

**GENERAL FACT SHEET**

07-131

**BILL NUMBER**

**BRIEF TITLE**

Environmental Public Health  
Permit Fee Increases

**APPROVAL DEADLINE**

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

**REASON**

To provide adequate revenue to meet City  
Council approved budget.

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

Increase fees specified in: - LMC 24.38 Onsite Wastewater Treatment Systems - LMC 24.42 Regulation of Property Transfers with Onsite Systems	Sponsor	Board of Health
	Program Departments, or Groups Affected	All automated departments Various Programs Environmental Public Health Regulated industry, businesses and entities
	Applicants/Proponents	Applicant  Health Department  City Department  Health  Other Board of Health
Discussion (Including Relationship to other Council Actions) The Council budget incorporates revenue to be generated through fee increases as part of the Health Department budget. Proposed changes to permit fees address increased operational costs. These fee increases will assure the Health Department meets its revenue requirements for FY 08.	Opponents	Groups or Individuals  None specifically identified  Basis of Opposition
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY: Board of Health <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

**DETAILS****POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	<u>Fee increases are necessary to maintain regulatory program functions mandated by Lincoln Municipal Code.</u> _____
	<b>FINANCES</b>	
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project: \$ 0
		COST of this Ordinance/Resolution \$ 0
		RELATED annual operating Costs \$ 0
INCREASE REVENUE EXPECTED/YEAR \$4,000		
<b>SOURCE OF FUNDS</b>	CITY [Approximately]	
	_____ \$ _____ %	
	_____ \$ _____ %	
	_____ \$ _____ %	
	NON CITY [Approximately]	
	Fees \$ 4,000 % 100	
_____ \$ _____ %		
_____ \$ _____ %		
<b>BENEFIT COST</b>		
<input type="checkbox"/> Front Foot	Average Assessment	
<input type="checkbox"/> Square Foot	\$ _____ \$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Scott E. Holmes, Environmental Public Health Division Manager

REVIEW BY:

REFERENCE NUMBER