

**Monterey County Board of Supervisors  
Referral Submittal Form**

**Referral No. 2023.17  
Assignment Date: 7/25/23  
(Completed by CAO's Office)**

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than 10:00AM on Wednesday prior to Board meeting:**

Date: 7-18-23	Submitted By: Supervisor Mary Adams	District #: 5
Referral Title: Safeguard & maintain historic buildings in Monterey County		
Referral Purpose: Pass a local ordinance where it shall be unlawful for any person to cause or cause others to act to burn or structurally damage a structure that has been listed on a city, county, state or national list of historic properties. This includes owners of a structure listed on a local, state, or national register of historic structures.		
<b>Brief Referral Description (attach additional sheet as required):</b> The County of Monterey does not have an ordinance which provides for safeguarding and maintaining historic buildings. If the historic building is in negotiations, it must remain in a presentable condition safeguarding the historic building. The ordinance would allow the County to withhold building and demolition permits until the property is restored to historic status. Additionally, any person, including the owner, who is found guilty of damaging the historic building or who fails to secure the historic building will incur fines and/or criminal charges.		
<b>Classification - Implication</b>	<b>Mode of Response</b>	
<input type="checkbox"/> Ministerial / Minor <input checked="" type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation <b>Requested Response Timeline</b> <input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____	

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:**

Department(s): <u>Housing &amp; Community Development</u>	Referral Lead: <u>Craig Spencer</u>	Board Date: <u>7/25/23</u>
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**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

Department(s):	Referral Lead:	Date:
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**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

Department analysis of resources required/impact on existing department priorities to complete referral:	
Analysis Completed By: _____	<b>Department's Recommended Response Timeline</b>
Date: _____	<input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____

**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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**Note:** Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.