# **AGENDA WORKSHEET**

***Submit completed worksheet to:***

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **5 minutes** | **Meeting Date:** | **December 6, 2022** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Hailey Lang, Community Development Department** | **Phone:** | **842-8203** |
| **Address:** | **806 South Main Street** |
| **Person Appearing/Title:** | **Planning Director**  |
| **Subject/Summary of Issue:** |
| Second reading of the Zone Change (Z-21-02) to rezone APN 013-120-230 from AG-1 to M-M and to rezone APN 013-120-330 from AG-1 to M-H as well as a resolution to adopt the project, the Mitigated Negative Declaration (MND) and Mitigation Monitoring Reporting Program (MMRP). The project also includes a Use Permit to develop a concrete and asphalt recycling facility on the property and to expand an existing gravel parking lot. |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:*  |
| **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:** |
| I move to take the following actions:1. Introduce, waive, and adopt the second reading of an ordinance to rezone APN 013-120-230 from AG-1 to M-M and to rezone APN 013-120-330 from AG-1 to M-H.
2. Adopt a resolution approving the Goodwin Use Permit 21-06 and associated Mitigated Negative Declaration with a Mitigation Monitoring and Reporting Program.
 |
| **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