

GENERAL FACT SHEET

12-124

BILL NUMBER

BRIEF TITLE
Environmental Public Health
Permit Fee Increases

APPROVAL DEADLINE

REASON
To provide adequate revenue to meet the
budget.

DETAILS

POSITIONS/RECOMMENDATIONS

Increase and create fees specified in: - LMC 8.06 Air Pollution - LMC 8.08 Body Art - LMC 8.14 Child Care Programs - LMC 8.20 Lincoln Food Code - LMC 8.24 Noise Control Ordinance - LMC 8.38 Public Swimming Pools - LMC 8.40 Spa Facilities	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 (approximately 3% for most fees) are proposed, which address 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
	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 required 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		\$8,000	
SOURCE OF FUNDS	CITY [Approximately]			
		\$ _____	% _____	
		\$ _____	% _____	
		\$ _____	% _____	
	NON CITY [Approximately]			
	Fees	\$ 8,000	%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