

GENERAL FACT SHEET

12R-241

BILL NUMBER

<p>BRIEF TITLE <u>Environmental Public Health</u> <u>Air Pollution Regulation Fee Increases</u></p>	<p>APPROVAL DEADLINE _____</p>	<p>REASON <u>To incrementally adjust fees to fund services</u> <u>provided to business and industry.</u></p>
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DETAILS

POSITIONS/RECOMMENDATIONS

<p>Lincoln-Lancaster County Air Pollution Regulations and Standards includes fees for various sources of air pollution, and such fees can be modified by resolution.</p>	Sponsor	Health Department
	Program Departments, or Groups Affected	All automated departments Environmental Public Health Regulated industry, businesses and entities
	Applicants/ Proponents	Applicant Health Department City Department Health Other Board of Health Air Pollution Control Advisory Board
<p>Discussion (Including Relationship to other Council Actions) Fees for asbestos notification are proposed to increase \$10 and fees charged for area sources of hazardous air pollutants are proposed to be increased incrementally by approximately 3%. This resolution will replace the existing resolution. This revenue will allow the Department to provide required services to business and industry, and to protect human health and our environment. Air Quality Programs are 100% fee and grant funded.</p>	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 <hr/> <hr/>		
	OPERATIONAL IMPACT ASSESSMENT	<u>Fee increases are necessary to maintain regulatory program functions mandated by Lincoln Municipal Code.</u> <hr/>		
	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, REHS, MS, Environmental Public Health Division Manager

REVIEW BY:

REFERENCE NUMBER