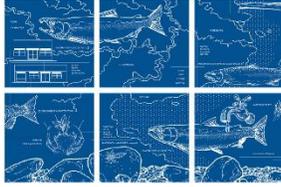




## Zoning Bylaw REVIEW



# Feedback Form

Name: \_\_\_\_\_

**Select a topic.** *Please use a separate form for each topic you want to comment on.*

- |   |  |
|---|--|
| <input type="checkbox"/> Secondary Suites           | <input type="checkbox"/> Quinsam Heights Neighbourhood |
| <input type="checkbox"/> Village Centres            | <input type="checkbox"/> Downtown Commercial           |
| <input type="checkbox"/> Commercial Four (C-4) Zone | <input type="checkbox"/> Estuary                       |
|   | <input type="checkbox"/> Other                         |

Please share any general comments, concerns or suggestions...