## **CITY OF MILWAUKEE FISCAL NOTE**

| A)   | DATE   |  | October 1  | 13, 200 | 6   |       | FILE I                       | NUMBER: 00     | 0140                        |              |         |  |
|--|--|--|------------|---------|---|-------|------------------------------|----------------|-----------------------------|--------------|---------|--|
|  |  |  |            |         |   |       | Origin                       | al Fiscal Note | K                           | Substitute   |         |  |
| SUBJECT: Substitute resolution to grant a special privilege to Phillip J. King, Troy Jahnke, and Timothy J. Brophy, Jr. for a fence and concrete steps for the premises at 2052 North 1 <sup>st</sup> Street |  |  |            |         |   |       |                              |                |                             |              |         |  |
| B) SUBMITTED BY (Name/title/dept./ext.): JEFFREY S. POLENSKE, P.E./CITY ENGINEER/INFRASTRUCTURE SERVICES DIVISION/2400   |  |  |            |         |   |       |                              |                |                             |              |         |  |
| C)   |  |  |            |         |   |       |                              |                |                             |              |         |  |
|  |  | ADOPTION OF THIS FILE DOES NOT AUTHORIZE EXPENDITURES; FURTHER COMMON COUNCIL ACTION |            |         |   |       |                              |                |                             |              |         |  |
|  |  | NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW.                                   |            |         |   |       |                              |                |                             |              |         |  |
|  | NOT APPLICABLE/NO FISCAL IMPACT.                 |  |            |         |   |       |                              |                |                             |              |         |  |
| D) CHARGE TO: X DEPARTMENT ACCOUNT(DA) CONTINGENT FUND (CF)  |  |  |            |         |   |       |                              |                |                             |              |         |  |
| , D)   |  |  |            |         |   |       |                              |                | CIAL PURPOSE ACCOUNTS (SPA) |              |         |  |
|  | PERM. IMPROVEMENT FUNDS (PIF) GRANT & AID ACCOUN |  |            |         |   |       |                              |                |                             |              |         |  |
|  | OTHER (SPECIFY)                                  |  |            |         |   |       |                              |                |                             |              |         |  |
| E)   | PURPO  | SE   |            |         | IFY TYPE/USE                                | ACCOU | JNT                          | EXPENDITURE    |                             | REVENUE      | SAVINGS |  |
|  | ARIES/W  |  | Annual b   | illin   | g/initial Inspection                        |       |                              | \$2.77/4.04    |                             |              |         |  |
|  |  |  |            |         |   |       |                              |                |                             |              |         |  |
|  |  |  |            |         |   |       |                              |                |                             |              |         |  |
| SUP  | PLIES:   |  |            |         |   |       |                              |                |                             |              |         |  |
|  |  |  |            |         |   |       |                              |                |                             |              |         |  |
| MAT  | ERIALS:  |  |            |         |   |       |                              |                |                             |              |         |  |
|  |  |  |            |         |   |       |                              |                |                             |              |         |  |
| NEW  | EQUIPM   | MENT:  |            |         |   |       |                              |                |                             |              |         |  |
| EQU  | IPMENT I   | REPAIR:  |            |         |   |       |                              |                |                             |              |         |  |
|  |  |  |            |         |   |       |                              |                |                             |              |         |  |
| отн  | ER:  |  |            |         |   |       |                              |                | \$22                        | 23.49        |         |  |
|  |  |  |            |         |   |       |                              |                |                             |              |         |  |
| TOTA   | A1 C   |  |            |         |   |       |                              | \$2.77/4.04    | 621                         | 23.49        |         |  |
| 1017   | ALS  |  |            |         |   |       |                              | 72.77/4.04     | <b>\$</b> 24                | 23.49        |         |  |
|  |  |  |            |         |   |       | - I                          |                |                             |              |         |  |
|  |  |  |            |         | S WHICH WILL OCCUR ON                       |       |                              |                | _ YEA                       | RS CHECK THE |         |  |
| APPROPRIATE BOX BELOW AND THEN LIST EACH ITEM AND DOLLAR AMOUNT <b>SEPARATELY</b> .  |  |  |            |         |   |       |                              |                |                             |              |         |  |
|  | 1-3 YEARS 3-5 YEARS                              |  |            |         |   |       | Annual Fee (Income) \$223.49 |                |                             |              |         |  |
| 1-3 YEARS  |  |  |            |         | 3-5 YEARS Annual Cost Billing - \$2.77/4.04 |       |                              |                |                             |              |         |  |
|  | 1-3 YEARS  |  |            |         | 3-5 YEARS                                   |       |                              |                |                             |              |         |  |
| G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:   |  |  |            |         |   |       |                              |                |                             |              |         |  |
| Annual billing/initial Inspection  |  |  |            |         |   |       |                              |                |                             |              |         |  |
|  |  |  |            |         |   |       |                              |                |                             |              |         |  |
| H)   | COMPL  | JTATIONS U   | SED IN ARI | RIVING  | AT FISCAL ESTIMATE:                         |       |                              |                |                             |              |         |  |
|  |  | ivilege Cor  |            |         |   |       |                              |                |                             |              |         |  |
|  |  |  |            |         |   |       |                              |                |                             |              |         |  |
|  |  |  |            |         |   |       |                              |                |                             |              |         |  |

PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE