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Capacity Charge  
Structure

# Legislative Review Form



**King County**

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2020 FEB 13 PM 3:00

CLERK  
KING COUNTY COUNCIL

2020-101

Agency: DNRP/WTD Contact person Mark Isaacson

Phone 206-477-4601

Ordinance  Motion  Proviso  Report  Other

Civil Division Prosecuting Attorney Review

Name Verna Bromley Version Final Date 1/17/20, 08/27/19

Dept. Director or Designee Review

Name Katherine Taylor Version Final Date 10/29/19

Performance Strategy & Budget Office Review

Name Nat Bennett Version final Date 2/3/20

Technical Form/Code Reviser Review – Confirm adherence to legislative format

Name Bruce Ritzen Version Date 1/10/20

Executive Office Review & Transmittal Approval

Name Shannon Braddock **JH** Version final Date 2/10/20

### ENTRANCE CRITERIA REVIEW

#### EXEC OFFICE (initials) KCC CLERK

	EXEC OFFICE (initials)	KCC CLERK
Fiscal note?	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/> BB	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>
KC Strategic Plan reference in letter?	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/> BB	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/> BB	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>
All pertinent attachments listed/labeled?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/> BB	Y <input type="checkbox"/> NA <input type="checkbox"/> No
Costs identified/described in letter	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/> BB	Y <input type="checkbox"/> NA <input type="checkbox"/> No
Regulatory Note Required and Complete?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/> BB	Y <input type="checkbox"/> NA <input type="checkbox"/> No
Formatted/Delivered in word-searchable doc format?	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/> BB	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>
Potential Annexation Area (PAA) impacts identified?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/> BB	Y <input type="checkbox"/> NA <input type="checkbox"/> No
Advertising required? if yes, cite all pertinent code/laws.	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/> BB	Y <input type="checkbox"/> NA <input type="checkbox"/> No
Any special circumstances affecting processing time?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/> BB	Y <input type="checkbox"/> NA <input type="checkbox"/> No

Other background information not included in transmittal letter, including explanation of impact to cities, county agencies, or stakeholders