

**GENERAL FACT SHEET**

07-183  
**BILL NUMBER**

<p><b>BRIEF TITLE</b>  <u>Update Address Number</u>  <u>Requirements</u></p>	<p><b>APPROVAL DEADLINE</b>          _____          _____          _____</p>	<p><b>REASON</b>          _____          _____          _____</p>
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DETAILS	POSITIONS/RECOMMENDATIONS	
<p>This ordinance request coordinates address number requirements in the Fire Code and Building Code</p>	Sponsor	Building and Safety Department
	Program Departments, or Groups Affected	
	Applicants/ Proponents	Applicant Building and Safety Department  City Department  Other
<p>Discussion (Including Relationship to other Council Actions)</p> <p>The Building Code Task Force and Code Study Committee have unanimously approved this Ordinance Request.</p>	Opponents	Groups or Individuals  Basis of Opposition
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <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>	_____ _____ _____
	<b>FINANCES</b>	
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project: \$ _____
		COST of this Ordinance/ Resolution \$ _____
		RELATED annual operating Costs \$ _____
		INCREASE REVENUE EXPECTED/YEAR \$ _____
<b>SOURCE OF FUNDS</b>	CITY [Approximately]	
	_____ \$ _____ %	
	_____ \$ _____ %	
	_____ \$ _____ %	
	NON CITY [Approximately]	
	_____ \$ _____ %	
	_____ \$ _____ %	
	_____ \$ _____ %	
	_____ \$ _____ %	
<b>BENEFIT COST</b>		
<input type="checkbox"/> Front Foot	Average Assessment	
<input type="checkbox"/> Square Foot	\$ _____ \$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Chuck Zimmerman

REVIEW BY:

REFERENCE NUMBER