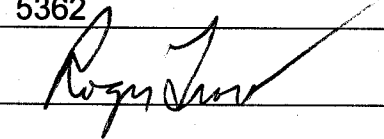


# CONTRACT ROUTING SHEET

Date Prepared: 11/18/10

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Development Services  
Dept. Contact: Shawna Purvines  
Phone #: 5362  
Department  
Head Signature: 

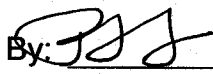
**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Development Services Department

Service Requested: Review Resolution of Intention  
Contract Term: N/A Contract Value: \$0.00  
Compliance with Human Resources requirements? N/A Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: X Disapproved: \_\_\_\_\_ Date: 11/29/10 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please review attached Resolution of Intention for an Historic Design Combining Zone District with the El Dorado/ Diamond Springs Community Region, as requested by the El Dorado/Diamond Springs Community Advisory Committee

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

Approved: N/A Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: N/A  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_