# **AGENDA WORKSHEET**

***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | | |  | | | |  | **Time Requested:** | | | | | | **20 minutes** | | | | | | **Meeting Date:** | | | | **April 5, 2022** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Rick Dean** | | | | | | | | | | | **Phone:** | | **841-2113** | | |
| **Address:** | | | | | **806 South Main Street** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Community Development, Director** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Community Development Department Director respectfully requests the Siskiyou County Board of Supervisors conference to discuss and provide direction regarding review of the Planning Division fee schedule, budget and goal setting to update the Siskiyou County General Plan. The Planning Division Application fees designated by Article 16 of Siskiyou County Code was last updated in July 1, 2013 with the exception of the mining inspection fee which was reduced from $2,000.00 to $1,400.00 March of 2016.  Nine years have passed since the last review of the Planning Division fee schedule.  Siskiyou county General Plan has not been updated since 1980.  For presentation to the Board of Supervisors:   * General fee schedule review * General Plan Update summary and goal setting. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* TBD, minimal direct financial impact changes will likely require additional staff time to manage. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | |  | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | |  | | | |  | Description: | | |  | | | Org.: | | |  | | Description: | | | |  | |
| Account: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Activity Code: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | Financial impact to applicants presenting Planning Projects in the form of increased | | | | | | | | | | | | | | | | | | | |
| permit application fees and pass through costs for professional consultants. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I move to take the following actions:**  **I move that the Director of Community Development take into consideration the discussion and direction provided by the Siskiyou County Board of Supervisors and return to the Board with a final proposed fee schedule update prepared to present for the first reading of the ordinance.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | |  | | | | | | | | | |
| *Certified Minute Order(s)* | | | | |  | | | *Quantity:* | | |  |
| Auditor | | | | | |  | | | | | | | | | |
|  | | |  | | | |
| Personnel | | | | | |  | | | | | | | | | | *Other:* | |  | | | | | | | | | |
| CAO | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 1/15/15