FISCAL IMPACT STATEMENT

DATE: October 10, 2025

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

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

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 45

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.

purpose.				
	GENERAL FUND	SPECIAL FUNDS	BOND FUNDING	CAPITAL/LINE 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 x

1. One-time See below

2. Annual None

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