

Received  
City of Victoria

MAY 30 2017

Planning & Development Department  
Community Planning DivisionSUMMARY  
SMALL LOT HOUSE REZONING PETITIONI, BOB CREEVE, have petitioned the adjacent neighbours\* in compliance with  
(applicant)the Small Lot House Rezoning Policies for a small lot house to be located at 425  
(location of proposed house)OSWEGO ST and the petitions submitted are those collected by JUNE 8TH 2016  
(date)

Address	In Favour	Opposed	Neutral (30-day time expired)
404 SUPERIOR	✓	✓	✓
CHAD WILTON	✓		
408 SUPERIOR			✓
PETER DEVEREUX	ATTN: M. G. G.		
429 OSWEGO ST.	✓		
GLEN SMITHURST			
T. JAMES SPENSLEY			
6-290 SUPERIOR	✓		

SUMMARY	Number	%
IN FAVOUR		
OPPOSED		
TOTAL RESPONSES		100%

\*Do not include petitions from the applicant or persons occupying the property subject to rezoning.

\*\*Note that petitions that are more than six months old will not be accepted by the City. It is the applicant's responsibility to obtain new petitions in this event.

## SMALL LOT HOUSE REZONING PETITION

In preparation for my rezoning application to the City of Victoria, I,

James Spensley, am conducting the petition requirements for the  
(print name)

property located at \_\_\_\_\_

to the following Small Lot Zone: \_\_\_\_\_

The City of Victoria's Small Lot Rezoning Policy requires that the applicant poll voting age residents and owners of neighbouring lots to determine the acceptability of the proposal. Please note that all correspondence submitted to the City of Victoria in response to this Petition will form part of the public record and will be published in a meeting agenda when this matter is before Council. The City considers your address relevant to Council's consideration of this matter and will disclose this personal information. However, if for personal privacy reasons you do not wish to include your name, please indicate your address and indicate (yes or no) if you are the registered owner. **Please do not include your phone number or email address.**

Please review the plans and indicate the following:

NAME: (please print) James Spensley (see note above)

ADDRESS: #6 - 290 Superior

Are you the registered owner? Yes ☐

No ☒ Wife is

I have reviewed the plans of the applicant and have the following comments:

☒ I support the application.

☐ I am opposed to the application.

Comments:

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June 6 / 10  
Date

[Signature]  
Signature

## SMALL LOT HOUSE REZONING PETITION

In preparation for my rezoning application to the City of Victoria, I,

Bob Greke, am conducting the petition requirements for the  
(print name)

property located at 425 Oswego St

to the following Small Lot Zone: \_\_\_\_\_

The City of Victoria's Small Lot Rezoning Policy requires that the applicant poll voting age residents and owners of neighbouring lots to determine the acceptability of the proposal. Please note that all correspondence submitted to the City of Victoria in response to this Petition will form part of the public record and will be published in a meeting agenda when this matter is before Council. The City considers your address relevant to Council's consideration of this matter and will disclose this personal information. However, if for personal privacy reasons you do not wish to include your name, please indicate your address and indicate (yes or no) if you are the registered owner. **Please do not include your phone number or email address.**

Please review the plans and indicate the following:

NAME: (please print) Glen Smetana St (see note above)

ADDRESS: 425 Oswego St Victoria BC V8V2B8

Are you the registered owner? Yes ☐ No ☒

I have reviewed the plans of the applicant and have the following comments:

☒ I support the application.

☐ I am opposed to the application.

Comments:

Approve.

June 5 2016  
Date

[Signature]  
Signature

## SMALL LOT HOUSE REZONING PETITION

In preparation for my rezoning application to the City of Victoria, I,

BOB GREENE, am conducting the petition requirements for the  
(print name)

property located at 425 OSWEGO ST. VICTORIA

to the following Small Lot Zone: \_\_\_\_\_

The City of Victoria's Small Lot Rezoning Policy requires that the applicant poll voting age residents and owners of neighbouring lots to determine the acceptability of the proposal. Please note that all correspondence submitted to the City of Victoria in response to this Petition will form part of the public record and will be published in a meeting agenda when this matter is before Council. The City considers your address relevant to Council's consideration of this matter and will disclose this personal information. However, if for personal privacy reasons you do not wish to include your name, please indicate your address and indicate (yes or no) if you are the registered owner. **Please do not include your phone number or email address.**

Please review the plans and indicate the following:

NAME: (please print) Peter De Velle (see note above)

ADDRESS: 408 Superior St. Victoria

Are you the registered owner? Yes ☐ No ☐

I have reviewed the plans of the applicant and have the following comments:

☐ I support the application.

☐ I am opposed to the application.

} In consideration  
Will attend meeting

Comments:

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JUNE 5, 2016  
Date

  
Signature

## SMALL LOT HOUSE REZONING PETITION

In preparation for my rezoning application to the City of Victoria, I,

Bob Azzale, am conducting the petition requirements for the  
(print name)

property located at 425 OSWEGO ST.

to the following Small Lot Zone: \_\_\_\_\_

The City of Victoria's Small Lot Rezoning Policy requires that the applicant poll voting age residents and owners of neighbouring lots to determine the acceptability of the proposal. Please note that all correspondence submitted to the City of Victoria in response to this Petition will form part of the public record and will be published in a meeting agenda when this matter is before Council. The City considers your address relevant to Council's consideration of this matter and will disclose this personal information. However, if for personal privacy reasons you do not wish to include your name, please indicate your address and indicate (yes or no) if you are the registered owner. **Please do not include your phone number or email address.**

Please review the plans and indicate the following:

NAME: (please print) Chad Wilton (see note above)

ADDRESS: 404 Superior St.

Are you the registered owner? Yes ☒ No ☐

I have reviewed the plans of the applicant and have the following comments:

☒ I support the application.

☐ I am opposed to the application.

Comments:

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June 4/16  
Date

[Signature]  
Signature