

**GENERAL FACT SHEET**

03R-252

**BILL NUMBER**

**BRIEF TITLE**  
 LMC 8.26.040 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPROVAL DEADLINE**  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON**  
 Assessment of Costs \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

<p>Reason for Legislation</p> <p>Assess costs incurred by the Health Department for abating public health nuisances on private property</p>	<p>Sponsor</p>	<p>Health</p>
<p>Discussion (Including Relationship to other Council Actions)</p> <p>Failure to keep property clear of conditions which can contribute to rodent or insect breeding or existence, disease, etc., is a violation of LMC 8.26 Nuisances.</p> <p>Property owners and/or tenants with such conditions are given written notice to eliminate the condition. After notice and due time, if such conditions are not eliminated, LLCHD contracts for the abatement and clean-up. All associated costs are assessed against the property owner in accord with LMC 8.26.</p>	<p>Program Departments, or Groups Affected</p>	<p>Public Health Nuisances                  Environmental Health                  Private citizens</p>
	<p>Applicants/ Proponents</p>	<p>Applicant</p> <p>Health</p> <p>City Department</p> <p>Health</p> <p>Other</p>
	<p>Opponents</p>	<p>Groups or Individuals</p> <p>Private citizens</p> <p>Basis of Opposition</p> <p>Slight opposition, if any, to cost of assessment</p>
	<p>Staff Recommendations</p>	<p><input checked="" type="checkbox"/> For    <input type="checkbox"/> Against                  Reason Against</p>
	<p>Board or Commission Recommendation</p>	<p>BY</p> <p><input type="checkbox"/> For    <input type="checkbox"/> Against</p> <p><input type="checkbox"/> No Action Taken</p> <p><input type="checkbox"/> For with revisions or conditions                  (See Details column for conditions)</p>
	<p>CITY COUNCIL ACTIONS                  (For Council Use Only)</p>	<p><input type="checkbox"/> Pass</p> <p><input type="checkbox"/> Pass (As Amended)</p> <p><input type="checkbox"/> Council Sub.</p> <p><input type="checkbox"/> Without Recommendation</p> <p><input type="checkbox"/> Hold</p> <p><input type="checkbox"/> Do not Pass</p>

**DETAILS**

**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	_____ _____ _____
	<b>FINANCES</b>	
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project: \$ _____
		COST of this ordinance Resolution \$ _____
		RELATED annual operating Costs \$ _____
		INCREASE REVENUE EXPECTED/YEAR \$ _____
	<b>SOURCE OF FUNDS</b>	<b>CITY</b>
_____ \$ _____ % _____		
_____ \$ _____ % _____		
_____ \$ _____ % _____		
<b>NON CITY</b>		
_____ \$ _____ % _____		
	_____ \$ _____ % _____	
<b>BENEFIT COST</b>		
<input type="checkbox"/> Front Foot		
<input type="checkbox"/> Square Foot	\$ _____      Average Assessment \$ _____	

**APPLICABLE DATES:**

**FACT SHEET PREPARED BY:** Bruce D. Dart/Scott E. Holmes

*Bruce D. Dart*

**REVIEW BY:**

**REFERENCE NUMBER**