

Registrar #:

CONTRACT ROUTING SHEET

Date Prepared: June 9, 2017

Need Date: June 30, 2017

PROCESSING DEPARTMENT:

Department: Planning & Building Dept.

Dept. Contact: Char Tim

Phone #: X5351

Department: _____

Head Signature: *Roger Trout*

CONTRACTOR:

Name: Not Applicable

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Planning & Building Dept.

Service Requested: Review of Rezone Ordinance for Anderson (Z16-0009)

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: 6/19/17 By: *D. DeWitt*

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

CLERK OF COUNTY COURSE
2017 JUN 14 PM 3:29

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 CHRISTMAS VALLEY AREA, (ROBERT AND ANITA ANDERSON):

Section 1. The Official Zoning Map for the Christmas Valley area is hereby amended to rezone the following described lands:

From: Single-unit Residential (R1)

To: Three-acre Residential (R3A)

Christmas Valley Area:

Assessor's Parcel No. 036-530-28, being described as a portion of Section 5, T11N, R18E, M.D.M, consisting of 4.378 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 _____, 2017, 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. CICCOTI

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