Late Backup

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Item

#152

Public Comments

RES HARPER PARK

SINGLE FAMILY CONDOS

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• appearing and speaking for the record at the public hearing; and:

- occupies a primary residence that is within 500 feet of the subject property or proposed development;
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Case Number: Project Consent Agreement – Harper Park Single Family Condo

Contact: Greg Guernsey, 512-974-2387 or Susan Scallon, 512-974-2659 Public Hearing: City Council, June 26, 2014

JACK CALVIAT LTRADSHAW I am in favor Your Name (please print) □ I object 5806 VAKCLAIRE DR. HVISTIN Your address(es) affected by this application 6.73-12 Signature Date 512-892-0284 Daytime Telephone: Comments: 12.0. (call anor m If you use this form to comment, it may be returned to: City of Austin Planning and Development Review - 4th floor Susan Scallon

P. O. Box 1088 Austin, TX 78767-8810

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Contact: Greg Guernsey, 512-974-2387 or Susan Scallon, 512-974-2659 Public Hearing: City Council, June 26, 2014

<u>CKMCFailand</u> Your Name (please print) <u>COOIOAKCLAIRE</u> Your address(es) affected by this application AUSTIC, 78735 <u>CKM</u> Signature <u>Signature</u> <u>Date</u> Daytime Telephone: 512 633 8224 Comments: are you revising property at my Danie Wahl, Hom AP: If you use this form to comment, it may be returned to: City of Austin Planning and Development Review – 4th floor Susan Scallon P. O. Box 1088

Austin, TX 78767-8810

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Public Hearing: City Council, June 26, 2014

PEGEN JOYCE RANDOLPL Your Name (please print) 🔀 I am in favor I object 6003 OAKCLAIRE DR Your address(es) affected by this application Peggy Joyce Randelph 6-23-14 Sienature Date Daytime Telephone: 512.892-0566 Comments:_____ If you use this form to comment, it may be returned to: City of Austin Planning and Development Review - 4th floor Susan Scallon P. O. Box 1088 Austin, TX 78767-8810

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Guen me Farland	
Your Name (please print)	I am in favor □ I object
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Your address(es) affected by this application	,
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	Dale
Daytime Telephone: 512 892 1169	
Comments:	
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The proposed develop Stoned for throught Zerren of 2 erres	
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Susan Scallon	
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FICHARD + MONICA GAYLORD Your Name (please print)
<u>JIJJUACCIAIYC</u> W.
Your address(es) affected by this application,
Mon 6/19/14
Signature Date Date Date
Comments:
A-OK W/ USI
If you use this form to comment, it may be returned to: City of Austin
Planning and Development Review – 4 th floor Susan Scallon
P. O. Box 1088
Austin, TX 78767-8810