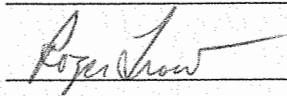


CONTRACT ROUTING SHEET

Date Prepared: March 26, 2018

Need Date: April 26, 2018

PROCESSING DEPARTMENT:

Department: Planning & Building Dept.
Dept. Contact: Debbie Ercolini
Phone #: X7674
Department
Head Signature: 

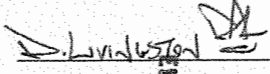
CONTRACTOR:

Name: Not Applicable
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Planning & Building Department

Service Requested: Review of Rezone Ordinance for Cameron Ranch Subdivision (Z17-0001)
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: 3/29/18 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

2018 MAR 27 AM 8:29
EL DORADO COUNTY COUNSEL

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 CAMERON PARK AREA, (CAMERON RANCH SUBDIVISION):

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

From: Multi-Unit Residential, Design Review-Community Overlay (RM-DC)

To: Multi-Unit Residential, Design Review-Community Overlay, Planned Development (RM-DC-PD)

Cameron Park Area:

Assessor's Parcel Nos. 102-110-24, 102-110-14, and 102-421-01, being described as a portion of Sections 21 and 28, T10N, R9E, M.D.M, consisting of 5.6 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. CICOZZI
County Counsel

By _____
David A. Livingston,
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