***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **5 Min** | **Meeting Date:** | **March 4, 2025** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Elizabeth Nielsen, Deputy County Administrator** | **Phone:** | **530-842-8012** |
| **Address:** | **1312 Fairlane Road, Sutie 1, Yreka CA 96097** |
| **Person Appearing/Title:** | **Elizabeth Nielsen, Deputy County Administrator** |
| **Subject/Summary of Issue:** |
| County staff is making an informational presentation regarding the State Fire Marshall’s release of Fire Hazard Severity Zone maps, and the County’s responsibilities regarding these maps. In accordance with State Code Section 51178, the State Fire Marshall is required to identify levels of fire hazard. Local jurisdictions are receiving notices from the Office of the State Fire Marshall on the Local Responsibility Area (LRA) Fire Hazard Severity Zone (FHSZ) maps as identified by the State Fire Marshall. Siskiyou County received its notice on February 10, 2025, and for our LRA we are required to make the information available for public review and comment, and within 120 days of receiving the FHSZ maps, designate by ordinance moderate, high, and very high FHSZ. Link to map: <https://fire-hazard-severity-zones-rollout-calfire-forestry.hub.arcgis.com/pages/access-map>  |
| **C** |
| **NO** | [x]  | *Describe why no financial impact:*      There is no financial impact at this time, this authorization is for negotiation purposes 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:** |
| This is a presentation item, and if the Board chooses, they may provide direction to County staff.  |
| **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 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021