

BRIEF TITLE	APPROVAL DEADLINE	REASON
Amending Ordinance 19094		

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Amending Section 3 of Ordinance No. 19094, passed by the City Council on June 16, 2008, to delete the expiration date of one year after its effective date.</p>	Sponsor	Law / City Council
	Program Departments, or Groups Affected	Planning
	Applicants/ Proponents	<p>Applicant Rick Peo / Doug Emery</p> <p>City Department Law for City Council</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p> <p>Ordinance No. 19094 was adopted by the City Council on June 16, 2008. Pursuant to Article V, Section 2, of the City Charter, Ordinance No. 19094 took effect 15 days after its passage, said date being July 1, 2008.</p> <p>Under the current provisions in Section 3 of Ordinance No. 19094, the Ordinance will automatically expire on June 30, 2009 (one year after its effective date).</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	<p>BY</p> <input 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

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____	
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project:	\$ _____
		COST of this Ordinance/Resolution	\$ _____
		RELATED annual operating Costs	\$ _____
	INCREASE REVENUE EXPECTED/YEAR	\$ _____	
SOURCE OF FUNDS	CITY [Approximately]		
	_____ \$	_____ %	
	_____ \$	_____ %	
	_____ \$	_____ %	
	NON CITY [Approximately]		
	_____ \$	_____ %	
	_____ \$	_____ %	
	_____ \$	_____ %	
BENEFIT COST			
<input type="checkbox"/> Front Foot		Average Assessment	
<input type="checkbox"/> Square Foot		\$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Trish Babb

REVIEW BY: Rick Peo

REFERENCE NUMBER