***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** |  | **Meeting Date:** | **06/14/2022** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Angela Davis/CAO** | **Phone:** | **842-8005** |
| **Address:** | **1312 Fairlane Road, Yreka** |
| **Person Appearing/Title:** | **Ed Kiernan, County Counsel / Angela Davis,CAO** |
| **Subject/Summary of Issue:** |
| Present and recommend Board of Supervisors to adopt an Urgency Ordinance regarding the prohibition of fireworks including, no person shall sell, offer for sale, use, discharge, display, possess, or store fireworks (Health and Safety Code §12511) within the unincorporated area of Siskiyou County. This prohibition applies to both dangerous fireworks (Health and Safety Code §12505) and safe and sane fireworks (Health and Safety Code §12529).It is recommended that Chapter 3.1 to Title 3 of the Siskiyou County Code pertaining to firework restrictions is hereby added to the Siskiyou County Code.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* Siskiyou County Code change only |
| **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: |  |
|  |
| **Recommended Motion:** |
| It is recommended that the Board adopt an Urgency Ordinance pertaining to fireworks restrictions and add Chapter 3.1 to Title 3 of the Siskiyou County Code which stipulates said prohibitions.  |
| **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