

BUTTE COUNTY BOARD OF SUPERVISORS AGENDA TRANSMITTAL	<u>CLERK OF THE BOARD USE ONLY</u> MEETING DATE: AGENDA ITEM:
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AGENDA TITLE: Butte County General Plan 2030: Board of Supervisors Study Session Meeting Series #1, Existing Conditions and Issue Identification

DEPARTMENT: Development Services	DATE: April 24, 2007	MEETING DATE REQUESTED: May 8, 2007
CONTACT: Tim Snellings, Director Dan Breedon, Principal Planner	PHONE: 530-538-6821 530-538-7629	REGULAR <u>X</u> CONSENT _____

DEPARTMENT SUMMARY AND REQUESTED BOARD ACTION:

This Study Session (the 4th meeting in the 1st Workshop Series –Existing Conditions and Issue Identification) is the Board of Supervisors opportunity to review and build upon all the information that has been received from the General Plan 2030 Public Workshop held March 15, 2007, the Citizens Advisory Committee Meetings held on December 7, 2006 and March 29, 2007, and the Planning Commission Study Session held on April 13, 2007. Those meetings were focused on identifying Butte County’s issues that needed to be addressed by the General Plan 2030 process and identifying assets that needed to be promoted or conserved.

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

Staff recommends that the Board of Supervisors receive and consider all of the information pertaining to Butte County’s Existing Conditions and Issue Identification generated by the Citizens Advisory Committee Meetings, Public Workshop, Planning Commission Study Session and Staff. Staff additionally recommends that the Board include any additional issues as appropriate and direct staff to transmit this information for use in the upcoming Meeting Series (Meeting Series #2, 3, and 4) associated with the development of alternatives and the evaluation and selection of alternatives.

--See Attached Agenda Report--

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

Budgetary Impact: Yes _____ No <u>X</u> If yes, complete Budgetary Impact Worksheet on back Budget Transfer Requested: Yes _____ No <u>X</u> 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 <u>X</u> Auditor-Controller’s Number (if required): _____ County Counsel’s Approval: Yes _____ No <u>X</u> Will Proposal Require Additional Personnel: Yes _____ No <u>X</u> Number of Permanent: _____ Temp _____ Extra Help _____	<u>CAO OFFICE USE ONLY</u> Administrative Office Review _____ Administrative Office Staff Contact _____ 4/5's Vote Required: Yes: _____ No: _____ Date Received by Clerk of Board: _____
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Previous Board Action Date: _____ Describe: _____	Additional Information Attached: Yes <u>X</u> No _____
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SPECIAL INSTRUCTIONS TO CLERK

Number of originals required to be returned to Department: _____

****Please Note**** Department is responsible for returning contract to contractor. Clerk of the Board returns completed Auditor's copy **ONLY**.

Requested Board Action:
 Ordinance Required _____ Resolution Required _____ Minute Order Required _____ For Information Only _____

BUDGETARY IMPACT WORKSHEET

Current Year Estimated Cost/Funding Source

Source of Additional Funds Requested

Estimated Cost \$ _____

Contingencies \$ _____
 (Fund Name: _____)
 (Fund Number: _____)

Amount Budgeted \$ _____
 (Budget Unit Number : _____)
 (Fund Name: _____)
 (Fund Number: _____)

Unanticipated Revenue \$ _____
 (Source: _____)
 (Rev. Code: _____)

Other Transfer(s) \$ _____
 1. Complete worksheet below
 2. Deadline is one business day prior to normal agenda deadline

Additional Requested \$ _____

Total Source of Funds \$ _____

Annualized cost \$ _____ if also planned for next year.

Budget Transfer Authorized By Administrative Office

_____ Board Action Required for B-Transfer? Yes _____ No _____
 Authorized Signature Date

BUDGET TRANSFER REQUEST WORKSHEET

Transfer Request:

<u>AMOUNT</u>	<u>LINE ITEM</u>	<u>LINE ITEM</u>
Transfer \$ _____ (No Cents) From	_____	To _____
Transfer \$ _____ (No Cents) From	_____	To _____
Transfer \$ _____ (No Cents) From	_____	To _____
Transfer \$ _____ (No Cents) From	_____	To _____