

WEBER COUNTY ORDINANCE COVER SHEET

Type of ordinance: <input type="checkbox"/> New <input checked="" type="checkbox"/> Amendment	
Requester: <input checked="" type="checkbox"/> County department or office: <u>Community Development / Transfer Station</u> <input type="checkbox"/> Other: (name of individual or organization) _____	
Contact person (if not requester): <u>Sean Wilkinson</u>	
Phone number: <u>801-399-8765</u> Email: <u>swilkinson@webercountyutah.gov</u>	
Summary and purpose of proposed ordinance (be specific): 	
County Commissioner Preliminary Approval	
Commissioner signature: <u><i>Scott Jenkins</i></u> Date: <u>11/30/2020</u> County department or office assigned as originating department: <u>Community Development</u>	
County Attorney's Office Review	
Initial review: <input checked="" type="checkbox"/> Approved (no legal concerns) <input type="checkbox"/> Not recommended (see below for unresolved legal concerns)	
Signature: <u><i>Courtney P. Erickson</i></u> Date: <u>11-30-20</u> Unresolved legal concerns or other comments:	
Second review (if applicable): <input type="checkbox"/> Approved <input type="checkbox"/> Still not recommended due to legal concerns Signature: _____ Date: _____	
Clerk's Office Review	
Initial review: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not recommended (see below for unresolved concerns)	
Signature: <u><i>Scott Jenkins</i></u> Date: <u>12/1/20</u> Unresolved concerns or other comments:	
Second review (if applicable): <input type="checkbox"/> Approved <input type="checkbox"/> Still not recommended due to concerns Signature: _____ Date: _____	
Review by Other Entity	
<input checked="" type="checkbox"/> Not required <input type="checkbox"/> Reviewed and approved Entity: _____	
County Commission	
First Reading Date: _____ Votes _____ Jenkins _____ Froerer _____ Harvey _____	<input type="checkbox"/> Approved to be moved to second reading <input type="checkbox"/> Originating department to make changes and submit for second reading <input type="checkbox"/> Final approval given (no second reading necessary) <input type="checkbox"/> Rejected <input type="checkbox"/> Other: _____
Second Reading Date: _____ Votes _____ Jenkins _____ Froerer _____ Harvey _____	<input type="checkbox"/> Approved as presented <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected <input type="checkbox"/> Other: _____
Comments (e.g., changes ordered by Commission): 	