

CONTRACT ROUTING SHEET

Date Prepared: December 20, 2017

Need Date: January 11, 2018

PROCESSING DEPARTMENT:

Department: Planning & Building Dept.

Dept. Contact: Char Tim

Phone #: X5351

Department

Head Signature: Roger Tim

CONTRACTOR:

Name: Not Applicable

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Planning & Building Dept.

Service Requested: Review of Rezone Ordinance for El Dorado Hills Apartments (Z16-0004)

Contract Term: NA Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: _____ Date: 1/12/18 By: D. Livingston DL

Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL

2017 DEC 20 PM 3:57

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: N/A Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

NOT APPLICABLE

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

Approved: N/A Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____



ORDINANCE NO. _____

THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO DOES ORDAIN AS FOLLOWS:
RELATED TO REZONING IN THE EL DORADO HILLS AREA, (EL DORADO HILLS APARTMENTS):

Section 1. The Official Zoning Map for the El Dorado Hills area is hereby amended to rezone the following described lands:

From: General Commercial-Planned Development (CG-PD)

To: Multifamily Residential-Planned Development (RM-PD)

El Dorado Hills Area:

Assessor's Parcel Nos. 121-290-60, 121-290-61, and 121-290-62, being described as a portion of Section 11, T9N, R8E, M.D.M, consisting of 4.56 acres.

Section 2. This ordinance shall take effect and shall become effective thirty (30) days following the adoption hereof.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held on the _____ day of _____, 2018, by the following vote of said Board:

Ayes:

ATTEST

JAMES S. MITRISIN

Clerk of the Board of Supervisors

Noes:

Absent:

By _____

Deputy Clerk

Chairman, Board of Supervisors

APPROVED AS TO FORM
MICHAEL J. CICCOZZI
County Counsel

By _____

David A. Livingston,
Chief Assistant County Counsel

I CERTIFY THAT the foregoing instrument is a correct copy of the original on file in this office.
Dated: _____

ATTEST:

JAMES S. MITRISIN, Clerk of the Board of Supervisors
of the County of El Dorado, State of California.

By _____

Deputy Clerk