FISCAL IMPACT STATEMENT

DATE: October 10, 2025

Yale New Haven Hospital, Inc. FROM (Dept.):

PHONE 475-236-1146 **CONTACT:** Sara Sharp, Esq. (Atty/Agent)

SUBMISSION ITEM (Title of Legislation):

ZONING ORDINANCE TEXT AMENDMENT APPROVING A PETITION BY YALE NEW HAVEN HOSPITAL, INC. FOR DEVIATIONS FROM THE UNDERLYING ZONING ORDINANCE TO ALLOW CERTAIN SIGNAGE IN PLANNED DEVELOPMENT DISTRICT <u>45</u>

List Cost: Describe in as much detail as possible both personnel and non-personnel costs; general, capital or special funds; and source of funds currently budgeted for this

purpose.				
	GENERAL	SPECIAL	BOND	CAPITAL/LINE
	FUND	FUNDS	FUNDING	ITEM/DEPT/ACT/OBJ
				CODE
A. Personnel	\$0	\$0	\$0	
1. Initial start up	\$0	\$0	\$0	
2. One-time	\$0	\$0	\$0	
3. Annual	\$0	\$0	\$0	
B. Non-personnel	\$0	\$0	\$0	
1. Initial start up	\$0	\$0	\$0	
2. One-time	\$0	\$0	\$0	
3. Annual	\$0	\$0	\$0	

List Revenues: Will this item result in any revenues for the City? If Yes, please list amount and type.

> NO YES

1. One-time See below

2. Annual None

Other Comments: The one-time revenue: Permit fees for permitted signage.