

MINUTES OF THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



PUBLIC COMMENT:

3-0

During the oral communication section of the agenda for Tuesday, August 23, 2016, Arly D'Arrigo spoke regarding an uninhabitable structure in the Idyllwild area.

**ATTACHMENTS FILED WITH
CLERK OF THE BOARD**

**AGENDA NO.
3-0**

**Riverside County Board of Supervisors
Request to Speak**

Submit request to Clerk of Board (right of podium),
Speakers are entitled to three (3) minutes, subject
to Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: Arly D'Arrigo

Address: P.O. box 3419
(only if follow-up mail response requested)

City: Idyllwild **zip:** 92549

Phone #: (951) 330-8145

Date: 8/23/16 **Agenda #** not on agenda

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

Support **Oppose** **Neutral**

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
the appeal below:

Support **Oppose** **Neutral**

I give my 3 minutes to: _____

BOARD RULES

Requests to Address Board on "Agenda" Items:

You may request to be heard on a published agenda item. Requests to be heard must be submitted to the Clerk of the Board before the scheduled meeting time.

Requests to Address Board on items that are "NOT" on the Agenda:

Notwithstanding any other provisions of these rules, member of the public shall have the right to address the Board during the mid-morning "Oral Communications" segment of the published agenda. Said purpose for address must pertain to issues which are under the direct jurisdiction of the Board of Supervisors. YOUR TIME WILL BE LIMITED TO THREE (3) MINUTES.

Power Point Presentations/Printed Material:

Speakers who intend to conduct a formalized Power Point presentation or provide printed material must notify the Clerk of the Board's Office by 12 noon on the Monday preceding the Tuesday Board meeting, insuring that the Clerk's Office has sufficient copies of all printed materials and at least one (1) copy of the Power Point CD. Copies of printed material given to the Clerk (by Monday noon deadline) will be provided to each Supervisor. If you have the need to use the overhead "Elmo" projector at the Board meeting, please insure your material is clear and with proper contrast, notifying the Clerk well ahead of the meeting, of your intent to use the Elmo.

Individual Speaker Limits:

Individual speakers are limited to a maximum of three (3) minutes. Please step up to the podium when the Chairman calls your name and begin speaking immediately. Pull the microphone to your mouth so that the Board, audience, and audio recording system hear you clearly. Once you start speaking, the "green" podium light will light. The "yellow" light will come on when you have one (1) minute remaining. When you have 30 seconds remaining, the "yellow" light will begin flash, indicating you must quickly wrap up your comments. Your time is up when the "red" light flashes. The Chairman adheres to a strict three (3) minutes per speaker. **Note: If you intend to give your time to a "Group/Organized Presentation", please state so clearly at the very bottom of the reverse side of this form.**

Group/Organized Presentations:

Group/organized presentations with more than one (1) speaker will be limited to nine (9) minutes at the Chairman's discretion. The organizer of the presentation will automatically receive the first three (3) minutes, with the remaining six (6) minutes relinquished by other speakers, as requested by them on a completed "Request to Speak" form, and clearly indicated at the front bottom of the form.

Addressing the Board & Acknowledgement by Chairman:

The Chairman will determine what order the speakers will address the Board, and will call on all speakers in pairs. The first speaker should immediately step to the podium and begin addressing the Board. The second speaker should take up a position in one of the chamber aisles in order to quickly step up to the podium after the preceding speaker. This is to afford an efficient and timely Board meeting, giving all attendees the opportunity to make their case. Speakers are prohibited from making personal attacks, and/or using coarse, crude, profane or vulgar language while speaking to the Board members, staff, the general public and/or meeting participants. Such behavior, at the discretion of the Board Chairman may result in removal from the Board Chambers by Sheriff Deputies.

**Riverside County Board of Supervisors
Request to Speak**

Submit request to Clerk of Board (right of podium),
Speakers are entitled to three (3) minutes, subject
to Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: ROBERT OWENS

Address: P.O. Box 3419
52970 MANZANITA RD.
(only if follow-up mail response requested)

City: IDYLLWILD **Zip:** 92549

Phone #: 951) 327-3830

Date: 8-23-16 **Agenda #** ~~114~~ *(not an agenda item)* R.O.

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:
 Support **Oppose** **Neutral**

Note: If you are here for an agenda item that is filed
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the appeal below:

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I give my 3 minutes to: _____

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18
Clerk's Copy

**CODE ENFORCEMENT DEPARTMENT
COUNTY OF RIVERSIDE**

NOTICE OF VIOLATION

August 17, 2016

US BANK NA SERIES 2005-S9
1327 S JUANITA ST
SAN JACINTO, CA 92583-5003

RE CASE NO: CV1601373 at 52970 MANZANITA DR, in the community of IDYLLWILD, California, Assessor's Parcel Number 559-161-006

NOTICE IS HEREBY GIVEN that property owned or controlled by you at 52970 MANZANITA DR, in the community of IDYLLWILD California, Assessor's Parcel Number 559-161-006, is in violation of Section(s) RCC Section No. 15.16.020 (Ord. 457), of the Riverside County Code.

Said violation is described as:

- 1) 15.16.020 (Ord. 457) - No person shall erect, alter, demolish, use, or maintain a structure without first obtaining all the required permits and approvals in the unincorporated area of the county in accordance with the Ord. 457 and all other applicable laws and regulations.

YOU ARE HEREBY REQUIRED TO COMPLY with the provisions of the ordinance by:

- 1) Obtain permits, conform to current codes, and/or correct the substandard conditions: septic system full and backing up into toilets and bathtub. (RCC 15.16.020 - Substandard Structure [RCO 457 Section 3])

COMPLIANCE MUST BE COMPLETED BY September 15, 2016. FAILURE TO COMPLY WILL RESULT IN LEGAL ACTION BEING BROUGHT AGAINST YOU.

NOTICE IS HEREBY GIVEN THAT AT THE CONCLUSION OF THIS CASE YOU WILL RECEIVE A SUMMARY OF ADMINISTRATIVE COSTS ASSOCIATED WITH THE PROCESSING OF SUCH VIOLATION(S), AT AN HOURLY RATE OF \$109.00 AS DETERMINED BY THE BOARD OF SUPERVISORS.

YOU WILL HAVE THE RIGHT TO OBJECT TO THESE CHARGES BY FILING A REQUEST FOR HEARING WITH THE DEPARTMENT OF CODE ENFORCEMENT WITHIN TEN (10) DAYS OF SERVICE OF THE SUMMARY OF CHARGES, PURSUANT TO SECTION 1.16.080 OF RIVERSIDE COUNTY CODE.

CODE ENFORCEMENT DEPARTMENT

By: Mary Ortiz, Supv. Code Enforcement Officer

Submitted by Analy D'Amico
8/23/16 (date) iter anal
Comm

RIVERSIDE COUNTY DEPARTMENT OF BUILDING AND SAFETY CODE ENFORCEMENT NOTICE OF DEFECTS

UNIFORM HOUSING HEALTH & SAFETY

SUBSTANDARD BUILDING CONDITIONS:

WATER

CODE SECTIONS

CODE SECTIONS

- | | | | |
|-----|--|--------------|---|
| 1. | <input checked="" type="checkbox"/> Lack of or improper water closet, lavatory, bathtub, shower or kitchen sink..... | 1001(b)1,2,3 | 17920.3(a)1,2,3 |
| | OBTAIN PERMIT TO: <input checked="" type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 2. | <input type="checkbox"/> Lack of hot and cold running water to plumbing fixtures | 1001(b)4,5 | 17920.3(a)4,5 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 3. | <input type="checkbox"/> Lack of connection to required sewage system..... | 1001(b)14 | 17920.3(a)14 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 4. | <input type="checkbox"/> Hazardous plumbing..... | 1001(f) | 17920.3(e) |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 5. | <input type="checkbox"/> Lack of required electrical lighting..... | 1001(b)10 | 17920.3(a)10 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 6. | <input checked="" type="checkbox"/> Hazardous Wiring..... DETERIORATED WIRING IN BREAKER BOX | 1001(e) | 17920.3(d) |
| | OBTAIN PERMIT TO: <input checked="" type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 7. | <input type="checkbox"/> Lack of adequate heating facilities..... | 1001(o)6 | 17920.3(a)6 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 8. | <input type="checkbox"/> Deteriorated or inadequate foundation..... | 1001(c)1 | 17920.3(b)1 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 9. | <input type="checkbox"/> Defective or deteriorated flooring or floor supports..... | 1001(c)2 | 17920.3(b)2 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 10. | <input type="checkbox"/> Members of walls, partitions or other vertical supports that split, lean, list or buckle due to defective material or deterioration..... | 1001(c)4 | 17920.3(b)4 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 11. | <input type="checkbox"/> Members of ceilings, roofs, ceiling and roof supports or other horizontal members which sag, split, or buckle due to defective material or deterioration..... | 1001(c)6 | 17920.3(b)6 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 12. | <input type="checkbox"/> Dampness of habitable rooms..... | 1001(b)11 | 17920.3(a)11 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 13. | <input checked="" type="checkbox"/> Faulty weather protection..... SECTION OF EXTERIOR WALL REMOVED | 1001(h)1-4 | 17920.3(g)1-4 |
| | A. Deteriorated or ineffective weather proofing of exterior walls, roof or floors including broken windows or doors, lack of paint or other approved wall covering. | | |
| | OBTAIN PERMIT TO: <input checked="" type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 14. | <input type="checkbox"/> General dilapidation or improper maintenance..... | 1001(b)13 | 17920.3(a)13 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 15. | <input type="checkbox"/> Fire hazard..... | 1001(i) | 17920.3(h) |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 16. | <input type="checkbox"/> Extensive fire damage..... | | |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 17. | <input type="checkbox"/> Public and attractive nuisance - abandoned/vacant..... | | |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 18. | <input type="checkbox"/> Improper occupancy..... | 1001(n) | 17920.3(n) |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 19. | <input type="checkbox"/> | | |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |
| 20. | <input type="checkbox"/> | | |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes | | <input type="checkbox"/> Demolish Or Rehabilitate Structure |

***** YOU MUST CORRECT THE ABOVE CONDITIONS WITHIN 30 DAYS OF THE DATE OF THIS NOTICE**

Case No. 0V16-01373 Address 52970 MANZANITA, IDYLLWILD

Date 8-4-16 Officer J. DETRICH

Clerk's copy

Attention: Chuck Washington, County Counsel and Members of The Board

By: Arly D'Arrigo and Robert Owens

August 17, 2016

Please Declare 52970 Manzanita Dr. Idyllwild, California 92549 a Substandard and Uninhabitable Structure, in Accordance with California Civil Code 1941.1. Enforce Ordinance 893!

The property at issue is completely uninhabitable and should be deemed a substandard structure in compliance with California Health and Safety Code 17920.3. In addition to item # 15 of section A, there is a lack of connection to a required sewage disposal system. There are multiple serious defects. There is no working toilet or shower. This is in violation of California Civil code 1941.1. There is a complete breach of California's Warranty of Habitability. The petitioners are bona fide tenants of the property at issue. The County has been aware of this problem since April 4, 2016. The purpose of this petition is to encourage the appropriate actions be taken immediately. This is a matter of human rights and health and safety, which concerns everyone in the community. If our elected officials will not uphold the law, who will? Please help protect our constitutional rights!

<u>David Graybill</u> Print First and Last Name	<u>artist-business owner</u> Title
<u>David Graybill</u> Signature	<u>8/22/16</u> Date
<u>graybillpaperdesign@yahoo.com</u> Contact Information (optional)	

<u>Marie Graybill</u> Print First and Last Name	<u>Business owner - self employed</u> Title
<u>Marie Graybill</u> Signature	<u>8/22/16</u> Date
<u>graybillpaperdesign@yahoo.com</u> Contact Information (optional)	Submitted by <u>Arly D'Arrigo</u> <u>8/23/2016</u> (date) Item <u>Paul Connor</u>

CASE #CV1601373

Attention: Chuck Washington, County Counsel and Members of The Board

By: Arly D'Arrigo and Robert Owens

August 17, 2016

Please Declare 52970 Manzanita Dr. Idyllwild, California 92549 a Substandard and Uninhabitable Structure, in Accordance with California Civil Code 1941.1. Enforce Ordinance 893!

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<p><u>Rachel Torrey</u> Print First and Last Name</p>	<p><u>musician</u> Title</p>
<p><u><i>Rachel Torrey</i></u> Signature</p>	<p><u>8/18/16</u> Date</p>
<p>_____ Contact Information (optional)</p>	

<p><u>CASEY MCCONNELL</u> Print First and Last Name</p>	<p><u>LOGGER</u> Title</p>
<p><u><i>Casey McConnell</i></u> Signature</p>	<p><u>8/18/16</u> Date</p>
<p><u>MCCONNELLADVENTURE@GMAIL.COM</u> Contact Information (optional)</p>	

FRANK FERRO

Print First and Last Name

RESTAURANT OWNER

Title

Signature

Date

Contact Information (optional)

Paul Carman

Print First and Last Name

Homeowner

Title

Signature

Date

Contact Information (optional)

Cindy Velazquez

Print First and Last Name

President

Title

Signature

Date

Contact Information (optional)

Mikele Kreitner

Print First and Last Name

Resident

Title

Signature

Date

Contact Information (optional)

Geneva Hayes

Print First and Last Name

Employee in Jailworld

Title

Geneva Hayes

Signature

8/18/16

Date

Contact Information (optional)

Hubert HALKIN

Print First and Last Name

Resident

Title

Hubert Halkin

Signature

8/18/16

Date

Contact Information (optional)

Laurie Gillett

Print First and Last Name

Innkeeper

Title

Laurie Gillett

Signature

8-18-16

Date

Contact Information (optional)

Linda Young

Print First and Last Name

Title

Linda Young

Signature

8-20-16

Date

Contact Information (optional)

Steve Johnson
Print First and Last Name

Contractor
Title

[Signature]
Signature

8-17-16
Date

951 659 2243
Contact Information (optional)

Dean Murphy
Print First and Last Name

Owner
Title

[Signature]
Signature

8-17-16
Date

Contact Information (optional)

Alex Mussa
Print First and Last Name

Owner
Title

[Signature]
Signature

8-17-16
Date

Contact Information (optional)

Darrell McCall
Print First and Last Name

King Jack
Title

[Signature]
Signature

8-17-16
Date

See Me Downtown !!
Contact Information (optional)

TRINITY KEUNER

Print First and Last Name

[Handwritten Signature]

Signature

RESIDENT/BUSINESS OWNER

Title

8-18-2016

Date

Contact Information (optional)

SCOTT DRAKE

Print First and Last Name

[Handwritten Signature]

Signature

LANDLORD

Title

8/18/16

Date

Contact Information (optional)

~~954~~ FUERTEDRAKE@HOTMAIL.COM

Deborah E. Sheppard

Print First and Last Name

[Handwritten Signature]

Signature

Business Owner

Title

8/18/16

Date

Contact Information (optional)

Billy Sheppard

Print First and Last Name

[Handwritten Signature]

Signature

RESIDENT

Title

08/18/16

Date

Contact Information (optional)

Kyle T Owen

Print First and Last Name

SFOO

Title



Signature

8/19/2016

Date

Contact Information (optional)

Paul White

Print First and Last Name

Business Owner / Landlord

Title



Signature

8-20-16

Date

pnkwhite@gmail.com

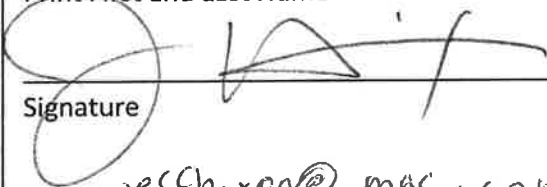
Contact Information (optional)

JEFF HIXON

Print First and Last Name

CEO VOICEBANK.net
IDILLWILD PROPERTY OWNER

Title



Signature

8-20-16

Date

jeffhixon@mac.com

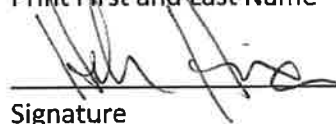
Contact Information (optional)

Helen Hixon

Print First and Last Name

Teacher

Title



Signature

8-20-16

Date

helenhixon@gmail.com

Contact Information (optional)

PETER BUHL

Print First and Last Name

Local Business Owner

Title



Signature

8/17/16

Date

(951) 468-4124

Contact Information (optional)

Alexandria J. Taylor

Print First and Last Name

Artist

Title

Alexandria J. Taylor

Signature

8/17/16

Date

(951) 468-4124

Contact Information (optional)

Marilyn SEARS

Print First and Last Name

Anchorkeeper

Title



Signature

8/17/16

Date

951 212-1085

Contact Information (optional)

DON DePalma

Print First and Last Name

Local Resident

Title



Signature

8/17/16

Date

Contact Information (optional)

Scott Dunn

Print First and Last Name

Resident

Title

Scott L Dunn

Signature

8/17/16

Date

Contact Information (optional)

RENEE NESBITT

Print First and Last Name

RESIDENT

Title

Renee Nesbitt

Signature

8/17/2016

Date

951-659-0610

Contact Information (optional)

Jeanette Meskimen-Bornis

Print First and Last Name

Resident

Title

Jeanette Meskimen-Bornis

Signature

8/17/16

Date

951) 492-9409

Contact Information (optional)

Steve Moulton

Print First and Last Name

Local Business owner

Title

Steve Moulton

Signature

8/17/16

Date

Contact Information (optional)

BRETT MERCER
Print First and Last Name

LOCAL RESIDENT
Title

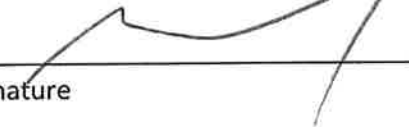

Signature

08-22-2016
Date

Contact Information (optional)

James Alexander
Print First and Last Name

Contractor
Title

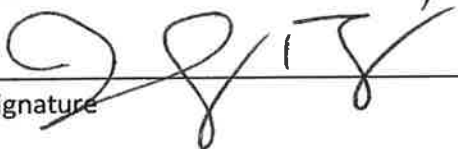

Signature

8-22-16
Date

Contact Information (optional)

Jennifer Frey
Print First and Last Name

Business Owner
Title

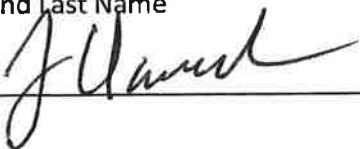

Signature

8-22-16
Date

Contact Information (optional)

Jim DAWIELS
Print First and Last Name

Business Owner
Title


Signature

8-22-16
Date

Contact Information (optional)

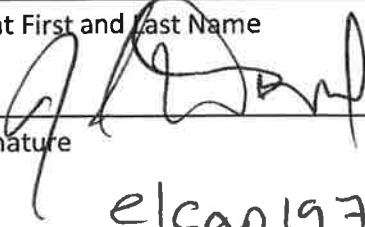
Jason Dowd

Print First and Last Name

U.S. Govt. Contractor

Title

Signature



Date

8/22/16

Contact Information (optional)

elcap1973@gmail.com

Arline Citrowski

Print First and Last Name

Homeowner/friend

Title

Signature



8-22-16

Date

Contact Information (optional)

951-659-3572

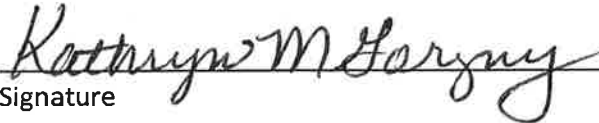
Kathryn Gorzny

Print First and Last Name

Homeowner/friend

Title

Signature



8-22-16

Date

Contact Information (optional)

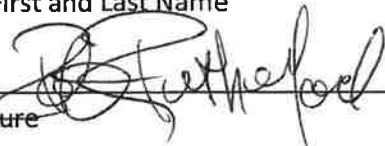
Rob Rutherford

Print First and Last Name

Partner/friend

Title

Signature



Date

8/22/16

Contact Information (optional)

robrrutherford@gmail.com

Joshua PRITE
Print First and Last Name
HOME OWNER
Title
8-22-16
Date
Signature
WORKINGCLASS42@YAHOO.COM
Contact Information (optional)

Brandi Alfaro
Print First and Last Name
8-22-16
Title
Signature
JACOBSMOMMY0513@gmail.com
Date
Contact Information (optional)

ROBERT J. OWENS
Print First and Last Name
IDYLLWILD RESIDENT
Title
8-22-16
Date
Signature
rjowensrocks@gmail.com
Contact Information (optional)

Christian Symank
Print First and Last Name
Pine Cove prop owner
Title
8-22-16
Date
Signature
saffron@greencafe.com
Contact Information (optional)

PEPPER BRÄGGER

Print First and Last Name

RENTER

Title

Pepper Brägger

Signature

8/22/16

Date

5739939 @ YAHOO.COM

Contact Information (optional)

Arly D'Arrigo

Print First and Last Name

Local resident

Title

A. D'Arrigo

Signature

8/22/16

Date

arlyrienne83@gmail.com

Contact Information (optional)

Gloria Tiffany

Print First and Last Name

Hemet Resident

Title

Gloria Tiffany

Signature

August 22, 2016

Date

120 San Mateo Circle, Hemet, Calif. 92543

Contact Information (optional)

Gary Tiffany

Print First and Last Name

Hemet Resident

Title

Gary Tiffany

Signature

8/22/16

Date

Contact Information (optional)

Megan Cloud
Print First and Last Name
Resident
Title
B-22-16
Date
Signature
740-422-7414 msmeagancloud09@yahoo.com
Contact Information (optional)

Ryan Crook
Print First and Last Name
Resident
Title
B-22-16
Date
Signature
951 299-3433
Contact Information (optional)

Miguel Avismed
Print First and Last Name
Local
Title
8/22/16
Date
Signature
Contact Information (optional)

Lily D'Arrigo
Print First and Last Name
Resident (local)
Title
8/23/16
Date
Signature
951 330-8145 P.O. box 3419 Idy. CA 92549
Contact Information (optional)

Madison McKay

Print First and Last Name

Madison McKay

Signature

Local employee

Title

8/22/16

Date

Contact Information (optional)

Bridget Noer

Print First and Last Name

Bridget Noer

Signature

Local employee

Title

8/22/16

Date

Contact Information (optional)

CYNTHIA THOMPSON

Print First and Last Name

Cynthia Thompson

Signature

8/22/16

Title

Local resident

Date

Contact Information (optional)

Print First and Last Name

Matt Nunn

Signature

Matt Nunn

Contact Information (optional)

Local resident

Title

Date

8-22-16

Brandy Darr

Print First and Last Name

Neighbor

Title

Brandy Darr

Signature

8/22/16

Date

951-772-4944

Contact Information (optional)

Noah Williams

Print First and Last Name

Friend

Title

Noah Williams

Signature

8/22/2016

Date

Flying BBQ@gmail.com

Contact Information (optional)

JOHN WHITE

Print First and Last Name

FRIEND

Title

John White

Signature

8-22-16

Date

JOHN86WHITE@GMAIL.COM

Contact Information (optional)

Phyllis FROBISH

Print First and Last Name

FRIEND

Title

Phyllis Frobish

Signature

8-22-16

Date

Contact Information (optional)

Monica Sierrag

Print First and Last Name

Monica Sierrag

Signature

Resident

Title

8/19/16

Date

Contact Information (optional)

Jeanine Bernal

Print First and Last Name

Jeanine Bernal

Signature

Resident

Title

8.20.16

Date

Contact Information (optional)

Deidra Wood

Print First and Last Name

Deidra Wood

Signature

local resident 40 yrs

Title

August 20th 2016

Date

- 951.659.0071 / 951.659.9093

Contact Information (optional)

Wade Bondellin

Print First and Last Name

Wade Bondellin

Signature

Carpenter

Title

08.20.2016

Date

Contact Information (optional)

Kevin Turnea
Print First and Last Name
Specialist II
Title
8/20/16
Date
Signature
951-376-7085
Contact Information (optional)

Julie Burgo
Print First and Last Name
Representation Sales Agent
Title
8/20/16
Date
Signature
951-992-9524
Contact Information (optional)

MARK HALLEN
Print First and Last Name
PRINTER
Title
8/20/16
Date
Signature
951-659-5851
Contact Information (optional)

Judi Selkirk
Print First and Last Name
local resident
Title
08.20.16
Date
Signature
951-357-8881
Contact Information (optional)

Deag Mudge
Print First and Last Name

[Signature]
Signature

Local resident
Title

8/17/16
Date

Contact Information (optional)

Kaleigh Cumberland
Print First and Last Name

[Signature]
Signature

LOCAL
Title

8/17/14
Date

Contact Information (optional)

Shane Kuntler
Print First and Last Name

[Signature]
Signature

Local resident
Title

8-17-16
Date

Contact Information (optional)

Jacqueline Thompson
Print First and Last Name

[Signature]
Signature

Home Owner
Title

8/18/16
Date

Contact Information (optional)

Bryan Felix

Print First and Last Name

Local

Title

Bryan Felix

Signature

8/17/16

Date

Contact Information (optional)

Harley Toller

Print First and Last Name

Local

Title

Harley Toller

Signature

8/17/16

Date

Contact Information (optional)

Elizabeth Tyaman

Print First and Last Name

Local

Title

Elizabeth Tyaman

Signature

8-17-16

Date

Contact Information (optional)

Brian Parnell

Print First and Last Name

local resident

Title

Brian Parnell

Signature

8/16/17

Date

Contact Information (optional)

Print First and Last Name

Anne Proto

Title

Secretary/Cross Road 243

Signature

Anne Proto

Date

8/20/16

Contact Information (optional)

Susan Gray

Print First and Last Name

Local Resident

Title

Susan Gray

Signature

8/20/16

Date

mtntopgray@gmail.com

Contact Information (optional)

Kendra Wines

Print First and Last Name

Local Resident

Title

K. Wines

Signature

8-20-16

Date

kwines91@gmail.com

Contact Information (optional)

Lindsay Owen

Print First and Last Name

Local Resident

Title

Lindsay Owen

Signature

8/20/16

Date

stylinzai@gmail.com

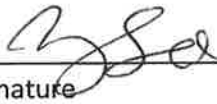
Contact Information (optional)

Yumi See

Print First and Last Name

resident

Title



Signature

8/17/16

Date

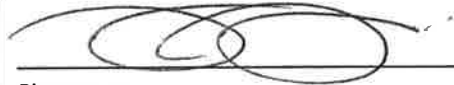
Contact Information (optional)

Rachel Welch

Print First and Last Name

resident

Title



Signature

8-17-16

Date

rachel-welch@hotmail.com

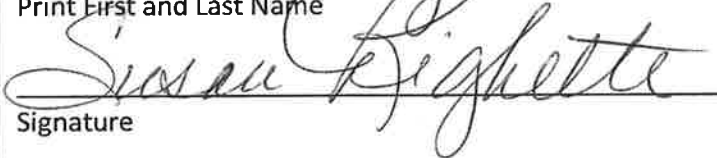
Contact Information (optional)

Susan Righetti

Print First and Last Name

resident

Title



Signature

8.17.16

Date

Contact Information (optional)

Colleen Tell

Print First and Last Name

resident

Title



Signature

8/17/16

Date

Contact Information (optional)

Nicholas Kozent III

Print First and Last Name

carpenter

Title

Tim Lynn III

Signature

8-17-16

Date

Contact Information (optional)

Noam Kichamama

Print First and Last Name

neighbor

Title

N. Kichamama

Signature

8/17/16

Date

Contact Information (optional)

Caprice Johnson

Print First and Last Name

neighbor

Title

Caprice Johnson

Signature

8/17/16

Date

Contact Information (optional)

Chris Huntton

Print First and Last Name

local resident

Title

Chris Huntton

Signature

8/17/16

Date

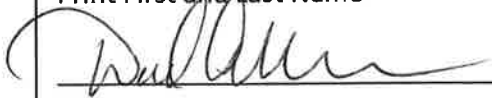
Contact Information (optional)

DARRYL CROCKER

Print First and Last Name

LOCAL RESIDENT

Title



Signature

8-17-16

Date

Contact Information (optional)

Kenneth Lee

Print First and Last Name

Local Resident

Title



Signature

8-17-16

Date

Contact Information (optional)

SOPHIA ANN DAWES

Print First and Last Name

HOME OWNER

Title



Signature

8/17/16

Date

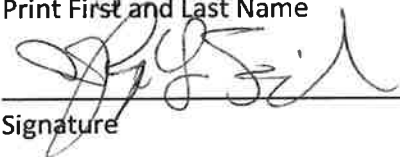
Contact Information (optional)

Paige Fisher

Print First and Last Name

Local President

Title



Signature

8/17/16

Date

Contact Information (optional)

PETE KIRKHAM
Print First and Last Name

RESIDENT
Title

[Signature]
Signature

8.17.16
Date

Contact Information (optional)

Julia Goldfarb-Sousa
Print First and Last Name

resident
Title

[Signature]
Signature

8/17/16
Date

Contact Information (optional)

MATT ROPAC
Print First and Last Name

RESIDENT
Title

[Signature]
Signature

8/17/16
Date

Contact Information (optional)

Tabitha Bracy
Print First and Last Name

Resident
Title

Tabitha Bracy
Signature

8/17/16
Date

tabithawessnerbracy@yahoo.com
Contact Information (optional)

Sherri Hemmer
Print First and Last Name

Miss Resident
Title

Sherri Hemmer
Signature

Aug 22, 2016
Date

hemmers126@gmail.com
Contact Information (optional)

Amber Marsh
Print First and Last Name

Local
Title

Amber Marsh
Signature

8/22/2016
Date

theakmarsh@gmail.com
Contact Information (optional)

Troy Beneke
Print First and Last Name

Home owner
Title

[Signature]
Signature

8/22/16
Date

[Blank]
Contact Information (optional)

Jason Negrete
Print First and Last Name

Resident
Title

[Signature]
Signature

8/22/16
Date

[Blank]
Contact Information (optional)