

**GENERAL FACT SHEET**

09-95

**BILL NUMBER**

**BRIEF TITLE**

**APPROVAL DEADLINE**

**REASON**

Revisions to LMC 22.05

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

Revisions to Administrative/ Construction Sign Code for compatibility with zoning sign code LMC 27.69.	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/ Proponents	Applicant  City Department  Building & Safety  Other
Discussion (Including Relationship to other Council Actions)  Most definitions are deferred to 27.69 to avoid conflict or duplication. Terms are modified to reflect current technology. Fee schedule is revised to reflect todays cost of providing service. Fees have not been changed since 1993. These revenues are Special Revenue Funds and not general fund dollars. Questions on this ordinance may be directed to Chuck Zimmerman.	Opponents	Groups or Individuals  Basis of Opposition
	Staff Recommendations	X For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <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**

	<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	\$ 15,000	
<b>SOURCE OF FUNDS</b>	CITY [Approximately]			
	_____	\$ _____	% _____	
	_____	\$ _____	% _____	
	_____	\$ _____	% _____	
	NON CITY [Approximately]			
	_____	\$ _____	% _____	
	_____	\$ _____	% _____	
<b>BENEFIT COST</b>				
<input type="checkbox"/> Front Foot <input type="checkbox"/> Square Foot		Average Assessment \$ _____    \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY: Chuck Zimmerman, Manager, Building & Safety Department

REVIEW BY:

REFERENCE NUMBER