymporoch@yahoo.com

Do you wish to be an interested party? ☒ Yes ☐ No. If yes, email must be provided above.

Choose one: ☐ Support the application ☐ Neutral ☒ Oppose the application

Do you wish to testify? Yes ☐ No ☒

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

Christine Simon

Written Signature (only if not testifying)

Voluntary Information

Please check the following boxes if applicable:

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ White

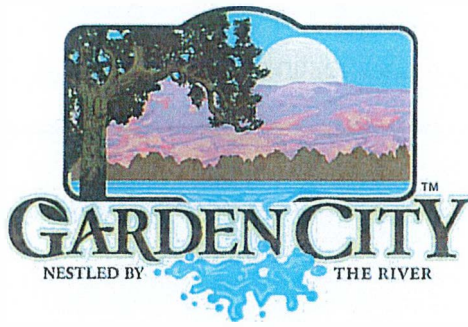
☐ Male

☐ Female

Disabled

☐ Yes

☐ No



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PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments

Date: 5/24/2023

PLEASE PRINT LEGIBLY

Name: DANIELIE HOREKAS

Physical Address (City & State of residence, not PO Box):

1822 E MONTELLA
BOISE ID 83712

E-Mail: dhomasleadership@gmail.com

Do you wish to be an interested party? ☒ Yes ☐ No. If yes, email must be provided above.

Choose one: ☒ Support the application ☐ Neutral ☐ Oppose the application

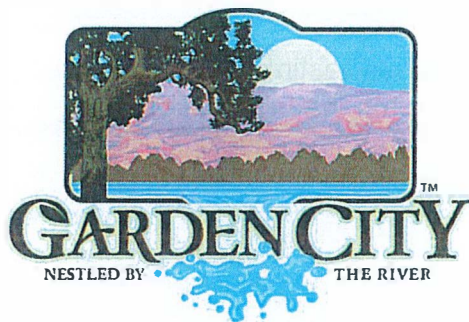
Do you wish to testify? Yes ☐ No ☒

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do **not** exceed the space allotted.

The assumptions made are above
and beyond. I support this
project and the homes it will
provide.

Written Signature (only if not testifying)

Voluntary Information	
Please check the following boxes if applicable:	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No



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PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments

Date: 5/24/23

PLEASE PRINT LEGIBLY

Name: Kathleen Klokke

Physical Address (City & State of residence, not PO Box):

3490 Plantation River Dr
Boise (Garden City) 83703

E-Mail: mkklokke3@gmail.com

Voluntary Information

Please check the following boxes if applicable:

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ White

☐ Male ☐ Female Disabled ☐ Yes ☐ No

Do you wish to be an interested party? ☒ Yes ☐ No. If yes, email must be provided above.

Choose one: ☐ Support the application ☐ Neutral ☒ Oppose the application

Do you wish to testify? Yes ☐ No ☒

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

I have already submitted a letter. Please read it-

Written Signature (only if not testifying)

M. Kathleen Klokke

3490 Plantation River Drive
Boise, Idaho 83703
(208) 412-9445

April 18, 2023

To :

Garden City Mayor, John Evans

Garden City Council Members: Teresa Jorgensen, Russ Heller, Bill Jacobs, James Page

Regarding: Residences at the River Club Zoning variance application

I am contacting you to voice my opposition to the proposed development for the Residences at the River Club and request that you deny the related zoning variance application. As a resident of the Plantation Master HOA I will be directly impacted by this development.

This development will have a negative impact on the tranquility and quality of life offered currently by my subdivision. The proposed density and proposed building heights are a radical change from the current standards and are not compatible with the surrounding neighborhoods. If each of the proposed 750 housing units have two residents, the total population of 1500 will rival that of many small Idaho communities. What is now a quiet residential area will now be flooded with additional people.

The proposed number of parking spaces is inadequate and those residents will be accessing street parking within our subdivision where the HOA regulations require its residents to park within their own garages and property. I personally own three apartment buildings in the Veteran's Park Neighborhood and at today's rental costs, most of the units are occupied by several singles living together, or couples, each person owning a vehicle.

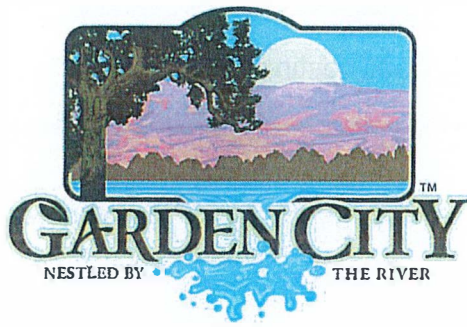
Traffic along State Street will be greatly impacted by additional car trips. State Street already has a high rate of traffic accidents and it is the only viable route to the downtown area. The loss of open green space and views of the foothills will directly impact the existing home owners who purchased homes in this area for its very existence.

A main purpose of zoning regulations is to provide some structure and sense of permanence property owners can depend on to remain in place so that purchase decisions can be made. To approve such a radical change in zoning restrictions is not fair to existing home owners who made good faith purchase decisions based on the current regulations.

Sincerely,

A handwritten signature in black ink that reads "Kathleen Klokke". The signature is written in a cursive, flowing style.

Kathleen Klokke



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PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments

Date: 5/24/23

PLEASE PRINT LEGIBLY

Name: PARKER MASSMAN

Physical Address (City & State of residence, not PO Box):

6460 W. PLANTATION LANE
BASE, IDAHO 83703

E-Mail: bparkermassman@gmail.com

Voluntary Information

Please check the following boxes if applicable:

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ White

☐ Male ☐ Female Disabled ☐ Yes ☐ No

Do you wish to be an interested party? ☒ Yes ☐ No. If yes, email must be provided above.

Choose one: ☐ Support the application ☐ Neutral ☒ Oppose the application

Do you wish to testify? Yes ☐ No ☒ DONATE \$ MM TO RON BUSH OR DAVID LEROY

If you do not wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

WILL YOU PLEASE RESPECT THE LONG TIME RESIDENTS, VOTERS, TAXPAYERS
OF PLANTATION OVER THE OUT OF STATE DEVELOPERS AND NOT
APPROVE THIS SAP AS PRESENTED.

THE POTENTIAL TAX REVENUE FROM THIS DEVELOPMENT WILL NOT
COVER THE FUTURE COST TO THE CITY.

THE DENSITY OF THIS DESIGN IS NOT COMPATIBLE
WITH THE ADJACENT NEIGHBORHOOD.

Written Signature (only if not testifying)



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You must sign up to testify – or submit comments

Date: 5/23/2023

PLEASE PRINT LEGIBLY

Name: Gretchen Massman

Physical Address (City & State of residence, not PO Box):

6460 W. Plantation Ln.

E-Mail: _____

Voluntary Information

Please check the following boxes if applicable:

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ White

☐ Male ☐ Female Disabled ☐ Yes ☐ No

Do you wish to be an interested party? ____ Yes ____ No. If yes, email must be provided above.

Choose one: ____ Support the application ____ Neutral ☒ Oppose the application

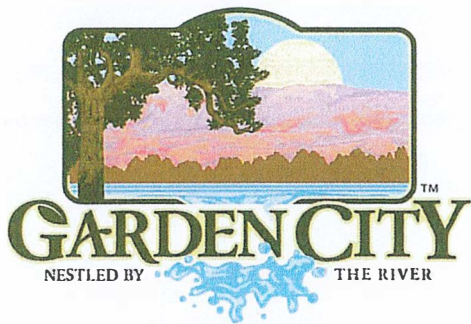
Do you wish to testify? Yes ____ No ☒ give my 3 min to Ron Bush or David Leroy

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

1. Opposed to an SAP on a zone change to R-2.
2. Opposed to extreme density to our existing
37 yr. neighborhood
3. ^{off} now on State St.
and Glenwood today

Gretchen Massman

Written Signature (only if not testifying)



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Date: 05.24.23

PLEASE PRINT LEGIBLY

Name: Edward W. Arman

Physical Address (City & State of residence, not PO Box):

6529 W. Plantation Ln
Boise, ID 83703

E-Mail: WWARMA2101@NASN.COM

Voluntary Information	
<i>Please check the following boxes if applicable:</i>	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input checked="" type="checkbox"/> White	
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Choose one: _____ Support the application _____ Neutral X Oppose the application

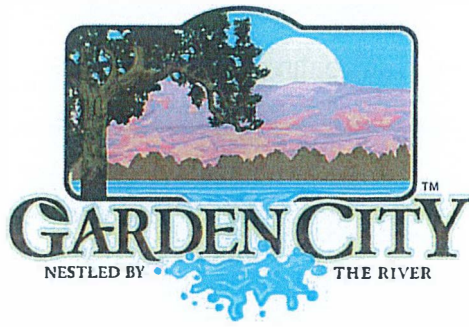
Do you wish to testify? Yes _____ No X

Do you wish to be an interested party? _____ Yes _____ No If yes, email: _____

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

I YIELD TIME TO Dan Bush

Written Signature (only if not testifying)



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You must sign up to testify – or submit comments

Date: 05/24/2023

PLEASE PRINT LEGIBLY

Name: ERIC A FOGLEMAN

Physical Address (City & State of residence, not PO Box):

6420 PLANTATION LN.

GARDEN CITY, ID.

E-Mail: _____

Voluntary Information

Please check the following boxes if applicable:

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ White

☐ Male

☐ Female

Disabled

☐ Yes

☐ No

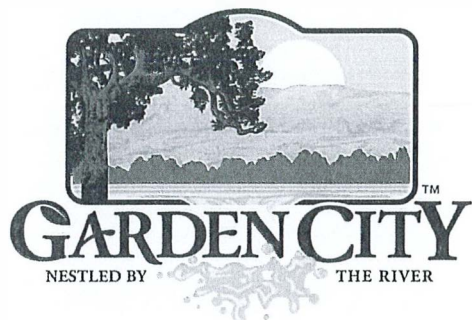
Do you wish to be an interested party? ____ Yes ____ No. If yes, email must be provided above.

Choose one: ____ Support the application ____ Neutral ✓ Oppose the application

Do you wish to testify? Yes ____ No ✓

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

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(please place in the basket)

Agenda Item # or name: **SAPFY2023-0001**

Date: May 25, 2023

PLEASE PRINT LEGIBLY

Name: M. J. Byrne

Physical Address (City & State of residence, not PO Box):

6529 W. Plantation Ln.

Boise, ID 83703

E-Mail: mjbyrne1@msn.com

Voluntary Information		
Please check the following boxes if applicable:		
<input type="checkbox"/>	American Indian or Alaskan Native	
<input type="checkbox"/>	Asian	
<input type="checkbox"/>	Black or African American	
<input type="checkbox"/>	Hispanic or Latino	
<input type="checkbox"/>	White	
<input type="checkbox"/>	Male	<input type="checkbox"/> Female
<input type="checkbox"/>	Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No

Choose one: _____ Support the application _____ Neutral ☒ Oppose the application

Do you wish to testify? Yes _____ No ☒

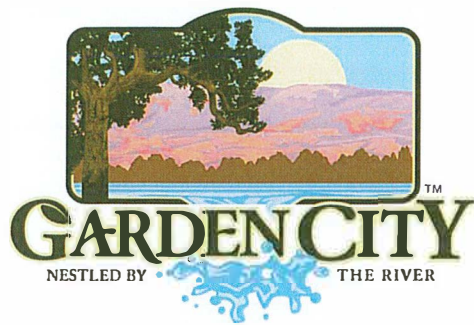
Do you wish to be an interested party? _____ Yes _____ No If yes, email: _____

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

I yield my time to Mr. David Leroy!

M. J. Byrne

Written Signature (only if not testifying)



CITY OF GARDEN CITY

6015 Glenwood Street • Garden City, Idaho 83714
Phone 208/472-2900 • Fax 208/472-2996

PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments
(please place in the basket)

Agenda Item # or name: **SAPFY2023-0001**

Date: 5/24/2023

PLEASE PRINT LEGIBLY

Name: Clarice Schmellick

Physical Address (City & State of residence, not PO Box):

6253 N. FAIR OAKS Place
Boise ID 83703

E-Mail: fbcktd@aol.com

Voluntary Information			
Please check the following boxes if applicable:			
<input type="checkbox"/>	American Indian or Alaskan Native		
<input type="checkbox"/>	Asian		
<input type="checkbox"/>	Black or African American		
<input type="checkbox"/>	Hispanic or Latino		
<input type="checkbox"/>	White		
<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Disabled		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No

Choose one: _____ Support the application _____ Neutral ☒ Oppose the application

Do you wish to testify? Yes _____ No _____

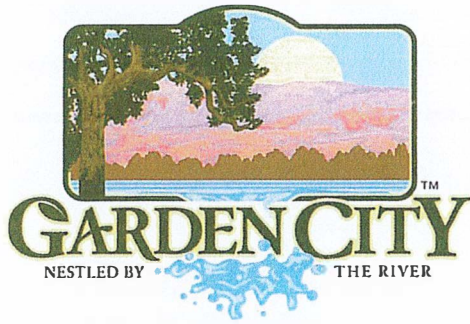
Do you wish to be an interested party? ☒ Yes _____ No _____ If yes, email: _____

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

Cede my time to David LeRoy

Clarice Schmellick

Written Signature (only if not testifying)



CITY OF GARDEN CITY

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PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments
(please place in the basket)

Agenda Item # or name: **SAPFY2023-0001**

Date: 8/24/2023

PLEASE PRINT LEGIBLY

Name: Bob Schmellick

Physical Address (City & State of residence, not PO Box):

6253 N. FAIR OAKS PL
Garden City, ID 83703

E-Mail: bob.schmellick@gmail.com

Voluntary Information	
Please check the following boxes if applicable:	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	

Choose one: _____ Support the application _____ Neutral X Oppose the application

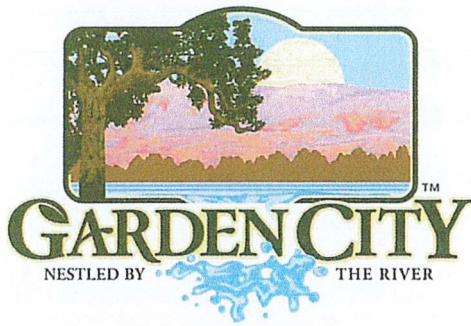
Do you wish to testify? Yes _____ No X
Do you wish to be an interested party? _____ Yes X No If yes, email: To Day Delay

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

Time to David Leroy

Bob Schmellick

Written Signature (only if not testifying)



CITY OF GARDEN CITY

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PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments
(please place in the basket)

Agenda Item # or name: **SAPFY2023-0001**

Date: 5/24/2023

PLEASE PRINT LEGIBLY

Name: David Patterson

Physical Address (City & State of residence, not PO Box):

6326 N Charleston Pl
Garden City, ID 83783

E-Mail: d.patterson65@msn.com

Voluntary Information	
Please check the following boxes if applicable:	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	

Choose one: _____ Support the application _____ Neutral ☒ Oppose the application

Do you wish to testify? Yes ☒ No _____

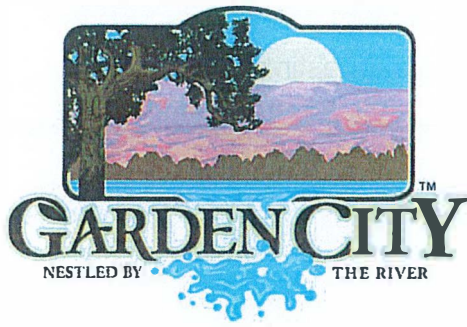
Do you wish to be an interested party? ☒ Yes _____ No If yes, email: _____

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

I give my 3 minutes to David
Leroy

David Patterson

Written Signature (only if not testifying)



CITY OF GARDEN CITY

6015 Glenwood Street • Garden City, Idaho 83714
Phone 208/472-2900 • Fax 208/472-2996

Agenda Item # or name: **SAPFY2023-0001**

PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments

Date: 10/24/2023

PLEASE PRINT LEGIBLY

Name: John M. Livingston

Physical Address (City & State of residence, not PO Box):

6223 N. Fair Oaks Pl.
Garden City, ID 83703

E-Mail: John.livingst13@gmail.com

Voluntary Information	
Please check the following boxes if applicable:	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you wish to be an interested party? ☐ Yes ☐ No. If yes, email must be provided above.

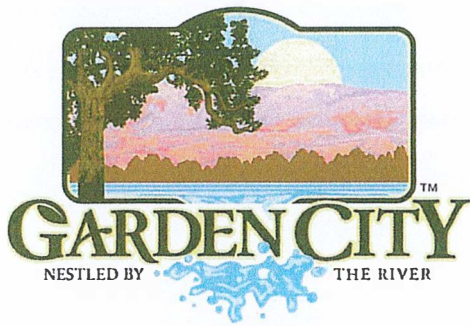
Choose one: ☐ Support the application ☐ Neutral ☒ Oppose the application

Do you wish to testify? Yes ☐ No ☐

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

① CMAA is not a state agency
② SAP is not confirming to
state standards for
③ ownership issue not there

John M. Livingston
Written Signature (only if not testifying)



CITY OF GARDEN CITY

6015 Glenwood Street • Garden City, Idaho 83714
Phone 208/472-2900 • Fax 208/472-2996

PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments
(please place in the basket)

Agenda Item # or name: **SAPFY2023-0001**

Date: 5-24-23

PLEASE PRINT LEGIBLY

Name: DEBRA RIEDEL

Physical Address (City & State of residence, not PO Box):

6570 W PLANTATION LN
BOISE, ID 83703

E-Mail: debra-riedel@raymondjames.com

Voluntary Information	
Please check the following boxes if applicable:	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	

Choose one: _____ Support the application _____ Neutral X Oppose the application

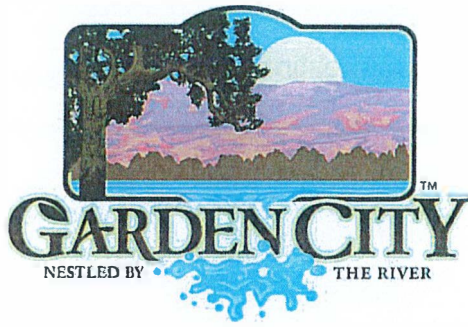
Do you wish to testify? Yes X No _____ I need my time to John Livingston

Do you wish to be an interested party? X Yes _____ No If yes, email: _____

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

Debra Riedel

Written Signature (only if not testifying)



CITY OF GARDEN CITY

6015 Glenwood Street • Garden City, Idaho 83714
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Agenda Item # or name: **SAPFY2023-0001**

PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments

Date: 5-24-23

PLEASE PRINT LEGIBLY

Name: Andrea Fogelman

Physical Address (City & State of residence, not PO Box):

6420 W. Plantation Lane

E-Mail: afogelman@msn.com

Voluntary Information	
<i>Please check the following boxes if applicable:</i>	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you wish to be an interested party? ____ Yes ____ No. If yes, email must be provided above.

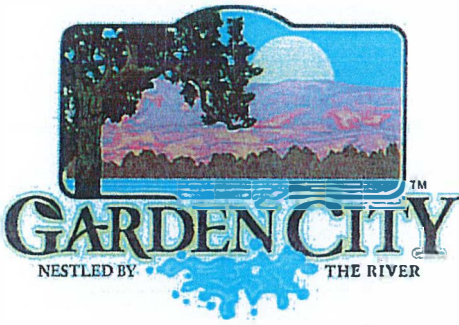
Choose one: ____ Support the application ____ Neutral X Oppose the application

Do you wish to testify? Yes ____ No ____

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

Andrea Fogelman

Written Signature (only if not testifying)



CITY OF GARDEN CITY

6015 Glenwood Street • Garden City, Idaho 83714
Phone 208/472-2900 • Fax 208/472-2996

Agenda Item # or name: **SAPFY2023-0001**

PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments

Date: 5/24/23

PLEASE PRINT LEGIBLY

Name: TINA ELLIS

Physical Address (City & State of residence, not PO Box):

3430 N. PLANTATION RIVER DRIVE

E-Mail: tinaellis734@yahoo.com

Voluntary Information		
Please check the following boxes if applicable:		
<input type="checkbox"/> American Indian or Alaskan Native		
<input type="checkbox"/> Asian		
<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Hispanic or Latino		
<input checked="" type="checkbox"/> White		
<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you wish to be an interested party? ☒ Yes ☐ No. If yes, email must be provided above.

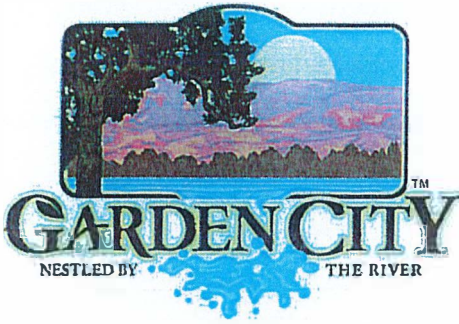
Choose one: ☐ Support the application ☐ Neutral ☒ Oppose the application

Do you wish to testify? Yes ☒ No ☐

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

I give you my 3 minutes for now

Written Signature (only if not testifying)



CITY OF GARDEN CITY

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Agenda Item # or name: **SAPFY2023-0001**

PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments

Date: 24-MAY-2023

PLEASE PRINT LEGIBLY

Name: Barry KUEZMER

Physical Address (City & State of residence, not PO Box):

3470 N. Plantation River Dr
Garden City ID 83703

E-Mail: kuezmer1@yahoo.com

Voluntary Information

Please check the following boxes if applicable:

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ White

☐ Male ☐ Female Disabled ☐ Yes ☐ No

Do you wish to be an interested party? ☒ Yes ☐ No. If yes, email must be provided above.

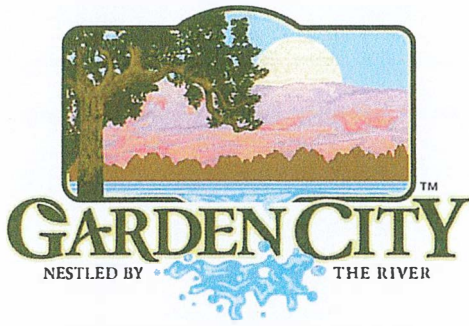
Choose one: ☐ Support the application ☐ Neutral ☒ Oppose the application

Do you wish to testify? Yes ☒ No ☐

I give my three minutes
to TINA ELLIS

If you do not wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

Written Signature (only if not testifying)



CITY OF GARDEN CITY

6015 Glenwood Street • Garden City, Idaho 83714
Phone 208/472-2900 • Fax 208/472-2996

PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments
(please place in the basket)

Agenda Item # or name: **SAPFY2023-0001**

Date: 5/24/23

PLEASE PRINT LEGIBLY

Name: PATRICK FETTICKE

Physical Address (City & State of residence, not PO Box):

6585 W. PLANTATION
BOISE ID 83703

E-Mail: N. JAMES1@AOL.COM

Voluntary Information	
Please check the following boxes if applicable:	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No

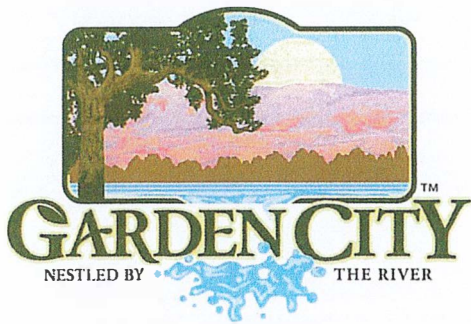
Choose one: _____ Support the application _____ Neutral ☒ Oppose the application

Do you wish to testify? Yes ☒ No _____ I yield my time to Ron Bush

Do you wish to be an interested party? _____ Yes _____ No If yes, email: _____

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

RON BUSH
Written Signature (only if not testifying)



CITY OF GARDEN CITY

6015 Glenwood Street • Garden City, Idaho 83714
Phone 208/472-2900 • Fax 208/472-2996

PUBLIC HEARING SIGN-UP SHEET

You must sign up to testify – or submit comments
(please place in the basket)

Agenda Item # or name: **SAPFY2023-0001**

Date: 5/24/23

PLEASE PRINT LEGIBLY

Name: Donie Nitz Petriotte

Physical Address (City & St. or residence, not PO Box):

6585 W Flamingo Ave
Boise, ID

E-Mail: _____

Voluntary Information

Please check the following boxes if applicable:

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ White

☐ Male ☐ Female Disabled ☐ Yes ☐ No

Choose one: _____ Support the application _____ Neutral ☒ Oppose the application

Do you wish to testify? Yes ☒ No _____

Do you wish to be an interested party? _____ Yes _____ No If yes, email: I need to Ron Bush

If you do **not** wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

Donie Nitz Petriotte
Written Signature (only if not testifying)