# CITY OF EL PASO, TEXAS
# AGENDA ITEM
# SUMMARY FORM

**DEPARTMENT:**

**AGENDA DATE:** **October 1, 2019, 2019**

**CONTACT PERSON/PHONE:**

**DISTRICT(S) AFFECTED:** **All**

**SUBJECT:**

Discussion and action directing the city manager to create a use classification and definition for medical waste processing facility in accordance with Title 20 of the city's code of ordinances.

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**BACKGROUND / DISCUSSION:**

To create a definition for a medical waste processing facility and determine appropriate permissible zoning districts.

**PRIOR COUNCIL ACTION:**

N/A

**AMOUNT AND SOURCE OF FUNDING:**
N/A

**BOARD / COMMISSION ACTION:**
N/A

*********************REQUIRED AUTHORIZATION*********************

**DEPARTMENT HEAD:** _____ **DATE:** _____