

Comments Form

Name O. Abbott.....

Address 1406 GIBSON ST. SUITE 2000 OFFICE OF HEALTH ADMINISTRATION HW3140.....

Email address /.....

Telephone number.....

Planning application number.....

Planning application address.....

~~I support the application (please state reasons below)~~

I object to the application (please state reasons below)

Your comments

LOSS OF PRIVACY AND NOISE
THE WORK WILL BE LESS THAN 3 METERS
AWAY FROM MY BEDROOM [REDACTED] 24-6-14

RECEIVED
02 JUL 2014
CAMDEN PLANNING DEPARTMENT

Please continue on extra sheets if you wish