1. The vision statement for the Heritage Management Plan reads:

“*Our heritage resources tell our story as a community. We value and respect the unique landscape that surrounds us and the history and cultural diversity that shaped our built environment. It is our collective responsibility to ensure this legacy is cared for and managed in a respectful, sustainable manner for the enjoyment of present and future generations”*.

Do you agree with this statement? Yes\_\_\_\_ No\_\_\_\_

If not, what changes would you suggest?

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1. Have we accurately captured community heritage values and community identity in the Plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any suggested edits, additions or deletions?

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1. What components of the proposed Heritage Management Plan and Guidelines do you like or dislike?

*Like* *Dislike*

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1. Do you support the overall Heritage Management Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, what changes would you suggest?

Change Priority 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change Priority 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change Priority 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you agree with the proposed heritage zone boundaries? Yes\_\_\_\_\_ No\_\_\_\_\_\_

If not, please provide preferred boundaries, and/or suggested changes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. On a scale of 1 to 5, how well does the proposed Plan address the following factors:

Does Not Neutral Does

1 2 3 4 5

* Preserve Carcross’s authentic character \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_
* Protect local heritage resources \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_
* Balance new development/infill \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_
* Provide for local participation in review process \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

1. Did we miss anything? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

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Please complete and submit your comments by **August 11th, 2015 at 4:00 pm**. You can mail, email or fax this form to:

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207 Elliott Street, Whitehorse, Yukon Y1A 2A1

Phone: 867-667-4759

Fax: 867-667-4020

Email: ian@inukshukplanning.ca

***Thank you for your time!***