

**BUTTE COUNTY
BOARD OF SUPERVISORS
AGENDA TRANSMITTAL**

CLERK OF THE BOARD USE ONLY

MEETING DATE:

AGENDA ITEM:

AGENDA TITLE: Additional Appointment and Removal of Member to the Butte County General Plan 2030 Citizens Advisory Committee

DEPARTMENT: Development Services	DATE: August 13, 2007	MEETING DATE REQUESTED: August 28, 2007
CONTACT: Tim Snellings, Director	PHONE: 530-538-6821	REGULAR <u>X</u> CONSENT _____

DEPARTMENT SUMMARY AND REQUESTED BOARD ACTION:

Review the recommendations of the Director of Development Services and Board Ad-Hoc General Plan Subcommittee regarding one (1) additional appointment to the Citizens Advisory Committee (Attachment A) bringing the total membership to thirty-five (35), and adopt the attached Resolution (Attachment B) updating the number of person serving on the Citizens Advisory Committee from 34 to 35, and approve the memberships listed on the Official Roster of the Citizens Advisory Committee, removing April D. Grossberger due to her appointment to the Town of Paradise Planning Commission (Attachment C).

Development Services staff requests that the Board of Supervisors take the following Action:

1. Approve the one (1) additional appointment, Donna Bayles, to the Citizens Advisory Committee pursuant to the recommendations of the Board's General Plan Ad-Hoc Committee and as shown on the Official Roster of the Citizens Advisory Committee, and remove April D. Grossberger from the Official Roster of the Citizens Advisory Committee due to her appointment to the Town of Paradise Planning Commission.
2. Approve the attached Updated Citizens Advisory Committee Resolution.

--See Attached Memo--

**AGENDA ITEM SUBMITTALS REQUIRE THE ORIGINAL AND TWELVE (12) COPIES
ATTACH EXPLANATORY MEMORANDUM AND OTHER BACKGROUND INFORMATION AS NECESSARY**

Budgetary Impact: Yes _____ No X
If yes, complete Budgetary Impact Worksheet on back
Budget Transfer Requested: Yes _____ No X
If yes, complete Budget Transfer Request Worksheet on back. (Deadline is one business day prior to normal agenda deadline)
Will Proposal Require an Agreement: Yes _____ No X
Auditor-Controller's Number (if required): _____
County Counsel's Approval: Yes _____ No X
Will Proposal Require Additional Personnel: Yes _____ No X
Number of Permanent: _____ **Temp** _____ **Extra Help** _____

CAO OFFICE USE ONLY

Administrative Office Review _____

Administrative Office Staff Contact _____

4/5's Vote Required: Yes: _____ No: _____

Date Received by Clerk of Board: _____

Previous Board Action Date: _____
Describe: _____

Additional Information Attached: Yes X No _____