

BUTTE COUNTY BOARD OF SUPERVISORS AGENDA TRANSMITTAL	<u>CLERK OF THE BOARD USE ONLY</u>
	MEETING DATE:
	AGENDA ITEM:

**AGENDA TITLE: Butte County General Plan 2030, Board of Supervisors Study Session, Meeting Series #2/3-4
–Development of Land Use and Transportation Alternatives**

DEPARTMENT: Development Services	DATE: November 9, 2007	MEETING DATE REQUESTED: November 27, 2007
CONTACT: Tim Snellings, Director; Dan Breedon, Principal Planner	PHONE: 530-538-6821; 530-538-7629	REGULAR <u>X</u> CONSENT _____

DEPARTMENT SUMMARY:

This Butte County General Plan 2030 Board of Supervisors Study Session (the 7th meeting of Combined Workshop Series #2/3 –Development of Alternatives) is the Board of Supervisors opportunity to review and build upon all of the information from the meetings held to date concerning the Development of Land Use and Transportation Alternatives for Butte County General Plan 2030, including the General Plan 2030 Public Workshop held May 17, 2007; the Citizens Advisory Committee Meetings held on May 31, 2007, August 2, 2007 and September 6, 2007; and the Planning Commission Study Sessions held on September 28, 2007 and October 11, 2007. Since this is the final meeting in Meeting Series #2/3, the Board of Supervisors may act to approve the General Plan 2030 Alternatives at this Study Session. Should the Board act to approve the General Plan 2030 Alternatives, the evaluation of the Alternatives will begin in preparation of Meeting Series #4, Selection of a Preferred Alternative, scheduled to begin in March, 2008.

--See Attached Agenda Report--

REQUESTED ACTION:

Staff recommends that the Board of Supervisors receive and consider all of the information pertaining to Meeting Series #2/3 generated by the 2 Planning Commission Study Sessions, 3 Citizens Advisory Committee Meetings, the Public Workshop, and as provided by staff. Staff additionally recommends that the Board of Supervisors approve the General Plan 2030 Land Use and Transportation Alternatives including any additional changes as deemed appropriate.

**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 <u>Pending</u> No _____ 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: _____

Previous Board Action Date: _____ Additional Information Attached: Yes X No _____
Describe: _____

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

(Fund Name: __ Gen Fund _____)
(Fund Number: _____0010_____)

Amount Budgeted \$ Unanticipated Revenue

\$

(Budget Unit Number : 440001____)
(Fund Name: General____)
(Fund Number: 0010_____)

(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 \$ n/a 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:

AMOUNT

LINE ITEM

LINE ITEM

Transfer \$ 154,875 (No Cents) From 0010-Approp for Contingencies To 440001-536

Transfer \$ _____ (No Cents) From _____ To _____

Transfer \$ _____ (No Cents) From _____ To _____

Transfer \$ _____ (No Cents) From _____ To _____