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Legislation Details (With Text)

File #: 23-00915 **Version:** 1

Type: Departmental Agenda **Status:** Agenda Ready

File created: 9/11/2023 **In control:** BOARD OF SUPERVISORS

On agenda: 9/19/2023 **Final action:**

Title: HEARING - Consider recommendations regarding an Ambulance Permit Application Review and Decision, as follows: (EST. TIME: 2 HR. 15 MIN.)

a) Receive and file the Ambulance Provider Permit applications received by the Local Emergency Medical Services Agency (LEMSA) and the Permit Officer’s assessment of each applicants’ satisfaction of the minimum qualification requirements;

b) Make the required findings for each permit applicant as required in County Code Chapter 5, Section 5-7(A) for:

- i) Provider Permit Type - Emergency Medical Call;
- ii) Provider Permit Type - IFT and Special Event Stand By; and
- iii) Provider Permit Type - CCT;

c) Approve, approve with conditions, or deny the following permits for the Santa Barbara County Fire Department:

- i) Provider Permit Type - Emergency Medical Call;
- ii) Provider Permit Type - IFT and Special Event Stand By; and
- iii) Provider Permit Type - CCT

d) Approve, approve with conditions, or deny the following permit for American Medical Response:

- i) Provider Permit Type - Emergency Medical Call; and

e) Determine that the proposed actions do not constitute a “Project” within the meaning of California Environmental Quality Act (CEQA), pursuant to Section 15378(b) of the CEQA Guidelines, because they consist of governmental fiscal, organizational, and administrative activities, which do not involve any commitment to any specific project which may result in a potentially significant impact on the environment.

COUNTY EXECUTIVE OFFICER’S RECOMMENDATION: APPROVE

Sponsors: PUBLIC HEALTH DEPARTMENT

Indexes:

Code sections:

Attachments: 1. Board Letter, 2. Hyperlink to Attachment A - Santa Barbara County Fire Department Permit Application, 3. Hyperlink to Attachment B - AMR Permit Application, 4. Attachment A - Santa Barbara County Fire Department Permit Application, 5. Attachment B - American Medical Response Permit Application, 6. Attachment C - Santa Barbara County Ordinance Chapter 5 - Ambulances, 7. Attachment D - Permit Officer’s Assessment of Santa Barbara County Fire Departments Minimum Qualifications, 8. Attachment E - Permit Officer’s Assessment of American Medical Responses Minimum Qualifications, 9. Attachment F - Santa Barbara County Fire Departments Additional Criteria Submission, 10. Attachment G - American Medical Responses Additional Criteria Submission, 11. Public Comment - Aroyan, 12. Public Comment - Cottage Hospital, 13. Public Comment - Anis, 14. Presentation - Public Health, 15. Presentation - SB County Fire, 16. Presentation - AMR, 17. Final

Findings - FIRE, 18. Final Findings - AMR, 19. Public Comment Speakers, 20. Minute Orders

Date	Ver.	Action By	Action	Result
9/19/2023	1	BOARD OF SUPERVISORS	Acted on as follows:	Pass
9/19/2023	1	BOARD OF SUPERVISORS	Acted on as follows:	Pass
9/19/2023	1	BOARD OF SUPERVISORS	Acted on as follows:	Pass
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