

CITY OF RIVERSIDE
SPEAKER CARD

AGENDA ITEM NO.: 1

WELCOME TO THE RIVERSIDE PLANNING COMMISSION MEETING.

IF YOU WISH TO ADDRESS THE PLANNING COMMISSION, PLEASE COMPLETE AND SUBMIT THIS CARD TO THE PLANNING STAFF. SPEAKER CARDS WILL BE ACCEPTED UNTIL CONCLUSION OF PUBLIC COMMENT ON THE AGENDA ITEM.

NAME: Rich Gardner DATE: 10-6-20

CITY/NEIGHBORHOOD: _____ PHONE # (Optional): _____

ADDRESS (Optional): _____
Address City/State/Zip

SUBJECT: _____

SUPPORT OPPOSE NEUTRAL

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NAME: George Hugue DATE: 2-6-2020

CITY/NEIGHBORHOOD: Morongo Valley PHONE # (Optional): _____

ADDRESS (Optional): _____
Address City/State/Zip

SUBJECT: Commercial landscape/trees Tyler Mill / Galleria

SUPPORT OPPOSE NEUTRAL

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CITY OF RIVERSIDE
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NAME: Shelley Ziliak Gardner DATE: 2/6/20

CITY/NEIGHBORHOOD: Riverside PHONE # (Optional): ~~XXXXXXXXXX~~

ADDRESS (Optional): _____

SUBJECT: Proposed St. Michael's Project

SUPPORT OPPOSE NEUTRAL

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NAME: BRUCE McCUNE DATE: 2/6/20

CITY/NEIGHBORHOOD: RANDUA PHONE # (Optional): _____

ADDRESS (Optional): _____

SUBJECT: ST. MICHAEL

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NAME: SCOTT HILTON DATE: 2-6-20
CITY/NEIGHBORHOOD: ARLINGTON PHONE # (Optional): 951-352-1596
ADDRESS (Optional): 9154 SAGE AVE RIVERSIDE CA 92503
Address City/State/Zip
SUBJECT: ST MICHAEL'S PROJECT

SUPPORT OPPOSE NEUTRAL

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NAME: Diane Hilton DATE: 02-06-2020
CITY/NEIGHBORHOOD: Arlington PHONE # (Optional): 951-352-1596
ADDRESS (Optional): 9154 Sage Ave Riverside CA 92503
Address City/State/Zip
SUBJECT: St Michaels Project

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NAME: PAUL ANDERSON DATE: 2-6-20

CITY/NEIGHBORHOOD: ARLINGTON PHONE # (Optional): _____

ADDRESS (Optional): 4090 STOTTS Riverside CA 92503
Address City/State/Zip

SUBJECT: ST. MICHAELS

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NAME: Julie Battaglia DATE: 2-6-2020

CITY/NEIGHBORHOOD: ARLINGTON PHONE # (Optional): 951-500-1547

ADDRESS (Optional): 4102 Stotts St. Riverside CA 92503
Address City/State/Zip

SUBJECT: St. Michael Project

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NAME: JOSEPH MORGAN DATE: 2-6-20

CITY/NEIGHBORHOOD: ARLANZA RIV. PHONE # (Optional): _____

ADDRESS (Optional): Kingsbury Place
Address City/State/Zip

SUBJECT: ST. MICHAEL'S PROJECT

SUPPORT OPPOSE NEUTRAL

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NAME: Colleen Morgan DATE: 2/6/20

CITY/NEIGHBORHOOD: Riverside PHONE # (Optional): _____

ADDRESS (Optional): Kingsbury
Address City/State/Zip

SUBJECT: St Michael's project

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NAME: Marsula Arab DATE: 2/5/20
CITY/NEIGHBORHOOD: Riverside / arhaton PHONE # (Optional): 714-449-2454
ADDRESS (Optional): 9184 Sage Ave 92503
Address City/State/Zip
SUBJECT: St Michael project
 SUPPORT OPPOSE NEUTRAL

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NAME: Cheryl LaCount DATE: 2/6/2020
CITY/NEIGHBORHOOD: Riverside / Arlington PHONE # (Optional): _____
ADDRESS (Optional): _____
Address City/State/Zip
SUBJECT: St. Michael's 50 unit housing
 SUPPORT OPPOSE NEUTRAL

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NAME: Susan Pike DATE: 2/6/2020

CITY/NEIGHBORHOOD: _____ PHONE # (Optional): _____

ADDRESS (Optional): Kingsbury Place
Address City/State/Zip

SUBJECT: St Michaels

SUPPORT OPPOSE NEUTRAL

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NAME: Chris Moorhouse DATE: 02-02-20

CITY/NEIGHBORHOOD: Riverside PHONE # (Optional): _____

ADDRESS (Optional): 3910 La Fayette St
Address City/State/Zip Riverside 92503

SUBJECT: St. Michael's

SUPPORT OPPOSE NEUTRAL

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NAME: Janice Schuler

DATE: 2-6-2020

CITY/NEIGHBORHOOD: _____

PHONE # (Optional): _____

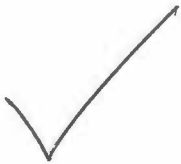
ADDRESS (Optional): Hathorn &
Address City/State/Zip

SUBJECT: St Michaels Church

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NAME: George Hague

DATE: 2-6-2020

CITY/NEIGHBORHOOD: Foreno Valley

PHONE # (Optional): _____

ADDRESS (Optional): _____
Address City/State/Zip

SUBJECT: P19-0507 & P19-0508

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NAME: Erin Thomas DATE: 2/6/20
CITY/NEIGHBORHOOD: Wood streets PHONE # (Optional): 858 945 5181
ADDRESS (Optional): Brockton
Address City/State/Zip
SUBJECT: St. Michael's

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NAME: TONY MIZE DATE: 2/6/20
CITY/NEIGHBORHOOD: CITY PHONE # (Optional):
ADDRESS (Optional): 546 VIA ZAPATA RIV. CA 92507
Address City/State/Zip
SUBJECT: ST. MICHAEL'S

SUPPORT OPPOSE NEUTRAL

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NAME: CARRIE ADAMS DATE: 4/6/2020

CITY/NEIGHBORHOOD: 5th ward PHONE # (Optional): 951-386-8735

ADDRESS (Optional): _____
Address City/State/Zip

SUBJECT: Housing at St Michaels

SUPPORT OPPOSE NEUTRAL

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NAME: T. Elsworth GAST II DATE: 02/06/2020

CITY/NEIGHBORHOOD: Riverside PHONE # (Optional): 951-313-9089

ADDRESS (Optional): 2911 Nite St Riverside
Address City/State/Zip

SUBJECT: Support of housing project

SUPPORT OPPOSE NEUTRAL

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NAME: Kelli Grace Kurtz DATE: 02/07/2020

CITY/NEIGHBORHOOD: Woods/Ward one PHONE # (Optional): _____

ADDRESS (Optional): _____
Address City/State/Zip

SUBJECT: Saint Michael's

SUPPORT OPPOSE NEUTRAL

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NAME: Rabbi Suzanne Singer DATE: 2/6/2020

CITY/NEIGHBORHOOD: Riverside ward 1 PHONE # (Optional): _____

ADDRESS (Optional): 3534 Castle Reach Pl
Address City/State/Zip

SUBJECT: St. Michael's Homeless Project

SUPPORT OPPOSE NEUTRAL

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NAME: CONRAD NORDBLIS DATE: 2/6/20

CITY/NEIGHBORHOOD: JURUPA VALLEY PHONE # (Optional): _____

ADDRESS (Optional): _____
Address City/State/Zip

SUBJECT: ST MICHEL'S

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NAME: Robert Davis DATE: 2-6-20

CITY/NEIGHBORHOOD: Riverside Arlington PHONE # (Optional): 951-315-1111

ADDRESS (Optional): 2982 Joshua Tree Riverside, CA 92503
Address City/State/Zip

SUBJECT: Sr. Michael's Church - 50 unit apartment building

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NAME: Nancy Melendez DATE: 2/6/20
CITY/NEIGHBORHOOD: Ward 5 PHONE # (Optional): _____
ADDRESS (Optional): 9216 Hawthorne 92503
Address City/State/Zip

SUBJECT: _____

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NAME: Andrea Briggs DATE: 2/6/20
CITY/NEIGHBORHOOD: Riverside / Ward 2 PHONE # (Optional): _____
ADDRESS (Optional): _____
Address City/State/Zip

SUBJECT: _____

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NAME: Hannah Cranbury DATE: _____
CITY/NEIGHBORHOOD: Riverside PHONE # (Optional): 9516842494
ADDRESS (Optional): _____
Address City/State/Zip
SUBJECT: St. Michael

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NAME: Rich GARDNER DATE: 2-6-20
CITY/NEIGHBORHOOD: _____ PHONE # (Optional): _____
ADDRESS (Optional): _____
Address City/State/Zip
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