

Village of Wellington

Planning, Zoning & Adjustment Board  
COMMENTS BY THE PUBLIC

9/8/21  
Date

(Please Print)

Agenda Item No. P2-0249  
Item Name \_\_\_\_\_

Krista Hunter  
Name

443-994-1994  
Phone No.

906 Lantern Tree Lane  
Address

1. Please complete Comment Card including your address. Be sure to include Agenda Item Number.
2. Give this form to the recording secretary prior to discussion of the agenda item.
3. When your name is called, please approach the podium and give your name and address of record.
4. A three (3) minute time limit per speaker, per agenda item will be enforced. Donating time is not permitted.

☒ I support

☒ I oppose

☒ I wish to speak

☐ I do not wish to speak, but my question/comment is as follows:

Question/Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All comment cards become part of the Public Record. Any person making impertinent or slanderous remarks, or who becomes boisterous while addressing the Board shall be barred from further audience before the Board by the presiding officer, unless permission to again address the Board is granted

Village of Wellington

Planning, Zoning & Adjustment Board  
COMMENTS BY THE PUBLIC

Agenda Item No. PZ-0249  
Item Name \_\_\_\_\_

8 Sept 202

(Please Print)

Date

Chris Stewart

561-714-4999

Name

854 LANTERN TREE LN

Phone No.

33414

Address

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\_\_\_\_\_ I support      X I oppose

X I wish to speak      \_\_\_\_\_ I do not wish to speak, but my question/comment is as follows:

Question/Comment Multiple

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Village of Wellington

Planning, Zoning & Adjustment Board  
COMMENTS BY THE PUBLIC

9/8/21  
Date

(Please Print)

Agenda Item No. P2-0249  
Item Name

JAIME GUAYARA  
Name

561-301-6033  
Phone No.

843 LANTERN TREE LN  
Address

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☐ I support

☒ I oppose

☐ I wish to speak

☒ I do not wish to speak, but my question/comment is as follows:

Question/Comment

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Planning, Zoning & Adjustment Board  
COMMENTS BY THE PUBLIC

9/8  
Date

(Please Print)

Agenda Item No. PZ-0249  
Item Name \_\_\_\_\_

David Muehlen  
Name  
893 Lantain Tree Lane  
Address

501-420-9579  
Phone No.

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       I support X I oppose

X I wish to speak        I do not wish to speak, but my question/comment is as follows:

Question/Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Planning, Zoning & Adjustment Board

COMMENTS BY THE PUBLIC

(Please Print)

Agenda Item No. PZ-0249  
Item Name GAILFORD WAY

Date

Sept 8 2021  
VANESSA ROACH

Name

12445 GAILFORD Wy Wellington

Address

Phone No.

561-507-4681

1. Please complete Comment Card including your address. Be sure to include Agenda Item Number.
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☐ I support

☐ I oppose

☒ I wish to speak

☐ I do not wish to speak, but my question/comment is as follows:

Question/Comment

WHAT type of facility is this —  
FOR ELDERLY ASST. LIVING OR A DRUG REHAB?

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