***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **5 Minutes** | **Meeting Date:** | **10-21-2025** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Seth Curry, Floodplain Administrator** | **Phone:** | **530-841-2100** |
| **Address:** | **806 S. Main Street, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Seth Curry, Floodplain Administrator** |
| **Subject/Summary of Issue:**  |
| **2nd Reading of the new floodplain management ordinance**Continued public hearing for the 2nd reading of the new floodplain management ordinance. The ordinance must be adopted at today’s hearing in order to be effective by December 11, 2025. **Recommendation:**Waive the 2nd reading and adopt the new floodplain management ordinance repealing and replacing Title 10 Chapter 10 of the Siskiyou County Code. |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* Application Fee Received. |
| **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 that we take the following actions:1. Waive the 2nd reading of the new floodplain ordinance;
2. Determine the project exempt from CEQA pursuant to Sections 15061(b)(3), 15307, 15308; and
3. Adopt the new floodplain ordinance which repeals and replaces Title 10 Chapter 10 of the Siskiyou County Code.
 |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel | Yes |  |  |
|  |  |  | *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