

CONTRACT ROUTING SHEET

Date Prepared: November 19, 2013

Need Date: December 10, 2013

PROCESSING DEPARTMENT:

Department: CDA/Development Services
Dept. Contact: Char Tim
Phone #: X5351
Department: _____
Head Signature: *[Signature]*
X5369

CONTRACTOR:

Name: **Amendments to Building Code
Address: & Grading Ordinance
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: _____
Contract Term: _____ 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: 12/4/13 By: D. Livingston
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
19 2013
EID Development Services
COUNTY COUNSEL

** As Reused*

3 DEC -6 AM 11:45
RECEIVED
PLANNING DEPARTMENT

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

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

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

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