# AGENDA CANBY PLANNING COMMISSION REGULAR MEETING

City Council Chambers Monday, January 26, 1998 7:30 p.m.

I. ROLL CALL

II. MINUTES

III. CITIZEN INPUT ON NON-AGENDA ITEMS

IV. FINDINGS

ANN 97-09 Liden/Hanlin DR 97-09/CUP 97-04 Proactive Sports VAR 97-07 Bev Willis DR 97-10 Bev Willis

#### V. PUBLIC HEARINGS

CPA 97-01, an application by The Picullel-Chimento Group (applicant) and Sharon Wright & Heirs of Arthur Wright (owners) seeking to amend the Comprehensive Plan Land Use Map for their 16.28 acre parcel from a mix of R-1 (Low Density Residential) and R-2 (High Density Residential) to R-1.5 (Medium Density Residential).

**ZC 97-03**, an application by The Picullel-Chimento Group (applicant) and Sharon Wright & Heirs of Arthur Wright (owners) seeking to rezone their 16.28 acre parcel from a mix of R-1 (Low Density Residential) and R-2 (High Density Residential) to R-1.5 (Medium Density Residential).

SUB 97-09, an application by The Picullel-Chimento Group (applicant) and Sharon Wright & Heirs of Arthur Wright (owners) seeking approval to subdivide 16.28 acres into 84 single family residential lots. The proposed subdivision will include the existing home on the property and will be developed to R-1.5 density (Medium Density development).

VI. COMMUNICATIONS

VII. NEW BUSINESS

VIII. DIRECTOR'S REPORT

IX. ADJOURNMENT

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The City of Canby Planning Commission welcomes your interest in these agenda items. Please feel free to come and go as you please.

Dan Ewert, Chair

Keith Stewart, Vice-Chair

Terry Prince

Jean Marie Tallman

Mark O'Shea

Vern Keller Jim Brown

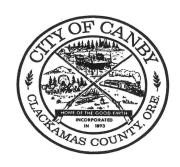
#### TIMELINES AND PROCEDURES

• In order not to restrict any person from testifying but, rather, to encourage everyone to do so, the Canby Planning Commission shall try to adhere as closely as possible to the following timelines:

Applicant (or representative[s]) - not more than 15 minutes
Proponents - not more than 5 minutes
Opponents - not more than 5 minutes
Rebuttal - not more than 10 minutes

- Everyone present is encouraged to testify, even if it is only to concur with previous testimony. All questions must be directed through the Chair. Any evidence to be considered must be submitted to the hearing body for public access. All written testimony received both for and against shall be summarized by staff and presented briefly to the hearing body during the Staff Report.
- The applicable substantive criteria are those listed on the agenda sheet available at the rear of the room and on page 2 of the staff report. Testimony and evidence must be directed toward the applicable substantive criteria listed on page 2 of the staff report or other criteria in the Comprehensive Plan or land use regulations which the person believes to apply to the decision.
- Failure to raise an issue accompanied by statements or evidence sufficient to afford the decision-maker and the parties an opportunity to respond to the issue, precludes appeal to the Land Use Board of Appeals based on that issue.
- Prior to the conclusion of the initial evidentiary hearing, any participant may request opportunity to present additional evidence or testimony regarding the application. The Planning Commission shall grant such request by continuing the public hearing or leaving the record open for additional written evidence or testimony. Any such continuance of extension shall be subject to the limitations of the so-called 120-day rule, unless the continuance or extension is requested or agreed to by the applicant.
- If additional documents or evidence are provided by any party, the Planning Commission may, if requested, allow a continuance or leave the record open to allow the parties a reasonable opportunity to respond. Any such continuance or extension of the record requested by an applicant shall result in a corresponding extension of the so-called 120-day time period.

# PLANNING COMMISSION TESTIMONY SIGN-IN FORM



Date: <u>January 26, 1998</u>

# PLEASE PRINT CLEARLY

| NAME                               | ADDRESS                                          |
|------------------------------------|--------------------------------------------------|
| Chortes Chimento<br>DAS-DN BRISTOR | 3236 SW Kelly St Portland on<br>983 S Redwood St |
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# PLANNING COMMISSION SIGN-IN FORM

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MAS COULT

**ADDRESS** 

Date: <u>January 26, 1998</u>

# PLEASE PRINT CLEARLY

**NAME** 

| James E, Surdam<br>Clair Kupp enbender    | 480 S. Pine ST. Canby 0<br>616 S Pine St |
|-------------------------------------------|------------------------------------------|
| Charles Chimento                          | 3236 5W Kelly St. Partland OR            |
| Sharon R. Wright \<br>1285 SE Township Rd |                                          |
| TED + CARY ANN LABEDZ                     | 693 S. REDWOOD ST. CANBY                 |
| George Willred                            | ( Uhncover 2007 55 158 Lop 9858          |
|                                           | 23541 Butte LANC NE AMORA                |
| Roger Harris                              | 900 NE 14th Ave                          |
|                                           |                                          |
|                                           |                                          |
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| FILE         | NO.: ZC 97.03                                    |                                | J Minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | ☐ Findings |
|--------------|--------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------|
| 内            | Motion to Approve by Seconded by Commission      | Commissioner<br>oner <b>XE</b> | Stewar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |            |
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| ٥            | As recommended by stated and/or added conditions | ff with amende                 | ed conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       | t grafi    |
| COM          | MISSIONER:                                       | YES                            | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ABSTAIN                               | ABSENT     |
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| Stewa        | rt                                               | <u></u>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |            |
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| Tallma       | <b>in</b>                                        | ~                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | ·          |
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| FILE NO.: <u>CPA 97-0/</u>                       |                              | J Minutes                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Findings |
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| Motion to Approve by C<br>Seconded by Commission | ommissioner<br>ner <u>Eu</u> | Keller                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Č          |
| Motion to Deny by Com Seconded by Commission     | missioner<br>ier             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| ☐ As recommended by staff                        | :                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| As recommended by staff and/or added conditions  | with amende                  | d conditions                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
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| Ewert                                            |                              | -                                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |
| Stewart                                          |                              | -                                     | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |
| O'Shea                                           | #                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| Keller                                           |                              |                                       | The state of the s |            |
| Tallman                                          |                              | -                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
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| Brown                                            |                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
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| FILE NO.: 8118 97. 09                            |                     | J Minutes    |         | ☐ Findings |
|--------------------------------------------------|---------------------|--------------|---------|------------|
| Motion to Approve by C<br>Seconded by Commission | Commissioner<br>ner | Stewa        |         |            |
| Motion to Deny by Com<br>Seconded by Commission  | missioner<br>ner    |              | w Chang | geo        |
| ☐ As recommended by staff                        | •                   |              |         |            |
| As recommended by staff and/or added conditions  | with amende         | d conditions |         |            |
| COMMISSIONER:                                    | YES                 | NO           | ABSTAIN | ABSENT     |
| Ewert                                            | _                   |              | · ·     |            |
| Stewart                                          |                     | -            |         |            |
| O'Shea                                           |                     |              |         |            |
| Keller                                           |                     |              | -       |            |
| Tallman                                          |                     | -            | -       |            |
| Prince                                           |                     |              |         |            |
| Comments:                                        |                     |              |         | •          |
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| FILE          | NO.: <u>DR97-89/</u>                             | CUP 97-04      | J Minutes    |          | ☑ Findings                             |
|---------------|--------------------------------------------------|----------------|--------------|----------|----------------------------------------|
| <b>A</b>      | Motion to Approve by<br>Seconded by Commissi     | Commissioner   |              |          |                                        |
|               | Motion to Deny by Con<br>Seconded by Commission  | mmissioner     |              |          |                                        |
|               | As recommended by sta                            | ıff            |              |          |                                        |
| <b></b>       | As recommended by sta<br>and/or added conditions | ff with amende | d conditions |          |                                        |
| сом           | MISSIONER:                                       | YES            | NO           | ABSTAIN  | ABSENT                                 |
| Ewert         |                                                  | •              |              |          |                                        |
| Stewar        | <b>t</b> .                                       |                |              |          | ·                                      |
| OʻShea        |                                                  |                | · .          |          |                                        |
| Keller        |                                                  |                |              |          |                                        |
| Tallmar       | n                                                |                |              |          | ************************************** |
| Prince        |                                                  |                |              |          |                                        |
| Broz<br>Comme | ents:                                            | V              |              |          |                                        |
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| FILE NO.: JAR 57                 | 7.07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Minutes      |         | Findings |
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| Motion to Appr<br>Seconded by Co | rove by Commissioner _<br>mmissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | KEller       |         |          |
| Motion to Deny Seconded by Co    | by Commissioner<br>mmissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |         |          |
| ☐ As recommende                  | d by staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |         |          |
| As recommended and/or added cor  | d by staff with amended<br>nditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | l conditions | • .     |          |
| COMMISSIONER:                    | YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NO           | ABSTAIN | ABSENT   |
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| Stewart                          | Name of the second seco |              |         |          |
| O'Shea                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |          |
| Keller                           | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |         |          |
| Tallman                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |          |
| Prince                           | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |         |          |
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|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |          |

| FILE          | NO.: DR 97.10                                        |               | Ainutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         | Findings |
|---------------|------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|
| <b>7</b>      | Motion to Approve by Con<br>Seconded by Commissioner | nmissioner    | Brown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |          |
|               | Motion to Deny by Commi<br>Seconded by Commissioner  | ssioner       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |
|               | As recommended by staff                              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |
|               | As recommended by staff wand/or added conditions     | ith amended c | onditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |          |
| сом           | MISSIONER:                                           | YES           | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ABSTAIN | ABSENT   |
| Ewert         |                                                      |               | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -       |          |
| Stewar        | <b>t</b>                                             | <u> </u>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |
| O'Shea        | <br>1                                                |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |
| Keller        |                                                      |               | MAP WORK AND ADDRESS AND ADDRE | -       |          |
| Tallma        | <b>n</b>                                             | _/            | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |          |
| Prince        |                                                      |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |
| B/20<br>Comme | wnts:                                                |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |
| <del></del>   | N                                                    |               | <i>:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |          |
|               |                                                      | :             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |
| <del> </del>  |                                                      |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |
|               |                                                      |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | •        |
|               |                                                      |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |
|               |                                                      |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |

| FILE   | NO.: <u>ANN 97-09</u>                            | <u>)                                    </u> | J Minutes     |             | 7 Findings |
|--------|--------------------------------------------------|----------------------------------------------|---------------|-------------|------------|
| Ø      | Motion to Approve by C<br>Seconded by Commission | Commissioner<br>ner                          | Keller        |             |            |
|        | Motion to Deny by Com<br>Seconded by Commission  | missioner<br>ner                             |               |             |            |
|        | As recommended by staff                          | f                                            |               |             |            |
|        | As recommended by staff and/or added conditions  | f with amende                                | ed conditions |             |            |
| COM    | IMISSIONER:                                      | YES                                          | NO            | ABSTAIN     | ABSENT     |
| Ewert  |                                                  |                                              |               |             |            |
| Stewa  | rt .                                             |                                              |               | · ·         |            |
| O'She  | a                                                |                                              |               |             |            |
| Keller |                                                  |                                              |               | <del></del> |            |
| Tallma | nn .                                             |                                              | -             |             |            |
| Prince |                                                  | V                                            |               | -           | -          |
| Brou   | wr.                                              |                                              |               |             |            |
| Comm   | ents:                                            |                                              |               |             |            |
|        |                                                  |                                              | ,             |             |            |
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|        |                                                  |                                              |               |             |            |