GENERAL FACT SHEET

12-128

BILL NUMBER

BRIEF TITLE	APPROVAL DEADLINE	REASON
Environmental Public Health Property Transfer Permit Fee Increases		To provide adequate revenue to meet the budget and fully fee fund this work.

DETAILS		POSITIONS/RECOMMENDATIONS
Increase fees specified in LMC 24.42 Regulation of Property Transfers with Onsite Systems $5 per year (from $190 to $195) to continue to fully fund the work of LMC 24.42.	Sponsor	Health Department
	Program Departments, or Groups Affected	All automated departments All properties transferred in Lincoln's zoning jurisdiction with water wells or onsite wastewater treatment systems.
	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 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	☒ For ❑ Against Reason Against
	Board or Commission Recommendation	BY: Board of Health ☒ For ❑ Against ❑ No Action Taken ❑ For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	❑ Pass ❑ Pass (As Amended) ❑ Council Sub. ❑ Without Recommendation ❑ Hold ❑ Do not Pass

DETAILS	POLICY/PROGRAM IMPACT	
	POLICY OR PROGRAM CHANGE	☒ NO ❑ YES
	OPERATIONAL IMPACT ASSESSMENT	Fee increases are necessary to maintain regulatory program functions required by Lincoln Municipal Code.
	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 $1,000
	SOURCE OF FUNDS	CITY [Approximately] ____ $____ %____ ____ $____ %____ ____ $____ %____ NON CITY [Approximately] Fees $ 1,000 %100 ____ $____ %____ ____ $____ %____
	BENEFIT COST ❑ Front Foot ❑ Square Foot $____	Average Assessment $____

APPLICABLE DATES:

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

REVIEW BY:

REFERENCE NUMBER