



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 - 25

PLEASE PRINT LEGIBLY

Name: Dave Leroy Albrecht

Physical Address (City & State of residence, not PO Box):
201 Larchmont, Schmellicks + Pattersons

E-Mail: dave@dleryo.com

Choose one: _____ Support the application

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 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.

M. J. Byrne
C. Schmellick

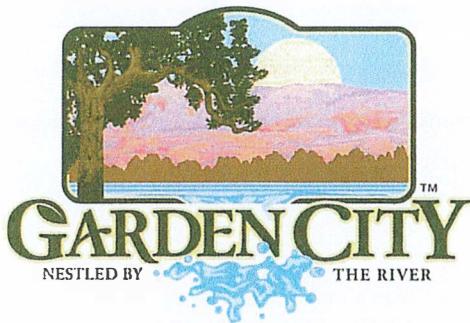
Bob Schmellick

David Patterson

Parker Massman

Gretchen Massman

Written Signature (only if not testifying)



CITY OF GARDEN CITY

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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: _____

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

Do you wish to testify? Yes X No _____

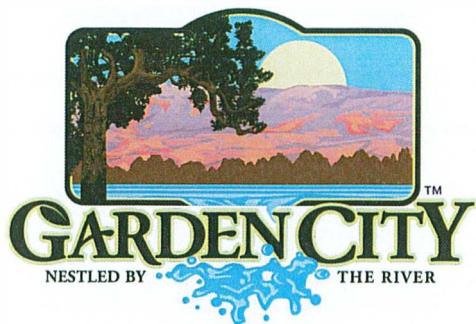
Do you wish to be an interested party? Yes _____ No _____ If yes, email: _____

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: _____

60 Minutes

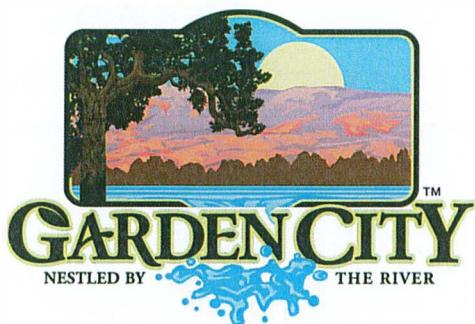
Choose one: Support the application Neutral Oppose the application

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 Kiebler	3470 N Plantation Dr	<u>Barry</u>

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

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Date: 10/24/23

PLEASE PRINT LEGIBLY

Name: John M. Livingston

12 min

E-Mail: John.Living13@gmail.com

Application File Number: _____

Choose one: Support the application Neutral

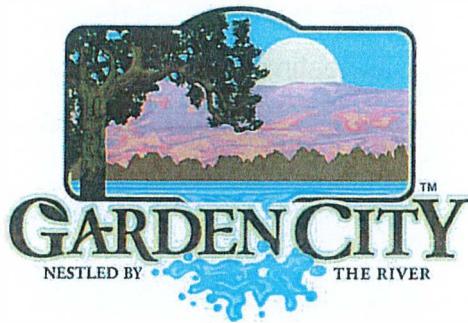
Oppose the application

Briefly describe the group that you represent; e.g. Homeowner's Association, etc: MJSC 18

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	<u>Andrea Fogden</u>
Eric Fogden	6420 W. Plantation	<u>Eric Fogden</u>
John Livingston	223 N. Fair Oaks	<u>John Livingston</u>
Deborah Field		

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 SIGN-UP SHEET

You must sign up to testify – or submit comments

Date: 5/24/2023

PLEASE PRINT LEGIBLY

Name: Dan Hollow

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

4254 N. Fair Oaks Pt.

E-Mail: omzi6254@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

Do you wish to testify? Yes No

Oppose the application

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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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: bracejohnson15@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.

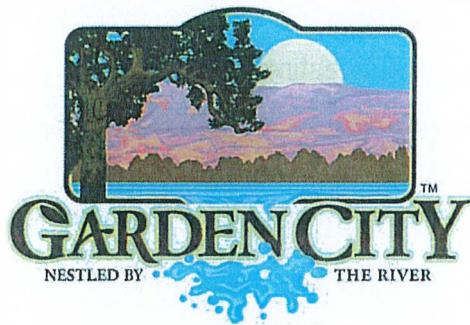
Choose one: Support the application Neutral Oppose the application

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.

Mark

Written Signature (only if not testifying)



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You must sign up to testify – or submit comments

Date: 5/24/23

PLEASE PRINT LEGIBLY

Name: DAVE BOYCE

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

5827 W FLAMINGO DR

BELSE, ID 83704

E-Mail: DAVID @ CIANDCARS BELSE.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

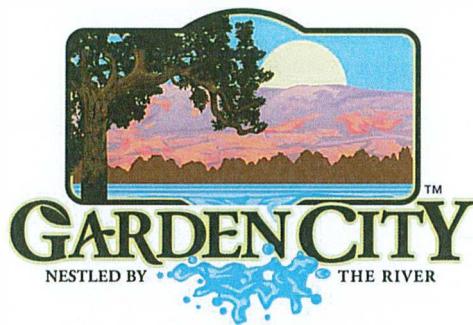
Do you wish to be an interested party? Yes No. If yes, email must be provided above.

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.

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 Noro

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

4675 SAVANNAH Lane

Garden City, ID

E-Mail: mikenero@jps.net

Voluntary Information

Please check the following boxes if applicable:

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

Choose one: Support the application Neutral Oppose the application

Do you wish to testify? Yes No

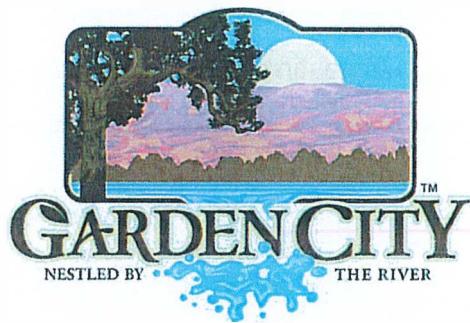
Do you wish to be an interested party? Yes

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 SLP as written & forwarding it to City Council

Written Signature (only if not testifying)



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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.com

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

Choose one: _____ Support the application _____ Neutral

Do you wish to testify? Yes _____ No X

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.

Voluntary Information

Please check the following boxes if applicable:

American Indian or Alaskan Native

Asian

Black or African American

Hispanic or Latino

White

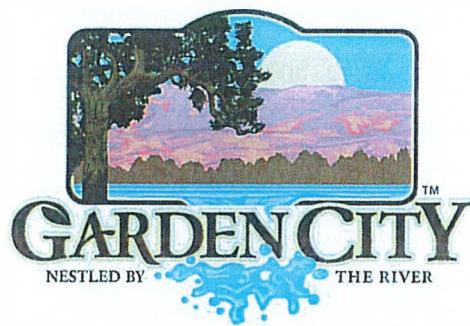
Male Female Disabled Yes No

X

Oppose the application

Mary Ann Cronk

Written Signature (only if not testifying)



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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):

60380 W. Plantation Ln.

E-Mail: heyymrpoach@yahoo.com

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

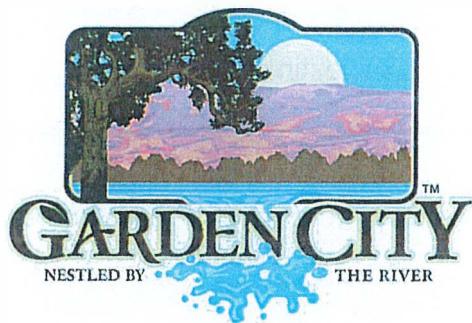
Choose one: Support the application Neutral

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)



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You must sign up to testify – or submit comments

Date: 5/24/2023

PLEASE PRINT LEGIBLY

Name: DANIELIE Hareau

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

1822 E MONTELLO

BELIE ID 83712

E-Mail: dthomasleadership@gmail.com

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

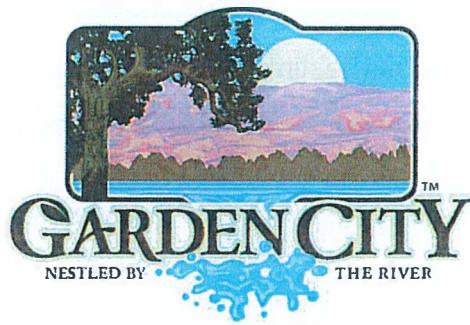
Choose one: Support the application Neutral Oppose the application

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 unoccupied lots are above
and beyond. I support this
project and the homes it will
provide.

Written Signature (only if not testifying)



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Agenda Item # or name: SAPFY2023-0001

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You must sign up to testify – or submit comments

Date: 5/24/23

PLEASE PRINT LEGIBLY

Name: Kathleen Klofke

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

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

Neutral

Oppose the application

Do you wish to testify? Yes No X

If you do not wish to testify orally, your comments

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,



Kathleen Klokke



CITY OF GARDEN CITY

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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 Ln
Boise, Idaho 83703

E-Mail: barkermassman@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 DON'T APPROVE SAP TO RON BUSH OR DAVID LORAY

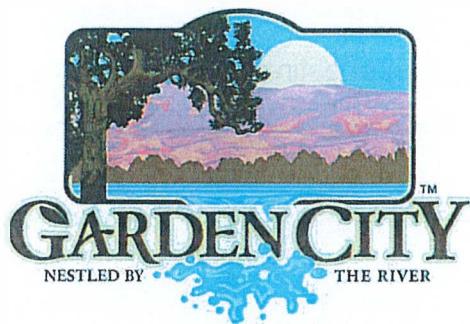
If you do not wish to testify orally, your comments on this sheet will be read into the record – so long as they are written legibly, signed below and do not exceed the space allotted.

WILL YOU PLEASE RESPECT THE LONG TIME RESIDENTS, VOTERS, TAX PAYERS
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 NEIGHBORHOODS.

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):

64160 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.

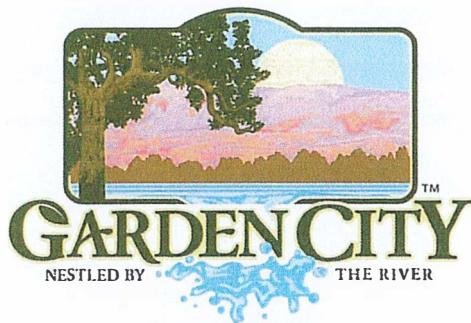
Choose one: Support the application Neutral Oppose the application

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. Offi now on State St.
and Glenwood today

Gretchen D. Massman
Written Signature (only if not testifying)



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PUBLIC HEARING SIGN-UP SHEET

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

Date: 05. 24.23

PLEASE PRINT LEGIBLY

Name: Edward W. Larson

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

6529 W. Plantation Ln
Boise, ID 83703

E-Mail: WWLARSEN2101@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 checked="" type="checkbox"/> White	
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

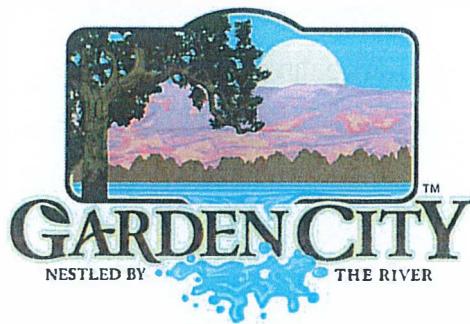
Do you wish to testify? Yes _____ No X

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

PUBLIC HEARING SIGN-UP SHEET

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Date: 05/04/2023

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

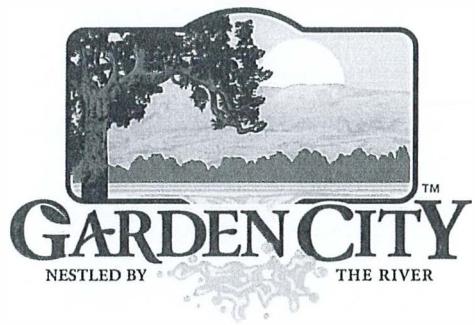
Do you wish to be an interested party? Yes No. If yes, email must be provided above.

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.

Written Signature (only if not testifying)



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

Date: May 25, 2023

PLEASE PRINT LEGIBLY

Name: M. Byrne

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

6529 W. Plantation Ln.

Boise, ID 83703

E-Mail: mjbyrne1@msn.com

Choose one: _____ Support the application _____ Neutral



Oppose the application

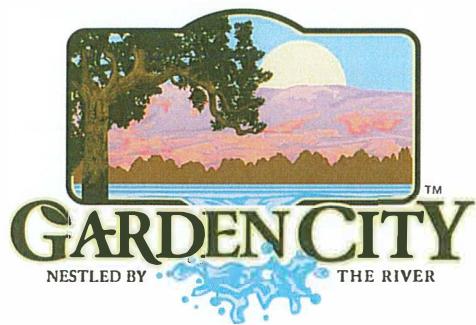
Do you wish to testify? Yes _____ No A

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. Byrne
Written Signature (only if not testifying)



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

Date: 5/24/2023

PLEASE PRINT LEGIBLY

Name: Clarice Schmellieck

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

6253 N. FAIR OAKS Place
Boise ID 83703

E-Mail: fbcltd@aol.com

Choose one: _____ Support the application _____ Neutral



Oppose the application

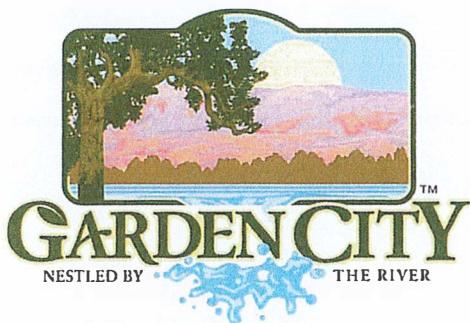
Do you wish to testify? Yes _____ No _____

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.

Cede my time to David Leroy

Written Signature (only if not testifying)



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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

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

Do you wish to testify? Yes No X

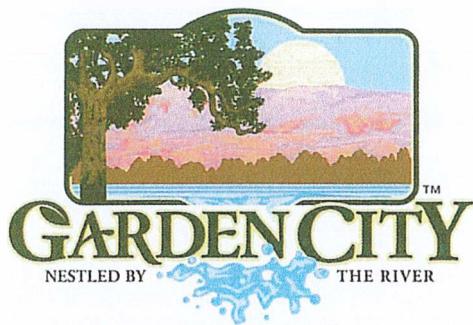
Do you wish to be an interested party? Yes X No If yes, email: To Day Deloy

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.

None to David Arroy

Bob Schmellick

Written Signature (only if not testifying)



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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 <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	<input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No

Choose one: Support the application Neutral Oppose the application

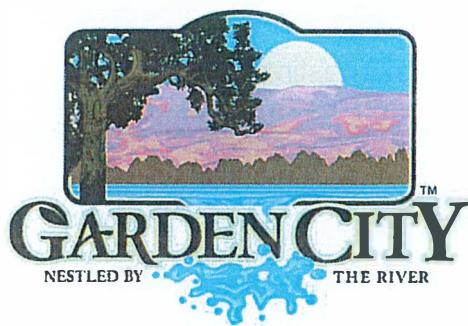
Do you wish to testify? Yes No

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 give my 3 minutes to David
Lenoy

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):

6233 N Fiji Dr
Garden City 83703

E-Mail: John.Living13@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

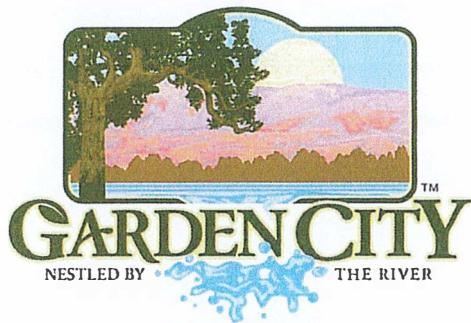
Choose one: Support the application Neutral Oppose the application

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.

① Comments to be read into the record
② SAPF is not conforming to
③ State Standard for
④ Ownership is not mine

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

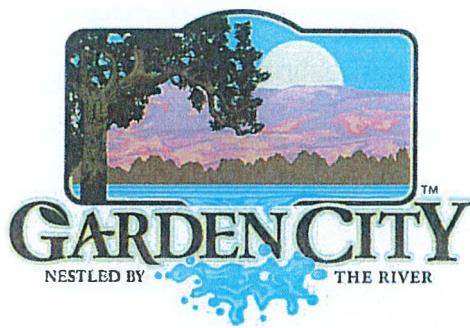
E-Mail: debra.riedel@raymondjames.com

Choose one: Support the application Neutral Oppose the application

Do you wish to testify? Yes X No I yield 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
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: Andrea Fogelman

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

6420 W. Plantation Lane

E-Mail: afogelman.caFuge@msn.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.

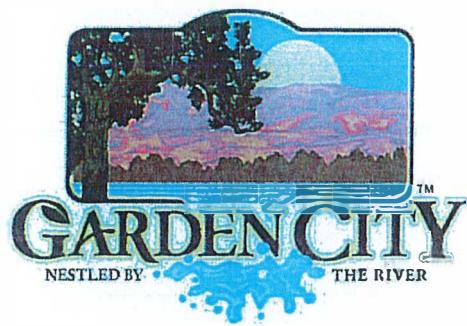
Choose one: Support the application Neutral Oppose the application

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.

Andrea Fogelman

Written Signature (only if not testifying)



CITY OF GARDEN CITY

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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

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 Tina my 3 Minutes for her

Written Signature (only if not testifying)



CITY OF GARDEN CITY

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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: 24 MAY 2023

PLEASE PRINT LEGIBLY

Name: Barry Krezmer

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

3470 N. Plantation River Dr
Garden City ID 83713

E-Mail: Krezmer1@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

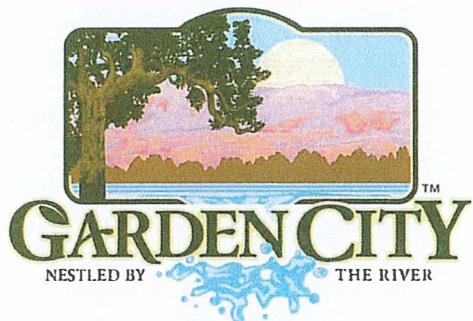
Oppose the application

Do you wish to testify? Yes No

*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

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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: 5/24/23

PLEASE PRINT LEGIBLY

Name: Patrick Petticote

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

6585 W. PLANTATION
BORO, ID 83703

E-Mail: N.Jammas1@Hot.Cou

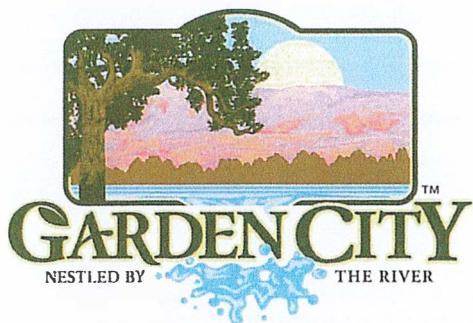
Choose one: _____ Support the application _____ Neutral _____ Oppose the application

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.

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 Nics Petrik
Physical Address (City & St. of residence, not PO Box):
6585 W Flamingo Dr
Boise, ID

E-Mail: _____

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.

Donie Nics Petrik
Written Signature (only if not testifying)