

GENERAL FACT SHEET

12-123

BILL NUMBER

BRIEF TITLE
Environmental Public Health
Permit Fee Increases

APPROVAL DEADLINE

REASON
To provide adequate revenue to meet budget.

DETAILS

POSITIONS/RECOMMENDATIONS

| | | |
|--|--|--|
| Increase fees specified in: - LMC 5.41 Salvage, Recycling and Composting Operations | Sponsor _____ | Health Department |
| | 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) Incremental fee increases are proposed, which address increased operational costs. This revenue will allow the Department to provide required services to business, industry, and homeowners, and to protect human health and our environment. | 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

| | | | | |
|---|--------------------------------------|---|---------|------|
| | POLICY OR PROGRAM CHANGE | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____ | | |
| | OPERATIONAL IMPACT ASSESSMENT | <u>Fee increases are necessary to maintain regulatory program functions mandated by Lincoln Municipal Code.</u> _____ _____ | | |
| | FINANCES | | | |
| | COST AND REVENUE PROJECTIONS | COST of total project: | | \$ 0 |
| | | COST of this Ordinance/ Resolution | | \$ 0 |
| RELATED annual operating Costs | | | \$ 0 | |
| | INCREASE REVENUE EXPECTED/YEAR | | \$500 | |
| SOURCE OF FUNDS | CITY [Approximately] | | | |
| | | \$ _____ | % _____ | |
| | | \$ _____ | % _____ | |
| | | \$ _____ | % _____ | |
| | NON CITY [Approximately] | | | |
| | Fees | \$ 500 | % 100 | |
| | \$ _____ | % _____ | | |
| | \$ _____ | % _____ | | |
| BENEFIT COST | | | | |
| <input type="checkbox"/> Front Foot <input type="checkbox"/> Square Foot | | Average Assessment \$ _____ \$ _____ | | |

APPLICABLE DATES:

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

REVIEW BY:

REFERENCE NUMBER