

**GENERAL FACT SHEET**

13-3

**BILL NUMBER**

**BRIEF TITLE**  
LMC 8.24 Noise Control  
Udate

**APPROVAL DEADLINE**  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON**  
To clarify provisions for reports, exemptions,  
and appeals.

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

Staff propose to modify LMC 8.24 Noise Control to change requirements for reports, clarify exemption provisions related to government activities and to update provisions for appeal procedures. The City Attorney's Office has advised Health to update the appeal procedure in the current ordinance. In making this modification, which removes the Air Pollution Control Advisory Board (APCAB) from the appeal process, staff recommend that reporting requirements also be changed so that program reports no longer go to APCAB. Such reports will still go to the Board of Health.	Sponsor	Health
	Program Departments, or Groups Affected	All automated departments
	Applicants/ Proponents	Applicant <b>Judith A. Halstead, MS</b>  City Department <b>Health</b>  Other
	Opponents	Groups or Individuals  Basis of Opposition
Discussion (Including Relationship to other Council Actions)	Staff Recommendations	X For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <b>Board of Health</b> X 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:	\$	0
		COST of this Ordinance/Resolution	\$	
		RELATED annual operating Costs	\$	0
	INCREASE REVENUE EXPECTED/YEAR	\$	0	
<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: Scott E. Holmes, REHS, MS, Manager, Environmental Public Health Division, Lincoln-Lancaster County Health Department

REVIEW BY:

REFERENCE NUMBER