Received

#### SMALL LOT HOUSE REZONING PETITION

FEB 0 2 2017

Planning & Development Department In preparation for my rezoning application to the City of Victoria, I, Development Services Division an brown, am conducting the petition requirements for the property located at 2695 Capital Heights 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) Vond Vomes O'BRIEN (see note above) ADDRESS: 1262 KING, ROAD Are you the registered owner? Yes M I have reviewed the plans of the applicant and have the following comments: I support the application with the provise world bekw. I am opposed to the application. Comments:

No sidewalks are wanted in their NEIGHBORHOOD WHICH HAS UNIQUELY RURAL ASPECT BENEATH A GARRY DAK

CANOPY. INSTEAD, SULTABLE PLANTINGS ARE

UGG 5875D. WE WILL NOT SUPPORT A TRANSITION of THIS

A TOPICAL URBAN NETGABOUR HOOD

In preparation for my rezoning application to the City of Victoria, I,
(print name), am conducting the petition requirements for the
property located at 2695 Capital Heights
to the following Small Lot Zone: RI-SZ
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)   SEET WENACK (see note above)
ADDRESS: 2702 UT STEPHEN HIE
Are you the registered owner? Yes  No
I have reviewed the plans of the applicant and have the following comments:
I support the application. with the consider that no switched street sure in sted to in the respondent of the supplementary of the supp
Comments:
Suggest garden plantings that hit with the
Oaksiand Community Association instrative.
Somewhat will hampon the neighbourhood community
and darwas
SUNE MM, 2016  Some Signature

in preparation for my rezoning application to the City of Victoria, I,
Cam Brown, am conducting the petition requirements for the
property located at 2695 Capital Heights
to the following Small Lot Zone: RI-52
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) <u>LESLIE MCARTHUR</u> (see note above)
ADDRESS: 2673 CAPITAL HTS, VICTORIA, BC
Are you the registered owner? Yes V 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:
Date 157,2016  April 1 Mathew  Signature

In preparation for my rezoning application to the City of Victoria, I,
(print name), am conducting the petition requirements for the
property located at 2695 Capital Iteights to the following Small Lot Zone: RI-52
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)
Date 151, 7016    Signature   Signature

In preparation for my rezoning application to the City of Victoria, I,
Cor Branch, am conducting the petition requirements for the
property located at 2695 (apital Heights
to the following Small Lot Zone: RLSZ
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) Alexandra Plinova (see note above)
ADDRESS: 2658 Mt. Stephen Aug
Are you the registered owner? Yes No 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:
Mar (0,2016 (1)00)
Date! Signature

In preparation for my rezoning application to the City of Victoria, I,
(print name), am conducting the petition requirements for the
(print name)
property located at 2695
property located at $2695$ Capital Haghts to the following Small Lot Zone: $R = -S2$
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) Barbara Middleton (see note above)
ADDRESS: 1257 Kings Road Victoria BC V8T4X2
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:
May 13 2016 Barbara Widelle

Signature

Date

In preparation for my rezoning application to the City of Victoria, I,
CAM BROWN, am conducting the petition requirements for the
(print name)
property located at 2695 Capital Neights
to the following Small Lot Zone: R1-52
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) WAHEED CHANDHRY (see note above)
ADDRESS: 2-1250 King Road, VICTORIA, BC. V8T 1×7  Are you the registered owner? Yes \( \bigcircle \text{No } \)
Are you the registered owner? Yes  No  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:
MAY 10 2010 Signature

In preparation for my rezoning application to the City of Victoria, I,
(print name), am conducting the petition requirements for the
property located at 2695 Capital Heights to the following Small Lot Zone: R1-52
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) Steven Rubin (see note above)  ADDRESS: 2674 Capital Hts.
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:
May 10 th 2016 Signature  Signature

In preparation for my rezoning application to the City of Victoria, I,
am conducting the petition requirements for the
property located at 2695 Capital Heights to the following Small Lot Zone: R1 -57
to the following Small Lot Zone: RISZ
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) Shaum Jefferson (see note above)  ADDRESS: 1195 Kings Rd Videnia BC V8T 1X6
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:
May 10th 2016 Signature
Dignature

In preparation for my rezoning application to the City of Victoria, I,
(print name), am conducting the petition requirements for the
property located at 2695 Capital Heights
to the following Small Lot Zone: R1 5 7
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) <u>ARSENIO</u> <u>MARIANO</u> (see note above)
ADDRESS:
Are you the registered owner? Yes ☐ No ☑
I have reviewed the plans of the applicant and have the following comments:
support the application.
am opposed to the application.
Comments:
<u> </u>
May 10th 2016 Signature

In preparation for my rezoning application to the City of Victoria, I,
CAM GROW, am conducting the petition requirements for the
property located at 2695 Capital Heights
to the following Small Lot Zone: RI-S2
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)
ADDRESS: 2676 Capital Hts V853M2
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:
Wellome addition to our reighbourhood. This
guy does great work and is community-minded
May 10, 2016

In preparation for my rezoning application to the City of Victoria, I,
am conducting the petition requirements for the
property located at 2695 Capital Haights to the following Small Lot Zone: RI-57
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) Wick & Heather (see note above)  ADDRESS: 2680 Capatal Heights
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: I fully support this project!
Mar 10th 2016 Houther Stone 1.1

Signature

In preparation for my rezoning application to the City of Victoria, I,
, am conducting the petition requirements for the
property located at 4095 Capital
to the following Small Lot Zone: R1 - 52
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) Hadrew Nicholls (see note above)
ADDRESS: 2660 Mount Stephen Ave
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:
May 10, 2016  Date Signature

In preparation for my rezoning application to the City of Victoria, I,
Am Shown, am conducting the petition requirements for the
property located at 2695 Capital Heights
to the following Small Lot Zone: R(-57
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) <u>(Light)</u> Shikuambi (see note above)  ADDRESS: 2-1190 (Ling) mod.
Are you the registered owner? Yes \( \bigcup \) No \( \bigcup \)
I have reviewed the plans of the applicant and have the following comments:
I support the application.
☐ I am opposed to the application.
Comments: Great a
May 10 7016 Signature

In preparation for my rezoning application to the City of Victoria, I,
CAM BROWN, am conducting the petition requirements for the
property located at 2695 Capital Heights
to the following Small Lot Zone: R\-5Z
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) JOHN Sumita (see note above)  ADDRESS: 2656 MT Stephen And
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:
May 10/2016 Esymper
Date Signature

In preparation for my rezoning application to the City of Victoria, I,
(AM BROWN, am conducting the petition requirements for the
property located at 2695 (apital Heights to the following Small Lot Zone: R1-57
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)(see note above)  ADDRESS: G-12 50   River Rd Victoria BC V8TX7
Are you the registered owner? Yes \( \square\) No \( \square\)
I have reviewed the plans of the applicant and have the following comments:
I support the application.
☐ I am opposed to the application.
Comments:
MAY 10, 2016 Signature

In preparation for my rezoning application to the City of Victoria, I,
, am conducting the petition requirements for the
(print name)
property located at 2695 Capital Haghts
to the following Small Lot Zone: R - 52
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) ALAN MERIN (see note above)
ADDRESS: #3 - 1250 KING S RD
Are you the registered owner? Yes  No  No
I have reviewed the plans of the applicant and have the following comments:
support the application.
☐ I am opposed to the application.
Comments:
MAY 10. 2016  Signature

In preparation for my rezoning application to the City of Victoria, I,
Can Brown, am conducting the petition requirements for the
property located at 2695 Capital Heights
to the following Small Lot Zone: R - 52
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) FERERY (EAH FREEDMA) (see note above)
NAME: (please print) PERERY LEAH FREEDMAN (see note above)  ADDRESS: 1256 KINGS ROAD, VICTORIA VST IXT
Are you the registered owner? Yes \( \square\) No \( \square\)
I have reviewed the plans of the applicant and have the following comments:
I support the application.
☐ I am opposed to the application.
Comments:  SUPPORT THE APPLICATION. PREFER  REAR YARD SETBACK TO BE 4 TO 5 METERS
15 July 2615 Signature Signature
Signature

In preparation for my rezoning application to the City of Victoria, I,
(print name), am conducting the petition requirements for the
property located at 2695 (apital Heights
to the following Small Lot Zone: R1 - 57
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) ARTIN HOLMAN (see note above)
ADDRESS: 1254 KINGS RID.
Are you the registered owner? Yes No
I have reviewed the plans of the applicant and have the following comments:
I support the application.
l am opposed to the application.
Comments:  Support the Application as Long as House is Moved Back to Americas From Back YARD PROPERTY LINE, WANT TO ALSO SEE ELEVATIONS FOR APPROVAL.
FUL 12 Date signature

In preparation for my rezoning application to the City of Victoria, I,	
Lan Brown, am conducting the petition requirements for the	
property located at 2695 (ap Ital Heights to the following Small Lot Zone: R1-57	
to the following Small Lot Zone: R1-57	
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) HACTIN HOLMAN (see note above)	
ADDRESS: 1256 KINGS RD.	
Are you the registered owner? Yes No	
I have reviewed the plans of the applicant and have the following comments:	
I support the application.	
l am opposed to the application.	
Comments:  SAME CONTS AS 1254 KINGS R	2
JULY 12 16 Signature	

In preparation for my rezoning application to the City of Victoria, I,
(print name), am conducting the petition requirements for the
property located at 2695 Capital Haisht
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) <u>Michele Fairbairn</u> (see note above)  ADDRESS: 1255 Kings Road, Victoria, BC. V8T4X
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:
May 13 2016 Collago
1 lay 1 lay 1 and the a

Signature

In preparation for my rezoning application to the City of Victoria, I,
(print name), am conducting the petition requirements for the
property located at 2695 Capital Heights to the following Small Lot Zone: R1-57 (small 10+)
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) <u>SUSAN STREGA</u> (see note above)  ADDRESS: <u>  255   Kurp Road</u>
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:
May 16/16 Amly



MAY 1 3 2016

Planning & Development Department Development Services Division

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

CAM BROWN, am conducting the petition requirements for the
property located at 2695 Capital Heights to the following Small Lot Zone: RI-S7
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) HARRY COLLINS (see note above)
ADDRESS: 2689 CAP ITAL HTS
Are you the registered owner? Yes No 🗌
I have reviewed the plans of the applicant and have the following comments:
The support the application
I am opposed to the application.
Comments:
Thave frivacy concerns withe 12 m. tackyou
plans aren't Finalized so I can't make an informed
sion
Completely reflaced it in the time he told me would
Date Signature
Signature