## FISCAL IMPACT STATEMENT

Indicate the Total Fiscal Impact of the action requested, including personnel, operating, and capital costs. Indicate costs for the current fiscal year and continuing costs in future years. Include all related costs necessary to place the asset in service.

| 1. <b>DESCRIPTION:</b> Request position. This position is lo   |  |   | nent contract for Off  | ice Assi                                  | istant contract                               |
|--|--|---|--|---|---|
| Соѕтѕ:   |  |   |  |   |   |
| 2. Does the acceptance o  ☐ Yes ☒ No (if Yes, incl   |  |   | or new personnel or  | the use                                   | of overtime?                                  |
| 3. Is the action funded in Yes No If No, how by the City please include grant name and when the g  | will this item be funde<br>the fiscal year of the fu                             | d? PLEASE NOTI unding award, grantor nar  | E: If the action is fund   | led by a                                  | grant received                                |
| Did this item require BRC  | action?  Yes  No   | If Yes, BRC Date:   | BRC Item #:  | _   |   |
| <b>4.</b> This item will be Fund/EDV/PER0003 C.  | e charged to Fund  | d/Dept/Program/Project:   | 1110_F Building  | Code                                      | Enforcement                                   |
| 5.   | (a)<br>Current<br><u>Year Estimate</u>   | (b)<br>Next Year<br><u>Annualized</u>   | (c)<br>Annual Continuin<br><u>Costs Thereafter</u>                     | _   |   |
| Personnel Operating Capital Total  | \$44,809<br>\$44,809   | \$  | \$   |   |   |
| <ul><li>6. If costs do not continue in 2018. Amount above inclu</li><li>7. OTHER COSTS</li><li>(a). Are there any future continue in the cost in the c</li></ul> | ides salary at \$12.90/ho  | our and benefits.   |  |   |   |
| date that are <i>not</i> reflected a   |  |   |  |   |   |
| (b) If yes, by Fiscal Year, i  | •  | int and year payment is di  | ue: \$ Payment   | due date                                  |   |
| (c) What is the nature of th <b>REVENUE:</b>   | ese costs:   |   |  |   |   |
| 8. What is the estimated in real property,  tang   |  |   |  | is:                                       |   |
| <b>9</b> . What is source of the rev   | venue and the estimated  | l annual recurring revenue  | e? Source:\$   |   |   |
| 10. If non-recurring, what is Source Fiscal year _   |  |   | ecurring revenue that  | will be r                                 | realized?                                     |
| 11. What is the Payback pe   | eriod? years   |   |  |   |   |
| 12. JUSTIFICATION: Documented City, including reduction Permitting Services Division Code and Municipal code services Permitting is requesting the   | ons in personnel or actu<br>on is responsible for en-<br>standards. Due to impro | all cost (cash flow) reduct<br>suring development occur<br>ovement in the economy a | ions to be realized in<br>is in compliance with<br>an increase in cons | your buc<br><u>life-safe</u><br>struction | lget. <u>The</u><br>ty, Building<br>activity, |

13. APPROVED: <u>Timothy Johnson</u> (Submitting Director or authorized Division Mgr Only)

the staff. She will be under the direction of the Administrative Specialist.

Ms. Wilson will be responsible for Permitting's Appointment Scheduling and also serve as administrative support to