

First Reading: \_\_\_\_\_  
Second Reading: \_\_\_\_\_

ORDINANCE NO. \_\_\_\_\_

AN ORDINANCE TO AMEND PART II,  
CHATTANOOGA CITY CODE, ARTICLE VI, CHAPTER 18,  
SECTION 18-106, RELATIVE TO WOOD RECYCLING  
AND COMPOST FACILITY.

SECTION 1. BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That Chattanooga City Code, Part II, Article VI, Chapter 18, Section 18-106, Wood Recycling and Compost Facility, is hereby amended by deleting parts (e) and (g) in their entirety and substituting in lieu thereof the following:

**Sec. 18-106 Wood recycling and compost facility**

- (e) Wood chips and leaves will be available in quantities of less than five (5) tons per load for a charge of \$20 per ton with a minimum of \$20 per load.
- (g) The Director may authorize the sale of wood chips or leaves in bulk quantities of more than five (5) tons at market rates.

SECTION 2. BE IT FURTHER ORDAINED, That this Ordinance shall take effect two (2) weeks from and after its passage as provided by law.

Passed on second and final reading: \_\_\_\_\_

\_\_\_\_\_  
CHAIRPERSON

APPROVED:\_\_\_\_ DISAPPROVED:\_\_\_\_

\_\_\_\_\_  
MAYOR

/mem

# City of Chattanooga



## Resolution Request Form

(This form is only required for resolutions requiring expenditure of City funds)

Date: September 12, 2014

Preparer: William C. Payne

Department: Public Works

### Brief Description of Purpose for Resolution:

Resolution Number (if approved by Council): \_\_\_\_\_

A City Council ordinance to Amend Part II, Chattanooga City Code, Article VI, Chapter 18, Section 18-106, relative to Wood Recycling and Compost Facility.

Name of Vendor/Contractor/Grant, etc.	<u>N/A</u>	New Contract/Project? (Yes or No)	<u>N/A</u>
Total project cost \$	<u>N/A</u>	Funds Budgeted? (YES or NO)	<u>N/A</u>
Total City of Chattanooga Portion \$	<u>N/A</u>	Provide Fund	<u>N/A</u>
City Amount Funded \$	<u>N/A</u>	Provide Cost Center	<u>N/A</u>
New City Funding Required \$	<u>N/A</u>	Proposed Funding Source if not budgeted	<u>N/A</u>
City's Match Percentage %	<u>N/A</u>	Grant Period (if applicable)	<u>N/A</u>

### List all other funding sources and amount for each contributor.

<u>Amount(s)</u>	<u>Grantor(s)</u>
\$	

Agency Grant Number \_\_\_\_\_

CFDA Number if known \_\_\_\_\_

Other comments: (Include contingency amount, contractor, and other information useful in preparing resolution)

Approved by: 

Reviewed by: FINANCE OFFICE

DESIGNATED OFFICIAL/ADMINISTRATOR

Please submit completed form to @budget, City Attorney and City Finance Officer