

DATE: 12/6/15

OPPOSE

SUPPORT

STAFF USE ONLY:
Entered into Advantage:
 Entered into People Entered into Parcel/People

date completed

initials

BUILDING AND FIRE CODE BOARD OF APPEALS REQUEST TO SPEAK / INTERESTED PARTY

ITEM ADDRESS: _____

AGENDA ITEM NUMBER: 3

YOUR FULL NAME: Will Kelting

YOUR ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE NUMBER: () _____

Organization represented (if applicable): _____

Written material also submitted: Yes _____ No _____ Please use other side of this form for written comments. ⇨

EMAIL ADDRESS _____

COMMENTS:

Can we set with approval

DATE: 12/6/19

OPPOSE

SUPPORT

STAFF USE ONLY:	
Entered into Advantage:	
<input type="checkbox"/> Entered into People	<input type="checkbox"/> Entered into Parcel/People
_____	_____
date completed	initials

**BUILDING AND FIRE CODE BOARD OF APPEALS
REQUEST TO SPEAK / INTERESTED PARTY**

ITEM ADDRESS: 7 W Fl6 AGENDA ITEM NUMBER: 2

YOUR FULL NAME: JIM MARSTON

YOUR ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE NUMBER: (____) _____

Organization represented (if applicable): _____

Written material also submitted: Yes _____ No _____ Please use other side of this form for written comments. ⇨

EMAIL ADDRESS _____

COMMENTS:

DATE: _____

OPPOSE

SUPPORT

STAFF USE ONLY:	
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<input type="checkbox"/> Entered into People	<input type="checkbox"/> Entered into Parcel/People
_____	_____
date completed	initials

BUILDING AND FIRE CODE BOARD OF APPEALS REQUEST TO SPEAK / INTERESTED PARTY

ITEM ADDRESS: _____

AGENDA ITEM NUMBER: _____

YOUR FULL NAME: Bonnie Elliott _____

YOUR ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE NUMBER: (805) 682-7672

Organization represented (if applicable): _____

Written material also submitted: Yes _____ No _____ Please use other side of this form for written comments. ⇨

EMAIL ADDRESS _____

COMMENTS:
7 w. Figueroa

DATE: _____

OPPOSE

SUPPORT

STAFF USE ONLY:

Entered into Advantage:

Entered into People Entered into Parcel/People

_____ date completed

_____ initials

BUILDING AND FIRE CODE BOARD OF APPEALS REQUEST TO SPEAK / INTERESTED PARTY

ITEM ADDRESS: general comment

AGENDA ITEM NUMBER: General

YOUR FULL NAME: Will Rehling

YOUR ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE NUMBER: (____) _____

Organization represented (if applicable): _____

Written material also submitted: Yes _____ No _____ Please use other side of this form for written comments. ⇨

EMAIL ADDRESS _____

COMMENTS:

DATE: _____

OPPOSE

SUPPORT

STAFF USE ONLY:

Entered into Advantage:

Entered into People Entered into Parcel/People

date completed _____

initials _____

**BUILDING AND FIRE CODE BOARD OF APPEALS
REQUEST TO SPEAK / INTERESTED PARTY**

ITEM ADDRESS: _____ AGENDA ITEM NUMBER: 3

YOUR FULL NAME: JIM MARSTON

YOUR ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE NUMBER: (____) _____

Organization represented (if applicable): _____

Written material also submitted: Yes _____ No _____ Please use other side of this form for written comments. ⇨

EMAIL ADDRESS _____

COMMENTS:
