

GENERAL FACT SHEET

12R-236

BILL NUMBER

BRIEF TITLE
 LMC 8:26.040 _____

APPROVAL DEADLINE

REASON
 Assessment of Costs _____

DETAILS

POSITIONS/RECOMMENDATIONS

Reason for Legislation Assess costs incurred by the Health Department for abating public health nuisances on private property.	Sponsor	Health
	Program Departments, or Groups Affected	Public Health Nuisances Environmental Health Private citizens
	Applicants/ Proponents	Applicant Health City Department Health Other
Discussion (Including Relationship to other Council Actions) Failure to keep property clear of conditions which can contribute to rodent or insect breeding or existence, disease, etc., is a violation of LMC 8.26 Nuisances. Property owners and/or tenants with such conditions are given written notice to eliminate the condition. After notice and due time, if such conditions are not eliminated, LLCHD contracts for the abatement and clean-up. All associated costs are assessed against the property owner in accord with LMC 8.26.	Opponents	Groups or Individuals Private citizens Basis of Opposition Slight opposition, if any, to cost of assessment
	Staff Recommendations	<input checked="" type="checkbox"/> 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

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____		
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____		
	FINANCES			
	COST AND REVENUE PROJECTIONS	COST of total project:	\$	_____
		COST of this ordinance Resolution	\$	_____
		RELATED annual operating Costs	\$	_____
	INCREASE REVENUE EXPECTED/YEAR	\$	_____	
SOURCE OF FUNDS	CITY			
	_____	\$	_____ %	
	_____	\$	_____ %	
	_____	\$	_____ %	
	NON CITY			
	_____	\$	_____ %	
	_____	\$	_____ %	
	_____	\$	_____ %	
	_____	\$	_____ %	
BENEFIT COST				
<input type="checkbox"/> Front Foot		\$	_____	
<input type="checkbox"/> Square Foot		\$	_____	
		Average Assessment	\$	
		\$	_____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Judith A. Halstead/Scott E. Holmes

REVIEW BY:

REFERENCE NUMBER