

**ALLEN COUNTY COUNCIL MEETING AGENDA  
WEDNESDAY, JANUARY 7, 2026  
8:30 PM**

**CALL TO ORDER:** PRESIDENT

**ADOPTION OF THE AGENDA**

**APPROVAL OF MINUTES:** December 10, 2025

**FINANCIAL REPORT:** AUDITOR, JACKIE SCHEUMAN

**TOTAL APPROPRIATIONS REQUESTED IN THE GENERAL FUND:** \$ 406,003

**TOTAL APPROPRIATIONS REQUESTED IN OTHER FUNDS:** \$ 245,219

**PUBLIC COMMENT**

**ECONOMIC DEVELOPMENT**

Consideration of Resolution 2026-01-07-01 approving a Statement of Benefits(SB-1) for BF Goodrich Tire Manufacturing.

**DEPARTMENT 05 - SHERIFF**

Consideration of Resolution 2026-01-07-02 Establishing the approved uses of the Allen County Sheriff's Jail Commissary Fund

**DEPARTMENT 08 - ALLEN COUNTY PROSECUTOR**

**APPROPRIATION WITHIN THE HIGH-TECH CRIMES GRANT FUND 888:**

1) 888-0801-412.12-01	FICA	\$ 5,000
2) 888-0801-412.12-57	401a Employer Match	\$ 1,000
3) 888-0801-412.12-20	Health Insurance	\$ 15,000
4) 888-0801-412.17-56	Investigator	\$ 62,856
		<u>\$ 83,856</u>

**DEPARTMENT 29 - BUILDING DEPARTMENT**

**APPROPRIATION WITHIN THE COUNTY GENERAL FUND 100:**

1) 100-2901-424.19-81	New/Reclassified Salaries	\$ 286,897
2) 100-2901-424.12-01	FICA	\$ 21,946
3) 100-2901-424.12-02	PERF/401a	\$ 32,133
		<u>\$ 340,976</u>

**DEPARTMENT 41 - IT**

**APPROPRIATION WITHIN THE COUNTY GENERAL FUND 100:**

1) 100-4101-419.19-87	Temporary Training Salary	\$ 54,713
2) 100-4101-419.12-01	FICA	\$ 4,186
3) 100-4101-419.12-02	PERF	\$ 6,128
		<u>\$ 65,027</u>

**DEPARTMENT 80 - ALLEN COUNTY DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**APPROPRIATION WITHIN THE SOLID WASTE USER FEE FUND 194:**

1) 194-8001-448.13-XX	Hazardous Waste Technician	\$	48,185
2) 194-8001-448.12-01	FICA	\$	3,686
3) 194-8001-448.12-57	401a	\$	2,409
		\$	<u>54,280</u>

**DEPARTMENT 90 - COMMUNITY CORRECTIONS**

**APPROPRIATION WITHIN THE PROJECT INCOME FUND 236:**

1) 236-9001-423.29-99	Other Supplies	\$	30,650
2) 236-9001-423.31-13	Contractual	\$	24,000
3) 236-9001-423.32-04	Telephone	\$	550
4) 236-9001-423.39-70	Schools & Seminars	\$	7,610
5) 236-9001-423.39-99	Other Services	\$	5,885
6) 236-9001-423.43-03	Computer/Office Equipment	\$	13,000
7) 236-9001-423.43-06	Other Equipment	\$	25,388
		\$	<u>107,083</u>

**DEPARTMENT 02 - AUDITOR**

- 1) Consideration of a salary ordinance changing the salaries from Paralegal B5/1 @ \$45,881 37.5 hrs/wk Non-Exempt to Senior Criminal Paralegal B7/1 @ \$50,355. 37.5 hrs/wk Non-exempt. RETRO to 12/13/2025
- 2) Consideration of a salary ordinance correcting the pay of Finance Deputy B4/1 @ \$43,284 40 hrs/wk Non-Exempt to B5/1 @ \$45,881 40 hrs/wk Non-Exempt RETRO to 12/13/2025

**APPROPRIATION WITHIN THE HEALTH FUND 285:**

3) 285-7301-441.14.14	Med Codng-Credtnl Specialist	\$	59,104
4) 285-7301-441.19-94	Harm Reduction Coord	\$	49,625
		\$	<u>108,729</u>

**APPROPRIATION REDUCTION WITHIN THE HEALTH FUND 285:**

5) 285-7301-441.13-07	FINANCE DIRECTOR	\$	(89,233)
6) 285-7301-441.13-09	PAYROLL ADMINISTRATOR	\$	(68,420)
7) 285-7301-441.13-14	ADMIN EXECUTIVE ASSISTANT	\$	(55,758)
8) 285-7301-441.13-25	FOOD & CONSMR PROT DIV DIR	\$	(97,136)
9) 285-7301-441.13-29	FOOD & CNSMR PRTC AST DIV DIR	\$	(80,830)
10) 285-7301-441.13-30	COMMUNICATIONS DIRECTOR	\$	(83,909)
11) 285-7301-441.13-34	ENV HEALTH SPECIALIST II	\$	(70,625)
12) 285-7301-441.13-41	ENV HEALTH SPECIALIST I	\$	(57,664)
		\$	<u>(603,575)</u>

**APPROPRIATION WITHIN THE PUBLIC HEALTH SERVICE FUND 287:**

13) 287-7301-441.13-07	FINANCE DIRECTOR	\$	89,233
14) 287-7301-441.13-09	PAYROLL ADMINISTRATOR	\$	68,420
15) 287-7301-441.13-14	ADMIN EXECUTIVE ASSISTANT	\$	55,758
16) 287-7301-441.13-25	FOOD & CONSMR PROT DIV DIR	\$	97,136
17) 287-7301-441.13-29	FOOD & CNSMR PRTC AST DIV DIR	\$	80,830

18) 287-7301-441.13-30	COMMUNICATIONS DIRECTOR	\$	83,909
19) 287-7301-441.13-34	ENV HEALTH SPECIALIST II	\$	70,625
20) 287-7301-441.13-41	ENV HEALTH SPECIALIST I	\$	57,664
		\$	<u>603,575</u>

**APPROPRIATION REDUCTION WITHIN THE PUBLIC HEALTH SERVICE FUND 287:**

20) 287-7301-441.14.14	Med Codng-Credtnl Specialist	\$	(59,104)
21) 287-7301-441.19-94	Harm Reduction Coord	\$	<u>(49,625)</u>
		\$	(108,729)

**DISCUSSION AND OTHER BUSINESS TO COME BEFORE COUNCIL:**

**RECENT and/or UPCOMING MEETINGS:**

**LIAISON REPORTS:**

Approval to waive the second reading on any matter approved today for which it may be deemed necessary for the County Council meeting of **January 7, 2026**

The next regular County Council meeting will be held at 5:30 pm, Wednesday **February 11, 2026** in the Chambers room of Citizens Square.

Allen County does not discriminate because of disability in the admission to, or treatment or employment in, its programs or activities. The Human Resources Director has been designated to coordinate compliance with nondiscrimination requirements contained in Section 35.107 of the Department of Justice regulations. Information concerning the provisions of the Americans with Disabilities Act, and the rights provided therein, and Allen County's ADA policy is available from the ADA Coordinator. Suggestions on how the County can better meet the needs of persons with disabilities may be submitted to the ADA Coordinator at: Human Resources Department 200 E. Berry Street, Suite 380, Fort Wayne, In. 46802 or by phone at (260)449-7217.



ECONOMIC  
DEVELOPMENT

## MEMORANDUM

TO: Allen County Council

FROM: Elissa McGauley on behalf of Rachel Black

SUBJECT: Council Meeting – January 7, 2026

DATE: December 29, 2025

At the next meeting, the Council will have on its agenda the following item:

1. Consideration of a Resolution approving a Statement of Benefits (SB-1) for BF Goodrich Tire Manufacturing. The following documents are enclosed for your review prior to the meeting:
  - a. Resolution Approving SB-1
  - b. Tax Abatement Point System
  - c. Spreadsheet Indicating Taxes Paid and Taxes Saved
  - d. Formal Application Materials
  - e. Statement of Benefits Form

If you have any questions, please feel free to call me at 260-449-7607.

200 East Berry St., Suite 150, Fort Wayne, IN 46802



**RESOLUTION NO. 2026-01-07-01 \_\_\_\_\_**  
**ALLEN COUNTY COUNCIL**  
**RESOLUTION APPROVING A STATEMENT OF BENEFITS**  
**FOR BF GOODRICH TIRE MANUFACTURING,**  
**A DIVISION OF MICHELIN NORTH AMERICA, INC.**

**WHEREAS**, the County of Allen has been requested by BF Goodrich Tire Manufacturing to find pursuant to I.C. 6-1.1-12.1 that the attached Statement of Benefits justifies a deduction in assessed value of personal property; and

**WHEREAS**, on December 16, 2004 the County Council of Allen County, Indiana, did adopt a Confirmatory Resolution for the designation of all real estate in unincorporated Allen County except that zoned RS, RSP-1, RSP-2, A-2, A-3, RSP-3, and MH as an Economic Revitalization Area (ERA # 135) pursuant to Allen County Council Resolution No. 2004-12-16-03 and amended by Resolution No. 2019-01-17-02 excluding zoning districts A3, R1, R2, R3, MHS or MHP under Allen County Zoning Map effective January 1, 2018. The County Council of Allen County, Indiana reestablished criteria for the review of SB-1 applications by Resolution 2024-07-10-01; and

**WHEREAS**, the project location is in an area zoned I3 (Heavy Industrial) which is an eligible zoning district under Resolution No. 2019-01-17-02; and

**WHEREAS**, 50 IAC 10-2-6 requires that when an Economic Revitalization Area has previously been designated and such designation has not expired, that the taxpayer shall submit a Statement of Benefits and the designating body shall review the Statement of Benefits to determine whether the totality of the benefits justify the deduction.

**NOW, THEREFORE, BE IT RESOLVED**, that after reviewing the Statement of Benefits the Council finds that a deduction should be allowed based upon the following findings:

1. That the estimate of the value and the cost of the new equipment is reasonable for projects of that nature and equipment of that type; and
2. That the estimate of the number of individuals who will be employed or whose employment will be retained can be reasonably expected to result from the installation of new equipment; and
3. That the estimate of the annual salaries of those individuals who will be employed or whose employment will be retained can be reasonably expected to result from the installation of new equipment; and
4. That any other benefits about which information was requested are benefits that can be reasonably expected to result from the installation of new equipment; and

5. That the totality of benefits is sufficient to justify the deduction; and

**BE IT ALSO RESOLVED**, that based on the information provided in the Statement of Benefits, the Council authorizes ten (10) year tax abatement of personal property taxes and one (1) year tax abatement of personal property taxes for any special tooling in accordance with I.C. 6-1.1-12.1-4.

Schedule is as follows:

Personal Property	Personal Property (Special Tooling)
Year 1 100%	Year 1 100%
Year 2 90%	
Year 3 80%	
Year 4 70%	
Year 5 60%	
Year 6 50%	
Year 7 40%	
Year 8 30%	
Year 9 20%	
Year 10 10%	

**BE IT ALSO RESOLVED**, that BF Goodrich Tire Manufacturing is responsible for filing the actual tax abatement forms with the Allen County Auditor, located at the Rousseau Center each year in order to receive its deduction on real property and personal property.

**BE IT ALSO RESOLVED**, BF Goodrich Tire Manufacturing must provide the Allen County Auditor and the local designating body, at the time of filing the deduction, information showing the extent to which the company has been in compliance with the signed Statement of Benefits in accordance with I.C. 6-1.1-12.1-5.1.

**BE IT ALSO RESOLVED**, that BF Goodrich Tire Manufacturing is not willing to voluntarily contribute a portion of its savings received from the abatement to assist in funding future economic development projects or for fire and police services.

**BE IT ALSO RESOLVED**, that if any part, parts, clause or portion of this Resolution shall be adjudged invalid or unconstitutional, such invalidity or unconstitutionality shall not affect the validity or constitutionality of this Resolution as a whole or any other part, clause or portion of this Resolution.

**BE IT FINALLY RESOLVED**, that by adoption of this Resolution, the Allen County Council does approve the Statement of Benefits attached hereto and made a part hereof.

**ADOPTED**, this 7th day of January, 2026, by the County Council of Allen County, Indiana.

---

President  
Allen County Council

ATTEST:

---

Jackie Scheuman, Auditor  
Allen County, Indiana

# TAX ABATEMENT POINT SYSTEM

## Personal Property Abatements

Company: BF Goodrich Tire Manufacturing

	<u>Points Possible</u>	<u>Points Assigned</u>
I. Tax Base Benefits		
A. Total new investment in new equipment		
\$7,500,000 or more	16	16
\$1,500,000 to \$7,499,999	12	
\$750,000 to \$1,499,999	9	
\$500,000 to \$749,999	6	
under \$500,000	3	
B. Investment per employee (both jobs created and retained).		
\$70,000 or more	16	16
\$36,000 to \$69,999	12	
\$12,500 to \$35,999	9	
\$2,500 to \$12,499	6	
less than \$2,500	3	
C. Local income taxes generated from jobs retained		
\$82,000 or more	5	5
\$32,000 to \$81,999	4	
\$12,000 to \$31,999	3	
\$7,500 to \$11,999	2	
less than \$7,500	1	
D. Local income taxes generated from jobs created (Double pts for start-up)		
\$50,000 or more	5	
\$30,000 to \$49,999	4	
\$10,000 to \$29,999	3	
\$5,000 to \$9,999	2	
less than \$5,000	1	

	<u>Points Possible</u>	<u>Points Assigned</u>
II. Job Creation Benefits		
A. Total number of jobs retained		
over 350	10	10
200 to 349	8	
100 to 199	6	
50 to 99	4	
20 to 49	2	
under 20	1	
B. Total number of jobs created (Double pts for start-up)		
over 200	10	
100 to 199	8	
50 to 99	6	
16 to 49	4	
1 to 15	2	
C. Eighty percent of the jobs created and/or retained are within the following salary range.		
over \$58,000	25	25
\$53,000 to \$57,999	20	
\$48,000 to \$52,999	15	
\$43,000 to \$47,999	10	
\$38,000 to \$42,999	5	
under \$38,000	0	

		<u>Points Possible</u>	<u>Points Assigned</u>
III. Economic Base			
A.	Estimated percent of business done outside Allen County		
	Greater than 50%	4	<u>4</u>
	Less than or equal to 50%	0	
B.	Location quotient in designated Occupation Code (use Occupational group data that describes the majority function of the business) Greater than 1.0	1	<u>0</u>
IV. Benefits			
A.	Employee benefits package provided by Company.		
	Comprehensive benefits	5	5
	Some benefits provided	2	
	No benefits provided	0	
V. Reciprocating Benefit			
A.	The applicant agrees to contribute 10% to the tax abatement development fund	3	
B.	The application agrees to contribute 5% to the tax abatement development fund	2	
C.	The applicant does not agree to contribute to the tax abatement development fund.	0	0
Totals			81
	80 to 100 points		ten-year abatement
	70 to 79 points		seven-year abatement
	55 to 69 points		five-year abatement
	40 to 54 points		three-year abatement

# Tax Abatement Projection

## Ten Year Equipment Abatement for BF Goodrich Tire Manufacturing

TAX YEAR	INVESTMENT IN PERSONAL PROPERTY	TRUE TAX VALUE	NET TAX RATE	% OF DEDUCTION	TRUE VALUE DEDUCTED	TRUE VALUE TAXED	TAXES DUE WITH DEDUCTION	TAXES DUE WITHOUT DEDUCTION	COMPANY SAVINGS
2027 PAY 2028	\$157,887,000	\$63,154,800	\$1.7314	100%	\$63,154,800	\$0	\$0	\$1,093,462	\$1,093,462
2028 PAY 2029		\$88,416,720	\$1.7314	90%	\$79,575,048	\$8,841,672	\$153,085	\$1,530,847	\$1,377,762
2029 PAY 2030		\$66,312,540	\$1.7314	80%	\$53,050,032	\$13,262,508	\$229,627	\$1,148,135	\$918,508
2030 PAY 2031		\$50,523,840	\$1.7314	70%	\$35,366,688	\$15,157,152	\$262,431	\$874,770	\$612,339
2031 PAY 2032		\$47,366,100	\$1.7314	60%	\$28,419,660	\$18,946,440	\$328,039	\$820,097	\$492,058
2032 PAY 2033		\$47,366,100	\$1.7314	50%	\$23,683,050	\$23,683,050	\$410,048	\$820,097	\$410,048
2033 PAY 2034		\$47,366,100	\$1.7314	40%	\$18,946,440	\$28,419,660	\$492,058	\$820,097	\$328,039
2034 PAY 2035		\$47,366,100	\$1.7314	30%	\$14,209,830	\$33,156,270	\$574,068	\$820,097	\$246,029
2035 PAY 2036		\$47,366,100	\$1.7314	20%	\$9,473,220	\$37,892,880	\$656,077	\$820,097	\$164,019
2036 PAY 2037		\$47,366,100	\$1.7314	10%	\$4,736,610	\$42,629,490	\$738,087	\$820,097	\$82,010
<b>TOTALS</b>							<b>\$3,843,520</b>	<b>\$9,567,794</b>	<b>\$5,724,275</b>

# Tax Abatement Projection

## One Year Special Tooling Abatement for BF Goodrich Tire Manufacturing

TAX YEAR	INVESTMENT IN PERSONAL PROPERTY	TRUE TAX VALUE	NET TAX RATE	% OF DEDUCTION	TRUE VALUE DEDUCTED	TRUE VALUE TAXED	TAXES DUE WITH DEDUCTION	TAXES DUE WITHOUT DEDUCTION	COMPANY SAVINGS
2027 PAY 2028	\$14,000,000	\$4,200,000	\$1.7314	100%	\$4,200,000	\$0	\$0	\$72,719	\$72,719
2028 PAY 2029		\$420,000	\$1.7314	0%	\$0	\$420,000	\$7,272	\$7,272	\$0
2029 PAY 2030		\$420,000	\$1.7314	0%	\$0	\$420,000	\$7,272	\$7,272	\$0
2030 PAY 2031		\$420,000	\$1.7314	0%	\$0	\$420,000	\$7,272	\$7,272	\$0
2031 PAY 2032		\$420,000	\$1.7314	0%	\$0	\$420,000	\$7,272	\$7,272	\$0
2032 PAY 2033		\$420,000	\$1.7314	0%	\$0	\$420,000	\$7,272	\$7,272	\$0
2033 PAY 2034		\$420,000	\$1.7314	0%	\$0	\$420,000	\$7,272	\$7,272	\$0
2034 PAY 2035		\$420,000	\$1.7314	0%	\$0	\$420,000	\$7,272	\$7,272	\$0
2035 PAY 2036		\$420,000	\$1.7314	0%	\$0	\$420,000	\$7,272	\$7,272	\$0
2036 PAY 2037		\$420,000	\$1.7314	0%	\$0	\$420,000	\$7,272	\$7,272	\$0
<b>TOTALS</b>							<b>\$65,447</b>	<b>\$138,166</b>	<b>\$72,719</b>



## APPLICATION FOR APPROVAL OF A STATEMENT OF BENEFITS (SB-1)

**APPLICATION IS FOR:** (check either or both)

- Real Estate Improvements (New Building, Addition, and/or Modification)
- New Equipment (Manufacturing, Research and Development, Logistical Distribution, and/or Information Technology)

Please provide the amount invested for each category:

Total cost of real estate improvements:

Total cost of manufacturing equipment: 157.887 M

Total cost of research and development equipment:

Total cost of logistical distribution equipment:

Total cost of information technology equipment:

Grand total cost of real estate improvements and equipment: 157.887 M

### GENERAL INFORMATION

1. Real property taxpayer's name: BF Goodrich Tire Manufacturing, a division of Michelin North America, Inc.  
Personal property taxpayer's name: BF Goodrich Tire Manufacturing, a division of Michelin North America, Inc.

(\*\*Please make sure these names match the SB-1 state forms for tax purposes)

2. Address listed on tax bill: 18906 US Hwy 24 East, Woodburn, Indiana 46797
3. Year Company was established: Woodburn Facility founded in 1961
4. Name of Company to be designated, if applicable:
5. Address of property where improvements will be made: 18906 US Hwy 24 East,

Woodburn, Indiana 46797

6. Parcel Identification Number of property: 054 054 MILAN (22) 02-09-24-100-006.000-054
7. Contact person/representative: Glenn Williams, CMI Managing Director, Silver Oak

Advisors, LLC

8. Telephone number: 678-403-2977

9. Mailing address of contact person: 2030 Main Street, NW, Suite 212, Atlanta GA 30318

10. E-mail address: glenn.williams@silveroakadvisors.com

11. Do you plan to request state or local assistance to finance public improvements? No

12. What is the company's NAICS (North American Industry Classification System) code?  
326211

13. Indicate the nature of the company's business, in general: Manufacturing

14. For "Office" and "Service" businesses, please indicate the percentage of clients/customers that are located within Allen County:

15. Description of product or service to be offered at the project site:  
Production of light truck and passenger tires and related services

16. Dollar amount of annual sales for each of the last three years:

2022 - \$204.39m                      2023 - \$196.04m                      2024 - \$189.51m

17. What is the percentage of clients/customers served that are located outside of Allen County?  
>95%

18. List the three largest customers, their locations, and amount of annual gross sales:

Customer	City / State	Annual Gross Sales
----------	--------------	--------------------

19. List the three largest material suppliers, their locations, and amount of annual purchases:

Supplier	City / State	Gross Purchases
----------	--------------	-----------------

20. Does the company's business include a retail component, meaning that goods or items are sold to the ultimate consumer for the consumer's use or consumption and not to a person for resale? **No** (If yes, continue below. If no, then skip to question 21.)
- a. What percentage of floor space will be utilized for retail activities?
  - b. What percentage of sales are made to the ultimate consumer as defined above?
  - c. Provide the amount of sales tax collected in each of the last three years?
  - d. What percentage of business is from service calls?
21. Impact on existing businesses:
- a. Will this project be in competition with existing local businesses? **No**
  - b. Will this project complement existing local business? **Yes**
  - c. Provide the names of who you consider to be your top three competitors:  
**Goodyear Tire Bridgestone Asian Manufacturers**

## REAL PROPERTY INFORMATION

Complete this section only if you are requesting a deduction from assessed value for real estate improvements.

22. Current use of the property:
- a. How is the real estate presently used?
  - b. What structures are on the property?
  - c. What is (are) the general condition of structure(s)?
23. Describe the proposed improvements to the subject property:
24. Have Allen County building permits been filed for this project?  Yes  No
25. Projected Construction timeframe:
- a. Construction start date:
  - b. Construction completion date:
26. Will this project require approval of a rezoning, plat, development plan, vacation, variance, special exception, or contingent use prior to the issuance of an Improvement Location Permit? If yes, list:

## PERSONAL PROPERTY INFORMATION

Complete this section only if you are requesting a deduction from the assessed value of new manufacturing, research and development, logistical distribution, or information technology equipment.

27. Describe the purpose of the proposed equipment at the project site:

The purpose of the proposed equipment is to upgrade and modernize existing manufacturing equipment at the site.

28. Please provide a list of the equipment for which you are applying for a personal property abatement along with the expected life of the asset for purposes of depreciation (attach a separate sheet if necessary):

<u>Proposed Equipment (list individually)</u>	<u>Expected Life of Asset For Purpose of Depreciation</u>
---	---

29. Will any of the equipment listed above be classified as special tooling (as defined by regulation No. 16 and reported on Form 103-T) for property tax purposes? Yes

a. If yes, please indicate the total cost of special tooling: Refer to the Statement of Benefits

30. Has any of the equipment for which you are seeking a designation been installed? No

31. Has any of the proposed equipment ever been used for any purpose in Indiana? No  
If so, who was it purchased from: \_\_\_\_\_

32. Development time frame

a. Equipment purchase date: 2026 - 2030 b. Equipment installation date: 2026 - 2030

## JOB CREATION AND RETENTION

Please be specific on job descriptions. When listing the occupation codes, please avoid using the "Major Occupational Groupings" (i.e. 11-000, 13-000, etc.) which are more general in nature. Instead, use specific occupation codes (11-1021, 13-1081, etc.) for each created and retained job. To fill out information on occupation and occupation code, use data available through Occupation Employment Statistics for Fort Wayne, IN Metropolitan and Nonmetropolitan Area at the following link:  
[http://www.bls.gov/oes/current/oes\\_23060.htm](http://www.bls.gov/oes/current/oes_23060.htm)

33. Current full-time employment:

<i>Occupation</i>	<i>Occupation Code</i>	<i>Number Of Jobs</i>	<i>Average Salary</i>	<i>Salary Range</i>
Production (Tire Builders; Production Workers, All Other)	51-9199	1,042	71,300	Confidential
Maintenance (Maintenance Workers Machinery)	49-9043	186	85,250	Confidential
Salary (Industrial Production Managers)	11-3051	294	95,313	Confidential

34. Full-time jobs to be created as a result of this project:

<i>Occupation</i>	<i>Occupation Code</i>	<i>Number Of Jobs</i>	<i>Average Salary</i>	<i>Salary Range</i>
		0		

35a. Please note any temporary positions:

<i>Occupation Current or created?</i>	<i>Occupation Code</i>	<i>Number Of Jobs</i>	<i>Average Salary</i>	<i>Salary Range</i>

35b. Please note any part-time positions:

<i>Occupation Current or created?</i>	<i>Occupation Code</i>	<i>Number Of Jobs</i>	<i>Average Salary</i>	<i>Salary Range</i>

36. Anticipated date for reaching employment level in Question 34:

37. Check all of the benefits listed below that the company provides to workers who have been employed for 6 months. The company must pay at least 70% of the benefit cost.

- Paid Vacation       Health Insurance       Uniforms  
 Sick Leave       Life Insurance       Employee Training  
 Paid Holidays       Dental Insurance       Tuition Reimbursement  
 Pension Plan       Vision Insurance  
 Other (Please List): Paid Jury, Union Business, Military

<b>COMMUNITY BENEFITS</b>
---------------------------

38. The Allen County Council began the Tax Abatement Development Fund in 1994. The fund is being capitalized with voluntary contributions of either 10% or 5% of the tax savings realized by companies receiving tax abatement. Is the company willing to contribute a portion of its tax savings? (Please check one)

Yes:  10%  5%      No:

If yes, check one:  Fire & Police Services     Economic Development

## REQUIRED ATTACHMENTS

This application will not be considered complete unless signed and the items listed below are attached. Once the application is determined to be complete, then this project will be placed on the agenda of the Allen County Council.

- 1) Application Fee (Make check payable to "Allen County Treasurer")
- 2) Statement of Benefits (SB-1) Form(s) (Fill in pg 1 and sign)

There is a non-refundable filing fee of \$500 for either real estate improvements or new equipment. If filing for both real estate improvements and new equipment the fee is \$750. A fee may also be assessed if the applicant requests a waiver of non-compliance for failure to apply prior to obtaining building permits and/or installing equipment. The filing fee will be used to defray the costs incurred by Allen County in processing the application pursuant to I.C. 6-1.1-12.1-2(h).

Please make the check payable to the **Allen County Treasurer** and include it with the application. Please send check, application, and applicable state forms to:

Department of Planning Services  
Attn: Rachel Black  
200 E Berry St / Suite 150  
Fort Wayne, IN 46802

## CERTIFICATION

**Filing this application constitutes a request for approval of a Statement of Benefits (SB-1) only and does not constitute an automatic deduction of property taxes. I understand it is the responsibility of the applicant to file the appropriate abatement forms with the Allen County Auditor and the Allen County Assessor if the SB-1 is approved. I certify that the taxpayer is not delinquent on any and/or all property tax due to taxing jurisdictions within Allen County, Indiana.**

**I hereby certify the information and representations of this application are true and complete and that neither an Improvement Location Permit nor a Structural Permit have been filed for construction of improvements, nor has equipment which is a part of this application been purchased and installed as of the date of the filing of this application.**

**I understand that I must file a correctly completed Compliance with Statement of Benefits Form (CF-1) demonstrating compliance with the community benefits described on the SB-1 form and that failure to demonstrate compliance on an annual basis may result in the termination of the tax abatement benefits authorized by the approval of the SB-1.**

  
\_\_\_\_\_  
Signature of owner or authorized representative

**Rob Johnstone, Chief Tax Officer**  
Printed name and title

**Date 12/18/2025**



# STATEMENT OF BENEFITS PERSONAL PROPERTY

Slate Form 51764 (R4 / 11-15)

Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

### PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

### INSTRUCTIONS

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body **BEFORE** a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction.
- The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.
- To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between January 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between January 1 and the extended due date of that year.
- Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)

### SECTION 1 TAXPAYER INFORMATION

Name of taxpayer BF Goodrich Tire Manufacturing, a division of Michelin North America, Inc.	Name of contact person Glenn Williams, CMI Managing Director, Silver Oak Advisors, LLC, Atlanta, GA
Address of taxpayer (number and street, city, state, and ZIP code) 18906 US Hwy 24 East, Woodburn, Indiana 46797	Telephone number ( 678 ) 403-2977

### SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body County Council of Allen County	Resolution number (s)	
Location of property 189S US Hwy 24 East, Woodburn, Indiana	County Allen	
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. (Use additional sheets if necessary.)  Process equipment Improvements - 52.029 M Production/Efficiency Improvements - 78.690 M  Quality Improvements - 2.119 M Molds/Tooling - 14 M Building Improvements - 11.049 M  Total - 157.887 M	DLGF taxing district number 054 054 MILAN (22)	
	<b>ESTIMATED</b>	
		START DATE      COMPLETION DATE
	Manufacturing Equipment	01/01/2026      12/31/2030
	R & D Equipment	
Logist Dist Equipment		
IT Equipment		

### SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current number 1522	Salaries \$118.2 million	Number retained 1431	Salaries \$129.7 million	Number additional 0	Salaries
------------------------	-----------------------------	-------------------------	-----------------------------	------------------------	----------

### SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.	<b>MANUFACTURING EQUIPMENT</b>		<b>R &amp; D EQUIPMENT</b>		<b>LOGIST DIST EQUIPMENT</b>		<b>IT EQUIPMENT</b>	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Current values								
Plus estimated values of proposed project	157,887,000	63,154,800						
Less values of any property being replaced								
Net estimated values upon completion of project								

### SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted (pounds) _____	Estimated hazardous waste converted (pounds) _____
Other benefits:	

### SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative 	Date signed (month, day, year) December-18-2025
Printed name of authorized representative Rob Johnstone	Title Chief Tax Officer

**FOR USE OF THE DESIGNATING BODY**

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed n/a calendar years \* (see below). The date this designation expires is n/a. NOTE: This question addresses whether the resolution contains an expiration date for the designated area.

B. The type of deduction that is allowed in the designated area is limited to:

1. Installation of new manufacturing equipment;	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18 Check box if an enhanced abatement was approved for one or more of these types.
2. Installation of new research and development equipment;	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
3. Installation of new logistical distribution equipment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
4. Installation of new information technology equipment;	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

C. The amount of deduction applicable to new manufacturing equipment is limited to \$ ALL cost with an assessed value of \$ /. (One or both lines may be filled out to establish a limit, if desired.)

D. The amount of deduction applicable to new research and development equipment is limited to \$ / cost with an assessed value of \$ /. (One or both lines may be filled out to establish a limit, if desired.)

E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ / cost with an assessed value of \$ /. (One or both lines may be filled out to establish a limit, if desired.)

F. The amount of deduction applicable to new information technology equipment is limited to \$ / cost with an assessed value of \$ /. (One or both lines may be filled out to establish a limit, if desired.)

G. Other limitations or conditions (specify) 1 year 100% abatement - special tooling

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:

<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	<input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18 Number of years approved: _____ (Enter one to twenty (1-20) years; may not exceed twenty (20) years.)
<input type="checkbox"/> Year 6	<input type="checkbox"/> Year 7	<input type="checkbox"/> Year 8	<input type="checkbox"/> Year 9	<input checked="" type="checkbox"/> Year 10	

I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17?  Yes  No  
If yes, attach a copy of the abatement schedule to this form.  
If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved by: (signature and title of authorized member of designating body)	Telephone number ( )	Date signed (month, day, year) 01/07/2026
Printed name of authorized member of designating body	Name of designating body Allen County Council	
Attested by: (signature and title of attester)	Printed name of attester	

\* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

**IC 6-1.1-12.1-17**

**Abatement schedules**

**Sec. 17. (a)** A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
- (2) The number of new full-time equivalent jobs created.
- (3) The average wage of the new employees compared to the state minimum wage.
- (4) The infrastructure requirements for the taxpayer's investment.

**(b)** This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. Except as provided in IC 6-1.1-12.1-18, an abatement schedule may not exceed ten (10) years.

**(c)** An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.

**ALLEN COUNTY COUNCIL RESOLUTION 2026-01-07-02**  
**RESOLUTION ESTABLISHING THE APPROVED USES OF THE ALLEN COUNTY SHERIFF'S JAIL COMMISSARY FUND**

WHEREAS, The Allen County Council ("Council") is the fiscal body of Allen County; and

WHEREAS, Indiana Code ("IC") 36-8-10-21 provides for the establishment of a Jail Commissary Fund ("Fund") into which the Sheriff shall deposit all money from commissary sales; and

WHEREAS, the Sheriff may disburse money from the Fund for the enumerated uses under IC 36-8-10-21(d) without appropriation by Council; and

WHEREAS, IC 36-8-10-21(d)(9) provides that the Sheriff may disburse money from the Fund for "any other purpose that benefits the sheriff's department that is mutually agreed upon by the county fiscal body and the county sheriff";

NOW, THEREFORE, The Allen County Council approves the use of the Fund for the following purposes during 2026:

- a. Maintaining and upkeep of Allen County Government owned properties used by the Allen County Sheriff's Department
- b. Allen County Sheriff's Department Operating Expenses
- c. Allen County Sheriff's Department Personnel Expenses
- d. Expenses related to Employee Appreciation such as award ceremonies, banquets, and funeral flowers, etc.
- e. Allen County Sheriff's Department donations to local charitable organizations
- f. For any lawful purpose for which money in any of the Sheriff's other funds may be used.

ADOPTED this 7<sup>th</sup> day of January, 2026.

Allen County Council

By: \_\_\_\_\_  
THOMAS A. HARRIS

By: \_\_\_\_\_  
LINDSEY D. HAMMOND

By: \_\_\_\_\_  
PAUL W. LAGEMANN

By: \_\_\_\_\_  
ROBERT A. ARMSTRONG

By: \_\_\_\_\_  
KENNETH C. FRIES

By: \_\_\_\_\_  
DON A. WYSS

By: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
JACQUELYNN A. SCHEUMAN, AUDITOR OF ALLEN COUNTY, INDIANA

## Jackie Scheuman

---

**From:** Kris Myers  
**Sent:** Friday, December 5, 2025 2:06 PM  
**To:** Nathan Kuhn; Jackie Scheuman  
**Cc:** Robyn Niedzwiecki  
**Subject:** RE: 2026 Approved Budget

Hello,

Our office will also need added to council for another issue. We interviewed 2 great prospective employees for our High-Tech Crimes Davison after the budget process was completed. They loved both candidates and hired both for High Tech Crimes. Since this was all done after the budget process was complete, I did not budget enough in 888 to cover the second full-time employee. This fund is fully covered with a grant from IPAC each year and no General funds are needed.

88808014121756 will need 62,856  
88808014121201 an additional \$5,000 is needed  
88808014121257 an additional \$1,000 is needed  
88808014121220 an additional \$15,000 is needed

Since this is covered with a grant, will anyone from the office need to attend.

Please let me know if you have any questions or concerns.

Have a nice weekend!

Thanks,

*Kristine Myers*

Director of Financial Operations  
Allen County Prosecutor's Office  
602 South Calhoun Street  
Fort Wayne, IN 46802  
P 260-449-7550  
F 260-449-8699  
[kris.myers@acpao.org](mailto:kris.myers@acpao.org)

New Position		Current		New/Reclass		Additional		
		Salary	FICA	PERF				
NEW	Operations manager	None	-	A8/1	73,648	73,648	5,634	8,249
<b>Reclassifications</b>								
<b>Senior Inspectors</b>								
13.15	SENIOR COMM INSPECTOR	D 7/5	72,855	D 9/5	84,979	12,124	927	1,358
13.25	SENIOR ELECTRICAL INSPECTOR	D 7/4	68,732	D 9/4	80,169	11,437	875	1,281
13.34	SENIOR HEATING INSPECTOR	D 7/8	84,339	D 9/8	98,373	14,034	1,074	1,572
13.4	SENIOR PLUMBING INSPECTOR	D 7/8	84,339	D 9/8	98,373	14,034	1,074	1,572
13.42	SENIOR RESIDENTIAL INSPECTOR	D 7/5	72,855	D 9/5	84,979	12,124	927	1,358
19.89	Senior Property Maintenance Inspector	D 7/5	72,855	D 9/5	84,979	12,124	927	1,358
<b>Inspectors</b>								
13.17	COMMERCIAL INSPECTOR	D 6/3	60,038	D 7/3	64,841	4,803	367	538
13.18	RESIDENTIAL BUILDING INSPECTOR	D 6/5	67,459	D 7/5	72,855	5,396	413	604
13.22	MULTI TRADE INSPECTOR	D 6/3	60,038	D 7/3	64,841	4,803	367	538
13.28	ELECTRICAL INSPECTOR	D 6/5	67,459	D 7/5	72,855	5,396	413	604
13.29	ELECTRICAL INSPECTOR	D 6/4	63,640	D 7/4	68,732	5,092	390	570
13.31	COMMERCIAL INSPECTOR	D 6/3	60,038	D 7/3	64,841	4,803	367	538
13.32	PLUMBING INSPECTOR	D 6/5	67,459	D 7/5	72,855	5,396	413	604
13.36	HEATING INSPECTOR	D 6/5	67,459	D 7/5	72,855	5,396	413	604
13.37	HEATING INSPECTOR	D 6/8	78,092	D 7/8	84,339	6,247	478	700
13.38	HEATING INSPECTOR	D 6/4	63,640	D 7/4	68,732	5,092	390	570
13.39	PLUMBING INSPECTOR	D 6/6	70,832	D 7/6	76,498	5,666	433	635
13.45	RESIDENTIAL BUILDING INSPECTOR	D 6/5	67,459	D 7/5	72,855	5,396	413	604
13.46	RESIDENTIAL BUILDING INSPECTOR	D 6/5	67,459	D 7/5	72,855	5,396	413	604
13.48	Prop Mtnc Min Housing Insp	D 6/7	74,373	D 7/7	80,323	5,950	455	666
13.51	COMMERCIAL INSPECTOR	D 6/3	60,038	D 7/3	64,841	4,803	367	538
13.52	COMMERCIAL INSPECTOR	D 6/3	60,038	D 7/3	64,841	4,803	367	538
13.53	COMMERCIAL INSPECTOR	D 6/3	60,038	D 7/3	64,841	4,803	367	538
13.54	COMMERCIAL INSPECTOR	D 6/4	63,640	D 7/4	68,732	5,092	390	570
13.55	COMMERCIAL INSPECTOR	D 6/3	60,038	D 7/3	64,841	4,803	367	538
19.25	PLUMBING INSPECTOR	D 6/4	63,640	D 7/4	68,732	5,092	390	570
19.26	ELECTRICAL INSPECTOR	D 6/4	63,640	D 7/4	68,732	5,092	390	570
19.87	PROPERTY MAINT INSPECTOR	D 6/4	63,640	D 7/4	68,732	5,092	390	570
19.88	Commercial Building Inspector	D 6/3	60,038	D 7/3	64,841	4,803	367	538
<b>Permit Specialists</b>								
13.08	PERMIT SPECIALIST	B 3/3	47,110	B 4/3	49,937	2,827	216	317
13.09	PERMIT SPECIALIST	B 3/5	52,933	B 4/5	56,109	3,176	243	356
13.1	PERMIT SPECIALIST	B 3/6	55,579	B 4/6	58,914	3,335	255	374
13.11	PERMIT SPECIALIST	B 3/4	49,937	B 4/4	52,933	2,996	229	336
13.12	PERMIT SPECIALIST	B 3/4	49,937	B 4/4	52,933	2,996	229	336
13.56	PERMIT SPECIALIST	B 3/3	47,110	B 4/3	49,937	2,827	216	317
						286,897	21,946	32,133

340,976

# PERSONNEL COMMITTEE REQUEST FORM

Complete this form and submit electronically to the Compensation Specialist for consideration by the Allen County Council Personnel Committee. Include any additional documentation to support this request. Must be submitted four (4) weeks prior to Personnel Committee meeting.

Please indicate the type of request: New Position Reclassification Other

If other was selected, please explain:

How many positions this change will affect:

Current FLSA Status: Exempt Non-Exempt

Requested FLSA Status: Exempt Non-Exempt

Please advise if this position is grant funded: Yes No

Are funds requested for 2025: Yes No

Are there funds requested for 2026: Yes No

Is a new appropriation line number needed: Yes No

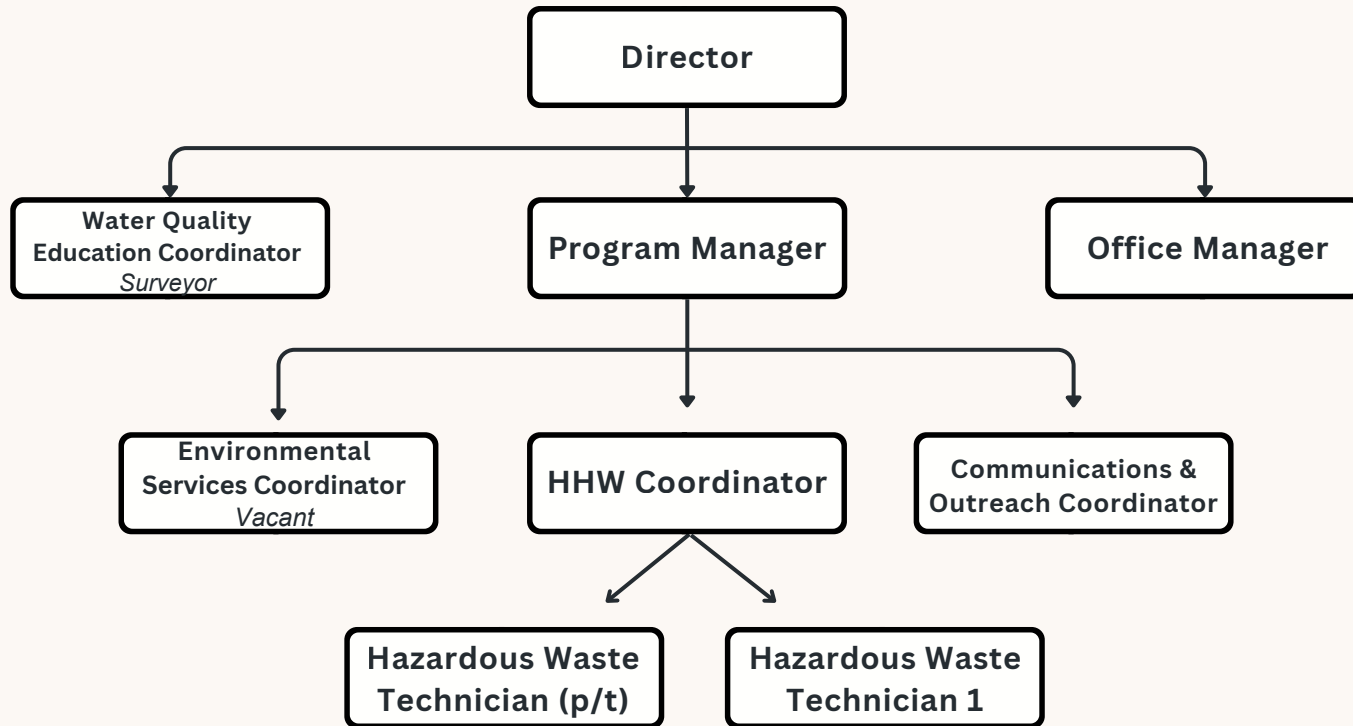
Current Position Title:	
Requested Position Title:	
Current Pay Classification:	
Requested Pay Classification:	
Appropriation Line Number (or first 10 digits):	
Date Submitted to Human Resources:	

**Justification for request:** (use as much space as necessary)

Please provide/attach the following with the Personnel Committee Request Form:

1. Current and updated job description
2. Current and updated organization chart
3. Any additional information for Personnel Committee

# ACDEM ORGANIZATIONAL CHART



ALLEN COUNTY  
DEPARTMENT OF  
**ENVIRONMENTAL  
MANAGEMENT**



**Position Overview**

<b>Job Title</b>	Hazardous Waste Technician
<b>Department</b>	Environmental Management
<b>Employee Name (if applicable)</b>	N/A
<b>Supervisor Name</b>	Jessie Reeder, Household Hazardous Waste Coordinator
<b>Current Classification (if applicable)</b>	N/A
<b>Current Pay Grade (if applicable)</b>	N/A

**Summary of NFP Recommendations**

<b>Classification</b>	Labor
<b>Pay Grade</b>	D05
<b>Comments/Key Decision Points</b>	<p>License required within one year of hire and not as minimum hiring requirement. License was excluded in the scoring.</p> <p>As per the desk audit, it's been determined that this position requires to operate equipment such as forklift, BobCat independently. Supervisor is involved if issues need to be escalated.</p> <p>This role handles dangerous chemicals and acids that needs to be handled with care. Chemicals may lead to severe health risks or death.</p>

8900 Keystone Crossing / Suite 900 / Indianapolis, IN 46240 / NFP.com

*Insurance services provided through First Person, Inc., a subsidiary of NFP Corp. (NFP). Doing business in California as First Person Insurance Solutions (License # OE 44236).*

### Summary of Process

Process Step	<u>Who was Involved</u>	<u>Date Submitted / Completed</u>
<b>Job Analysis Questionnaire (JAQ)</b>	Stacie Hubbert, Director Jessie Reeder, Household Hazardous Waste Coordinator	10/9/2025
<b>Desk Audit Questionnaire and Virtual Meeting with the Department</b>	Patrick McKenna, Compensation Consultant Jolie Jomma, Total Rewards Analyst	10/30/2025 Completed with Stacie Hubbert, Director Jessie Reeder, Household Hazardous Waste Coordinator
<b>Two NFP Team Members Independently Evaluate the Position for Classification</b>	Patrick McKenna, Compensation Consultant Jolie Jomma, Total Rewards Analyst	11/6/2025
<b>Market Compensation Benchmark Completed</b>	Patrick McKenna, Compensation Consultant Jolie Jomma, Total Rewards Analyst	11/10/2025
<b>Job Description is Drafted and Finalized</b>		
<b>Personnel Committee Presentation – Scheduled Meeting Date</b>	Personnel Committee	

### Attachments

- Job analysis questionnaire (JAQ)
- Job description
- Market compensation benchmark

# PERSONNEL COMMITTEE REQUEST FORM

Complete this form and submit electronically to the Compensation Specialist for consideration by the Allen County Council Personnel Committee. Include any additional documentation to support this request. Must be submitted four (4) weeks prior to Personnel Committee meeting.

Please indicate the type of request:                       New Position                       Reclassification                       Other

If other was selected, please explain:

How many positions this change will affect:

Current FLSA Status:     Exempt     Non-Exempt

Requested FLSA Status:     Exempt     Non-Exempt

Please advise if this position is grant funded:                       Yes     No

Are funds requested for 2025:     Yes     No

Are there funds requested for 2026:     Yes     No

Is a new appropriation line number needed:                       Yes     No

Current Position Title:	New position
Requested Position Title:	Hazardous Waste Tech 1
Current Pay Classification:	n/a
Requested Pay Classification:	LABOR (D) V or VI
Appropriation Line Number (or first 10 digits):	
Date Submitted to Human Resources:	9/5/2025

**Justification for request:** (use as much space as necessary)

The expansion of ACDEM programs and facilities has created increased operational demands that cannot be effectively managed with current staffing levels. To ensure program success, facility efficiency, and compliance with regulatory requirements, an additional position is essential.

Compliance Requirements: A dedicated role will improve compliance, reduce contamination waste disposal costs, and strengthen ACDEM's enviromental responsibility.

Operational Inefficiency: Recycling contamination can be a costly and time-intensive issue for current team members, diverting as many as 10 to 15 hours per week from core tasks. The resulting inefficiencies lead to significant operational and financial impacts. Contaminated materials can lower the market value of recycled goods, damage equipment, and increase the amount of waste sent to landfills.

- The new role will provide:
- \* Direct support to expanding operations (NW Recycling HUB). Recycling site will be staffed during hours of operation, providing education/direction to the general public, coordinating service/repairs with contractors.
  - \* Critical back-up coverage for the HHW Coordinator, ensuring continuity of service and uninterrupted operations.
  - \* Increased capacity to address public needs, improve safety, and assist with servicing partner stores
  - \* Maintain the Commuity Drop-Off Recycling Sites, assisting with staffing and training issues by interacting with the recycling contractor, general public, and promoting public use of the sites.
  - \* Set up and tear down of ACDEM special collection events.
  - \* Assist supply order and inventory.
  - \* Assist with other programs and waste processing including propane tanks, fire extinguishers, and battery sorting.

Please provide/attach the following with the Personnel Committee Request Form:

1. Current and updated job description
2. Current and updated organization chart
3. Any additional information for Personnel Committee



# Allen County Job Description

## HAZARDOUS WASTE TECHNICIAN

---

---

Department: Allen County Department of Environmental Management      FLSA Status: Nonexempt  
Classification/Level: Full-Time      Date Last Reviewed: 9/2025

---

---

Under the direction of the Household Hazardous Waste Coordinator, the Hazardous Waste Technician is responsible for the safe collection, handling, and disposal of various types of hazardous waste materials. This includes batteries, chemicals, solvents, and other potentially harmful substances. The Hazardous Waste Technician assists with Household Waste Program and facilities within the Allen County Department of Environmental Management. This position is Covered as defined by The Board of Commissioners of the County of Allen Employee Handbook.

### **ESSENTIAL FUNCTIONS:**

- Oversees daily operations at the Northwest Recycling HUB, including public education, receiving and managing drop-off materials, and coordinating compactor exchanges with contractors.
- Assists weekly household hazardous waste program with unloading vehicles, weighing, separating, packaging, and preparing chemicals for shipment.
- Provides service to ACDEM partner stores by collecting light bulbs, batteries, and other accepted materials.
- Assists with processing waste streams including propane tanks, fire extinguishers, and battery sorting.
- Assists with vendor shipments, loading/unloading trucks, and ensures compliance with DOT regulations.
- Prepares and submits supply orders while maintaining accurate inventory records.
- Maintains ACDEM facilities, equipment, and vehicles, including scheduled maintenance and inspections.
- Assists with setup and tear down of ACDEM collection events, including packaging, labeling, and staging pallets/drums.
- Assist in maintain facilities, including scheduled maintenance events, including grounds.
- Documenting illegal dumping: Reporting, clean-up, and enforcement procedures.
- Performs all other duties as assigned.

### **REQUIREMENTS:**

- High school diploma or GED (Associate's degree in Environmental Science, Chemistry, or related field preferred)
- Minimum of one (1) year of related experience in hazardous waste management, recycling, or environmental services.
- Ability to obtain and maintain HAZWOPER 40-hour, DOT, and Bloodborne Pathogen certifications within one (1) year of hire.  
Valid Indiana Driver's License and ability to operate County vehicles, including box trucks with lift gates and trailers.
- Forklift license and ability to operate heavy equipment preferred.  
Ability to lift 30–60 lbs regularly, push/pull loads exceeding 90 lbs with assistance, and perform

physically demanding tasks.

Working knowledge of safety protocols, hazardous materials handling, and departmental equipment.

Ability to follow instructions, maintain accurate records, and use computer systems for inventory and reporting.

- Strong organizational, problem-solving, and teamwork skills.

### **PERSONAL WORK RELATIONSHIPS:**

The Hazardous Waste Technician I interacts with ACDEM staff, supervisors, contractors, partner store personnel, and members of the public. Additionally, they communicate with store locations and the general public when collecting batteries and light bulbs. Effective communication and professionalism are required when providing public education and when coordinating with vendors and departmental colleagues.

### **WORKING CONDITIONS:**

Work is performed in both indoor and outdoor settings, often in adverse weather conditions. The position involves exposure to hazardous waste, fumes, dust, noise, and heavy equipment. The role requires frequent standing, walking, lifting, bending, squatting, climbing, and repetitive motions. Personal protective equipment (PPE) must be worn at all times, and adherence to safety procedures is mandatory. The role involves regular tasks such as standing **up 2 hours**, bending, pushing or pulling heavy loads, reaching overhead, and frequently lifting objects weighing up to 75 lbs. Attention to detail, monitoring equipment, and conducting meticulous inspections are essential aspects of the job.

### **PHYSICAL DEMANDS:**

The **Part Full**-Time Hazardous Waste Technician's role involves a variety of physical activities, including occasional standing, walking, lifting, carrying, pushing/pulling, and physical endurance tasks. Fine motor skills and gross motor skills are frequently and occasionally required, respectively. The job also involves **frequent sitting** and repetitive motions. The role demands handling hazardous materials, requiring careful adherence to safety protocols, attention to detail, and the ability to perform physically demanding tasks. The position also necessitates a valid driver's license and the ability to operate specific equipment, emphasizing the importance of operational knowledge and teamwork in a fast-paced environment.

- Handling Hazardous Materials: Involves loading, securing, and transporting hazardous waste.
- Frequent Fine Motor Skills: Requires precise handling and repetitive motions.
- Occasional Physical Activities: Includes standing, walking, lifting, and carrying.

**The description below outlines the physical requirements specific to the Hazardous Waste Technician role:**

PHYSICAL REQUIREMENTS	Occasionally = 1 to 2 hours	Frequently = 3 to 4 hours	Repeatedly = 5 to 6 hours	Continuously = 7+ hours
Sitting	X	X		
Standing	X		X	
Walking	X	X		
Fine Motor Skills		X		
Gross Motor Skills	X			
Repetitive Motions			X	
Lifting		x		
Carrying	X	X		

Pushing/Pulling	X			
Physical Endurance	X			

**SUPERVISION:**

This position does not supervise other employees.

**LICENSING:**

Valid Indiana Driver's License required. Must obtain HAZWOPER 40-hour, DOT, and Bloodborne Pathogen certifications within one (1) year of hire. Forklift certification required within one (1) year of hire.

**IMMEDIATE SUPERVISOR:**

Household Hazardous Waste (HHW) Coordinator

**HOURS:**

Standard 37.5-hour workweek, plus overtime as required.

**EEO CATEGORY:**

0208

**WORKERS'S COMP CODE:**

5506

I agree that the contents of this job description are a fair and accurate representation of the duties of this position being described.

Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Allen County Benchmarking Project Data Summary

Title	Base 25th Percentile	TCC 25th Percentile
Hazardous Waste Technician I	\$44,009	\$44,172

**Base** = Cash compensation paid to employees for regular job performance (i.e., hourly rate, exempt salary)

**TCC (Total Cash Compensation)** = Base pay plus additional cash compensation paid within a year (e.g., bonuses and other variable pay) – excludes benefits, long-term incentives, retirement plan contributions

**Building Commissioner**

ACCDC

**Assistant Building Commissioner**

**Operations Manager**

**Commercial**

**Residential**

**Electrical**

**HVAC**

**Plumbing**

**Compliance**

**Multi-Trade**

**C OF O  
ACPR**

**Office Manger**

**Permit Specialists**

**Licensing Specialist**

(Senior)

(Senior)

(Senior)

(Senior)

(Senior)

(Senior)

1

Online

Admin Assist

1

1

1

1

1

1

1

Scan Tech

2

2

2

2

2

2

2

OPEN

3

OPEN

3

3

3

OPEN

OPEN

OPEN

OPEN

OPEN

4

OPEN

OPEN



**Position Overview**

<b>Job Title</b>	
<b>Department</b>	
<b>Employee Name (if applicable)</b>	
<b>Supervisor Name</b>	
<b>Current Classification (if applicable)</b>	
<b>Current Pay Grade (if applicable)</b>	

**Summary of NFP Recommendations**

<b>Classification</b>	
<b>Pay Grade</b>	
<b>Comments/Key Decision Points</b>	

8900 Keystone Crossing / Suite 900 / Indianapolis, IN 46240 / NFP.com

*Insurance services provided through First Person, Inc., a subsidiary of NFP Corp. (NFP). Doing business in California as First Person Insurance Solutions (License # OE 44236).*

**Summary of Process**

<b>Process Step</b>	<b><u>Who was Involved</u></b>	<b><u>Date Submitted / Completed</u></b>
<b>Job Analysis Questionnaire (JAQ)</b>		
<b>Desk Audit Questionnaire and Virtual Meeting with the Department</b>		
<b>Two NFP Team Members Independently Evaluate the Position for Classification</b>		
<b>Market Compensation Benchmark Completed</b>		
<b>Job Description is Drafted and Finalized</b>		
<b>Personnel Committee Presentation – Scheduled Meeting Date</b>	Personnel Committee	

**Attachments**

- Job analysis questionnaire (JAQ)
- Job description
- Market compensation benchmark



# Allen County Job Description

## OPERATIONS MANAGER

---

---

Department: Building

FLSA Status: Exempt

Classification/Level: Professional –

Date: 12/2025

---

---

Under the direction of the Building Commissioner, the Operations Manager provides leadership, technical expertise, and supervision within the Allen County Building Department. The position is responsible for reviewing commercial building permits and plans, ensuring compliance with state and local building codes, and managing internal departmental operations. This position exercises significant judgment and technical knowledge in interpreting and applying codes, supervising staff, managing data and technology systems, and supporting departmental goals. This position is classified as Not Covered (At-Will) as defined by The Board of Commissioners of the County of Allen Employee Handbook.

### ESSENTIAL FUNCTIONS:

- Serves as the primary reviewer for commercial permit applications; reviews plans and drawings for compliance with state and local building codes and assists other departments with building application reviews and approvals.
- Supervises a team of non-supervisory employees, offering guidance and counseling as needed, ensuring adherence to personnel policies, and making limited personnel changes.
- Responsible for the supervision of permitting employees, including hiring, training, and evaluating.
- Prepares budget, maintains budget ledgers, and balances accounts.
- Reviews claim vouchers for payment, files paperwork and bills departments and outside vendors.
- Acts as purchasing and receiving agent for Building Department. Manages purchase requests and determines priorities.
- Assists with employee relations, supervision, and the establishment of departmental goals and priorities.
- Communicates regularly with vendors, interviews for competitive quotes and oversees completion of requests.
- Oversee departmental information technology needs, ensuring software and systems are current; serves as liaison to IT vendors and contractors, resolves issues, and trains staff on the use of departmental systems.
- Monitors and reports on permit issuance and license compliance; maintains data tracking systems, prepares reports, charts, and analyses; assists the Building Commissioner with budgeting and financial planning.
- Develops and implements internal policies and procedures related to office operations; ensures consistent enforcement of building codes and department standards.
- Responds to emergencies after hours as needed by first responders.
- Communicates with County, as well as City of Fort Wayne departments to verify criteria regarding permits, planning and technology.
- Schedules and participates in project meetings with contractors; documents meeting notes and follows up on action items.
- Performs all other duties as assigned.

### REQUIREMENTS:

- Specialized training beyond high school is normally gained in a program of less than 18 months' duration, such as completion of trade school or equivalent technical education.
- Minimum of three (3) years of related experience in construction office operations, building permitting, or a related field.

- Knowledge of construction trades and state and local building codes to ensure compliance with safety and structural requirements.
- Ability to read and interpret architectural and engineering plans and specifications.
- Proficiency in Microsoft Office applications, Accela, GIS, and related inspection software; ability to train others on system usage.
- Strong management skills with the ability to supervise, mentor, and evaluate staff effectively.
- Effective verbal and written communication skills, including public presentation and technical report writing.
- Strong analytical and organizational skills, with high attention to detail and accuracy.
- Ability to work independently and collaboratively with internal and external partners.
- Valid Indiana Driver’s License.
- Must obtain State International Code Council (ICC) Inspector Certification within twelve (12) months of hire.

**PERFORMANCE EXPECTATIONS:**

The Operations Manager performs work that is broad in scope and involves significant variables when coordinating inspections, reviewing commercial building projects, and ensuring departmental compliance with applicable codes. Considerable judgment and technical expertise are required to make recommendations, solve problems, and support decision-making within the department.

**RESPONSIBILITY:**

The Operations Manager provides major contributions to the department by ensuring compliance with building codes, departmental policies, and local ordinances. Assignments are typically planned with general objectives and boundaries. Decisions and recommendations are reviewed for alignment with departmental goals, overall accomplishment, and compliance with policy and statutory requirements.

**PERSONAL WORK RELATIONSHIPS:**

The Operations Manager maintains frequent contact with subordinates, other County employees, contractors, developers, architects, public officials, and members of the public to exchange information, provide guidance, and resolve code-related issues.

**WORKING CONDITIONS/PHYSICAL DEMANDS:**

PHYSICAL REQUIREMENTS	Occasionally = 1 to 2 hours	Frequently = 3 to 4 hours	Repeatedly = 5 to 6 hours	Continually = 7+ hours
Sitting			x	
Standing		x		
Walking		x		
Fine Motor Skills	x			
Gross Motor Skills	x			
Repetitive Motions		x		
Lifting	x			
Carrying	x			
Pushing/Pulling	x			
Physical Endurance	x			

**SUPERVISION:**

The Operations Manager supervises assigned department staff, including administrative employees. Responsibilities include training, reviewing work, evaluating performance, and implementing corrective or disciplinary actions as necessary.

**LICENSING:**

ICC Inspector Certification

**IMMEDIATE SUPERVISOR:**

Building Commissioner

**HOURS:**

8:00a-5:00p; 40 hours hours/week as assigned; occasional evening or weekend hours as required; subject to emergency on-call needs.

**EEO CATEGORY:**

0101

**WORKERS' COMP CODE:**

8820

I agree that the contents of this job description are a fair and accurate representation of the duties of this position being described.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Allen County Benchmarking Project Data Summary

Title	Base 25th Percentile	TCC 25th Percentile
Operations Manager	\$73,025	\$74,175

**Base** = Cash compensation paid to employees for regular job performance (i.e., hourly rate, exempt salary)

**TCC (Total Cash Compensation)** = Base pay plus additional cash compensation paid within a year (e.g., bonuses and other variable pay) – excludes benefits, long-term incentives, retirement plan contributions



**Position Overview**

<b>Job Title</b>	
<b>Department</b>	
<b>Employee Name (if applicable)</b>	
<b>Supervisor Name</b>	
<b>Current Classification (if applicable)</b>	
<b>Current Pay Grade (if applicable)</b>	

**Summary of NFP Recommendations**

<b>Classification</b>	
<b>Pay Grade</b>	
<b>Comments/Key Decision Points</b>	

8900 Keystone Crossing / Suite 900 / Indianapolis, IN 46240 / NFP.com

*Insurance services provided through First Person, Inc., a subsidiary of NFP Corp. (NFP). Doing business in California as First Person Insurance Solutions (License # OE 44236).*

**Summary of Process**

<b>Process Step</b>	<b><u>Who was Involved</u></b>	<b><u>Date Submitted / Completed</u></b>
<b>Job Analysis Questionnaire (JAQ)</b>		
<b>Desk Audit Questionnaire and Virtual Meeting with the Department</b>		
<b>Two NFP Team Members Independently Evaluate the Position for Classification</b>		
<b>Market Compensation Benchmark Completed</b>		
<b>Job Description is Drafted and Finalized</b>		
<b>Personnel Committee Presentation – Scheduled Meeting Date</b>	Personnel Committee	

**Attachments**

- Job analysis questionnaire (JAQ)
- Job description
- Market compensation benchmark



**Allen County**  
**Job Evaluation System**  
**OFFICE SUPPORT ANALYSIS QUESTIONNAIRE**  
**(JAQ)**

---

---

Title: *COO / ACPR*  
Department: *BUILDING*

Classification/Level: *Office Support / PG-*  
Date: *10/16/2025*

---

---

**GENERAL INSTRUCTIONS:** The information you supply on this questionnaire will be used to draft your job description. Please read the entire questionnaire carefully before answering any questions to avoid duplicating your replies. Take time to answer each question carefully and completely. To accurately prepare a description of the duties and responsibilities of your job, it is essential that your responses be clear, concise, and thorough.

**POSITION INFORMATION**

(TO BE COMPLETED BY THE EMPLOYEE IN THE POSITION WITH REVIEW AND COMMENTS BY THE SUPERVISOR)

Name: TINA GEBERT Date: 10/16/2025

Job Title: OFFICE MANAGER

Phone #: 260-449-7683 Organization: Allen County

Department: BUILDING Division: OFFICE

Name of Immediate Supervisor: JOSEPH HUTTER

Title of Immediate Supervisor: BUILDING COMMISSIONER

Phone # of Immediate Supervisor: 260-449-7224

Email Address of Immediate Supervisor: JOSEPH.HUTTER@CO.ALLEN.IN.US

**GENERAL DESCRIPTION**

Briefly state the general purpose of your job:

*Monitor intake of emails from contractors/homeowners requesting COO's (Certificate of Occupancy). Receive physical permits, obtained by inspectors/contractors, for passed final inspections. Monitor alerts from Accela and/or work off of provided report to process and issue COO's to contractors and/or homeowners.*

*Ensure all individuals requesting COO (Certificate of Occupancy) are on authorized user list. If not on authorized user list, must find proper contact in Accela under Licensed Professional to ensure COO is sent to the correct individual(s).*

*Each permit has to be looked up in Accela. Ensure and verify all permits are connected correctly and that any and connected permits have also passed all final inspections and have been closed out accordingly. Verify no other departments are holding COC's (Certificate of Compliance), check to make sure that no fees and/or penalties are outstanding, check IDHS to make sure that CDR (Construction State Design Release) has been fully released by the State and that CDR provides correct address and project information.*

*If other departments are holding COC or if fees or penalties are due, an email is generated to the contractor or homeowner stating the COO cannot be issued and why.*

*May need to initiate contact with our inspectors with any inspection questions and verify scope of work for permits.*

*Overview and summarize scope of work to fit on the allotted space on COO.*

*Download, save COO's and email to the proper individuals including City Utilities and Fire Department as required.*

*Constantly monitor previous permits that were unable to be issued due to department holds. This must be revisited often as many permits have passed all inspections but are still waiting on COC's to be released from other departments. Ensure that this process is monitored efficiently and that COOs are issued in a timely manner.*

*Closings on new homes are often unable to take place without COO's in hand and many contractors/homeowners are needing to occupy these spaces as soon as possible.*

*Public Records Request is a request that comes in by anyone that wants access to information provided about a property/parcel, seeking open/outstanding permits, copies of COO's, open building code violations, communications, documents, basically anything that we can provide or what is readily available.*

## **ESSENTIAL FUNCTIONS OF THE JOB**

**Essential functions are the basic job duties that an employee must be able to perform, with or without reasonable accommodation.**

Begin by listing the duties in order of importance from most important to least important. Rate the importance of each duty or responsibility based on the following scale and estimate the overall percentage of time you devote to each duty. [Note: percentages should total 100%. Continued onto next page]

<u>Task or Duty</u>	<u>% of Time</u>
1. <i>Figure out what COO's are ready to be reviewed to be processed.</i>	8%
2. <i>Review records to ensure all connected records have passed final inspections for the issuance of the COO.</i>	40%
3. <i>Send email to inform contractor/homeowner what departments are holding COC's or if CDR needs amended or penalties/fees need paid.</i>	5%

Task or Duty	% of Time
4. <i>Constantly monitor those permits that have holds to ensure COOs are issued in a timely manner.</i>	8%
5. <i>Ensure all proper permits are connected as they should be.</i>	10%
6. <i>Ensure duplicate addresses are not connected to record.</i>	5%
7. <i>Double check to make sure no other fees and/or penalties are due. Fees must be paid before the issuance of the COO.</i>	5%
8. <i>Check with IDHS to make sure CDR has been fully released by State and that correct address and project information is listed.</i>	5%
9. <i>Overview and summarize scope of work. Make sure correct information is generating on COO.</i>	9%
10. <i>Communicate with inspectors about inspections and scope of work.</i>	5%

## **JOB REQUIREMENTS:**

List any **SPECIALIZED** knowledge, abilities, and skills required to perform the tasks/duties effectively, i.e., budgeting, diesel mechanics, CAD, urban planning, payroll. Indicate how this is applied or used in your work.

Knowledge, Skill, Ability	How Applied
<i>Effective verbal and written communication skills</i>	<i>Verbally - Used to explain CO requirements to property owners, contractors, and tenants; coordinate with inspectors and other departments; and respond to public inquiries.</i>
<i>Ability to work independently as well as collaborate with a team</i>	<i>Written - Applied in drafting CO documents, correspondence, inspection summaries, and notices of deficiencies or approvals. Clarity and professionalism are key to avoiding misunderstandings and ensuring compliance. Enables the COO officer to conduct reviews, verify documentation, and issue certificates without constant supervision.</i>

Knowledge, Skill, Ability

How Applied

*Strong computer skills with the ability to use be proficient in using computer applications*

*Supports teamwork with inspectors, zoning officials, fire marshals, and administrative staff to ensure all conditions are met before issuing a COO. Access and update permit and inspection databases regarding COO.*

*Generate COO documents and reports.*

*Communicate via email and manage digital records.*

*Strong organizational and time management skills*

*Proficiency ensures accuracy, efficiency, and the ability to train others or troubleshoot basic tech issues.*

*Tracking multiple COO applications and inspection schedules.*

*Prioritizing urgent cases or time-sensitive approvals.*

*Strong attention to detail – THIS IS A MUST*

*Ensuring all required documentation is complete and filed properly.*

*Verifying that all inspections are passed and conditions met before issuing a COO.*

*Identifying missing or incorrect information in applications or reports.*

*Ensuring legal and safety compliance to avoid liability or delays.*

**List all major equipment, software, or other specialized tools that you typically use or handle to perform your job responsibilities/duties, i.e., truck, car, hand and power tools, lab equipment, computer software programs.**

*Equipment – Computer, Phone, Copier, Scanner*

*Computer Software/Programs – Microsoft Outlook, Word, Excel, One Note, Teams, Accela, GIS, LOW, IDHS, Genesys Phone System*

*Other - Face to face communication*

**Place an X next to one statement to indicate the MINIMUM level of education required to perform this job. NOTE: This may well be less than your own particular educational level.**

- High school diploma or equivalent
- Specialized training beyond high school normally gained in a program of less than 18 months duration.  
Please specify type of training required: \_\_\_\_\_
- Associates degree (two year degree) or certification program of comparable length. Please outline specific certification: \_\_\_\_\_
- Degree, diploma, or certification with time requirements of greater than two years but less than four years. Please specify: \_\_\_\_\_

**Place an X next to one statement to indicate the minimum amount of total related experience an employee must have prior to starting this job. Assume the employee has the appropriate level of formal education indicated in the previous section.**

- No related experience required
- Less than 1 year
- More than 1 year
- At least 3 years
- At least 5 years
- More than 8 years

**Please specify:** \_\_\_\_\_

\_\_\_\_\_

**List below any type of certification, licenses, or registration required for you to perform your job. NOTE: A valid driver's license should only be listed if driving is a part of your job.**

Certification required: *N/A*

License required: *N/A*

Registration required: *N/A*

**JOB REQUIREMENTS (LEVEL OF KNOWLEDGE, SKILL AND ABILITIES / COMPLEXITY OR TECHNICAL REQUIRED)**

**Place an X next to all statements that describe the level of knowledge and abilities required in this job.**

- Incumbent must possess knowledge of prescribed procedures and routines, including simple office skills and the ability to follow specific instructions and guidelines.
- Incumbent must be able to operate one or more simple office machines or laboratory equipment (e.g. typewriter, keypunch, desk calculator).
- Incumbent must possess an understanding of and the ability to make practical application of customary practices, rules, regulations, procedures, or techniques that are directly relevant to the assigned tasks.

- Incumbent must possess comprehension of and the ability to make practical application of theories, principles, precedents, techniques relevant to the assigned tasks.
- Position requires no real application of technical or specialized subject matter knowledge.
- Position requires a moderately complex body of technical or specialized subject matter knowledge.
- Position requires a substantial, relatively complex body of technical or specialized subject-matter knowledge.

## **DIFFICULTY OF WORK (COMPLEXITY AND DIVERSITY OF WORK)**

**Place an X next to all statements, which describe the typical writing skills required for your job.**

- Work consists of simple, repetitive, routinized tasks, processes, or operations.
- Work consists of moderately complex, relatively standardized, tasks, processes or operations.
- Work consists of complex, varied, non-standardized tasks, processes, or operations.

**Place an X next to all statements that describe the speaking and presentation skills required in your job.**

- Incumbent answers questions with a brief response or provides standard information to customers/citizens, visitors, callers, supervisors, or other employees, i.e., directs people to offices, answers the telephone and conveys summary of instructions or results to other staff members.
- Incumbent interviews or discusses detailed information with customers, citizens, or employees face to face or over the phone.
- Incumbent interviews or discusses detailed information, frequently involving customer/citizen problems or complaints, either face to face or over the phone.
- Incumbent delivers informational speeches, reports, and orientation before audiences and groups that include people who are not organizational employees.
- Incumbent delivers presentations regarding potentially controversial issues, i.e., budget presentations, citizen group presentations.
- Incumbent negotiates with outsiders in sensitive and complex situations, i.e., conduct negotiations, settle litigations.

## **RESPONSIBILITIES – USUAL CONSEQUENCE OF ERROR**

**Place an X next to one statement that describes the effects of errors in your work.**

- Errors are readily detected and corrected through supervisory review or by other means, or are tolerable whenever and wherever discovered. Consequences are localized and limited to loss of time or comparable minor adverse effects.
- Errors are not immediately apparent through supervisory review, but are revealed through adverse

effects on subsequent operations. Errors usually result in loss of time in other organizational units, substantial inconvenience to the public or substantial discomfort to patients, embarrassment to employing organization, or comparable significant adverse effects.

- [ ] Errors are not subject to supervisory review or other kinds of checking. Errors usually result in delays, waste of materials, and damage to equipment that are of substantial magnitude.

### **RESPONSIBILITIES – OPPORTUNITY TO MAKE CHOICES**

**Place an X next to one statement to indicate the opportunity of making choices.**

- [ ] Individual has little or no opportunity to make choices in carrying out routine or recurring assignments or tasks.
- [ X ] Individual makes choices and takes actions in performing a variety of relatively standardized assignments or tasks.
- [ ] Individual makes choices and decisions and acts on varied non-standardized, non-routine assignments or tasks.

### **RESPONSIBILITIES – EXTENT OF SUPERVISORY PARTICIPATION AND CONTROL OVER WORK**

**Place an X next to one statement to indicate how the work is assigned to you by your supervisor.**

- [ ] Supervisor gives detailed instruction before, during and after tasks or duty begins and remains in direct observation while checking and verifying work in process. A close and complete review of work upon completion is performed.
- [ ] Supervisor performs quality and accuracy verification during the critical phases of the work process. Work is reviewed upon completion.
- [ X ] Completed work is reviewed, prior instructions may include new or unusual tasks; and review of work may include occasional spot checks for compliance with procedural requirements.

### **RESPONSIBILITIES – NATURE OF INSTRUCTIONS, GUIDELINES, AND REQUIRED JUDGMENT**

**Place an X next to all the statements that describe the extent of supervisory control and review.**

- [ ] Work involves detailed instructions requiring little or no judgment.
- [ X ] Work involves standardized practices, procedures, or general instructions. Work requires some analysis and judgment; or selection of applicable methods and procedures.
- [ X ] Work is covered by general policies, procedures, and precedents; or, incumbent must take the initiative in planning and layout of work requiring analysis, adaptive thinking, and considerable judgment.

### **PERSONAL WORK RELATIONSHIPS – PURPOSE AND NATURE OF REQUIRED CONTACTS**

**Place an X next to all the statements that describe the job-related communication required in your job. For those marked, indicate with an X whether it is daily, weekly, or monthly.**

- [ X ] Cooperative work relationships are incidental to purpose of the work. e.g., giving and receiving factual information about work.  
 daily                       weekly                       monthly
- [ X ] Person-to-person work relationships with explanation of interpretation of what is required in order to render service, carry out policies and maintain coordination.  
 daily                       weekly                       monthly
- [ X ] Person-to-person work relationships where non-routine cooperative problem solving is involved, or where gaining concurrence or cooperation is required through discussion and persuasion.  
 daily                       weekly                       monthly

**PERSONAL WORK RELATIONSHIPS – NATURE OF PERSONS CONTACTED IN PERSON OR BY PHONE**

**Place an X next to all the statements that reflect the level of personal relationship.**

- [ X ] Contacts are with persons employed by Allen County.  
 [ X ] Contacts are with persons employed by other departments within Allen County.  
 [ X ] Contacts are with persons employed by other agencies or with the general public.

**WORKING CONDITIONS – PHYSICAL EFFORT**

**Physical Effort/Risk**

**In the spaces below, please note what kind of physical effort and/or risk is required to do your job and how often it is required by checking the appropriate box.**

Work Position	App.10%	30%	50%	70% or More
Standing	[ X ]	[ ]	[ ]	[ ]
Walking	[ X ]	[ ]	[ ]	[ ]
Sitting	[ ]	[ ]	[ ]	[ X ]
Body Movements	0-20 lbs	20-40 lbs	40-60 lbs	Over 60 lbs
Lifting	[ X ]	[ ]	[ ]	[ ]
	None	Some	Frequent	Very Frequent
Lifting frequency	[ ]	[ X ]	[ ]	[ ]
Bending	[ ]	[ X ]	[ ]	[ ]
Pushing and/or pulling loads	[ X ]	[ ]	[ ]	[ ]
Reaching over head	[ X ]	[ ]	[ ]	[ ]
Kneeling	[ ]	[ X ]	[ ]	[ ]
Crawling	[ X ]	[ ]	[ ]	[ ]
Climbing ladders	[ X ]	[ ]	[ ]	[ ]
Mental/Visual Effort				

**This factor measures the kinds of mental stress and visual effort that is required to do your job.**

None                      Some                      Frequent                      Very Frequent

Typing/CRT (WPM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Attention to detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Detailed inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transcription/proofreading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## WORKING CONDITIONS – WORK ENVIRONMENT

**This factor measures the working environment for your position.**

Exposure to extreme temperatures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noxious odors/fumes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other physical Effort/Risk Information:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ADDITIONAL INFORMATION

Please use the space below to add any other information about your position with the organization that you feel is important to understanding your role.

*This position is vital to the Building Department as this ensures final inspection has been completed, all associated permits have been completed/closed out properly, and occupancy can be provided. The issuance of COO's is important because closings on new homes are often unable to take place without COO's in hand and many contractors/homeowners are needing to occupy these spaces as soon as possible.*

*Also, per the Rules and Regulations set forth in Allen County, COO's are to be made available after two (2) working business days from the date of final structural inspection and after all requirements have been met.*

**STANDARD HOURS OF POSITION:** 40 Hours

## SUPERVISOR CERTIFICATION

**The following is to be completed by the immediate supervisor ONLY.**

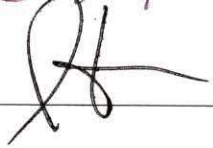
I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out organizational functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

- As supervisor, I certify the accuracy of these statements  
 As supervisor, I do not certify the accuracy of these statements.

Please use the space below for any comments you may have.

By signing below, I agree that the information in this Job Analysis Questionnaire is factual, to the best of my knowledge, and represents the duties and functions of the position being described.

Employee's Signature  Date: 10/14/25

Department Head/Elected Official's Signature  Date: 10-17-25

### Allen County Benchmarking Project Data Summary

Title	Base 25th Percentile	TCC 25th Percentile
Certificate of Occupancy	\$37,167	\$37,189

**Base** = Cash compensation paid to employees for regular job performance (i.e., hourly rate, exempt salary)

**TCC (Total Cash Compensation)** = Base pay plus additional cash compensation paid within a year (e.g., bonuses and other variable pay) – excludes benefits, long-term incentives, retirement plan contributions



**Position Overview**

<b>Job Title</b>	
<b>Department</b>	
<b>Employee Name (if applicable)</b>	
<b>Supervisor Name</b>	
<b>Current Classification (if applicable)</b>	
<b>Current Pay Grade (if applicable)</b>	

**Summary of NFP Recommendations**

<b>Classification</b>	
<b>Pay Grade</b>	
<b>Comments/Key Decision Points</b>	

8900 Keystone Crossing / Suite 900 / Indianapolis, IN 46240 / NFP.com

*Insurance services provided through First Person, Inc., a subsidiary of NFP Corp. (NFP). Doing business in California as First Person Insurance Solutions (License # OE 44236).*

**Summary of Process**

<b>Process Step</b>	<b><u>Who was Involved</u></b>	<b><u>Date Submitted / Completed</u></b>
<b>Job Analysis Questionnaire (JAQ)</b>		
<b>Desk Audit Questionnaire and Virtual Meeting with the Department</b>		
<b>Two NFP Team Members Independently Evaluate the Position for Classification</b>		
<b>Market Compensation Benchmark Completed</b>		
<b>Job Description is Drafted and Finalized</b>		
<b>Personnel Committee Presentation – Scheduled Meeting Date</b>	Personnel Committee	

**Attachments**

- Job analysis questionnaire (JAQ)
- Job description
- Market compensation benchmark



**Allen County**  
**Job Evaluation System**  
**OFFICE SUPPORT ANALYSIS QUESTIONNAIRE**  
**(JAQ)**

Title:

Classification/Level:

Department:

Date: /2025

**GENERAL INSTRUCTIONS:** The information you supply on this questionnaire will be used to draft your job description. Please read the entire questionnaire carefully before answering any questions to avoid duplicating your replies. Take time to answer each question carefully and completely. To accurately prepare a description of the duties and responsibilities of your job, it is essential that your responses be clear, concise, and thorough.

**POSITION INFORMATION**

(TO BE COMPLETED BY THE EMPLOYEE IN THE POSITION WITH REVIEW AND COMMENTS BY THE SUPERVISOR)

Name: Christopher Graham Date: 8/13/2025

Job Title: Permit Specialist / clerk

Phone #: 260-449-7199 Organization: Allen County

Department: Building Department Division: \_\_\_\_\_

Name of Immediate Supervisor: Tina Gebert

Title of Immediate Supervisor: Office Manager

Phone # of Immediate Supervisor: 260-449-7683

Email Address of Immediate Supervisor: tgebert@co.allen.in.us

**GENERAL DESCRIPTION**

Briefly state the general purpose of your job:

Assist customers with any questions, comments, concerns regarding any and all aspects and duties of the ACCD. Provide guidance through the Permitting Process, assist with and log inspection requests, direct customers to many different departments based on the details of their request and coordinate with several different departments and agencies in order to ensure a seamless project experience for contractors and homeowners

## ESSENTIAL FUNCTIONS OF THE JOB

Essential functions are the basic job duties that an employee must be able to perform, with or without reasonable accommodation.

Begin by listing the duties in order of importance from most important to least important. Rate the importance of each duty or responsibility based on the following scale and estimate the overall percentage of time you devote to each duty. [Note: percentages should total 100%. Continued onto next page]

<u>Task or Duty</u>	<u>% of Time</u>
1. Permit Processing	80 %
2. Phone Calls	10 %
3. Emails	10 %
4.	
5.	
6.	
7.	

Task or Duty	% of Time
8.	
9.	
10.	

### **JOB REQUIREMENTS:**

List any **SPECIALIZED** knowledge, abilities, and skills required to perform the tasks/duties effectively, i.e., budgeting, diesel mechanics, CAD, urban planning, payroll. Indicate how this is applied or used in your work.

Knowledge, Skill, Ability	How Applied
Notary Public Commission	Frequent notarization of official and legal documents pertaining to contractor licensure as well as various official notices and orders for the compliance division.
Reading architectural drawings	Analysis of contractor provided drawings to determine locations of work areas, dimensions, necessary stamps/seals, comparison to State Design Releases
Reading Engineer Reports	Read and translate verbiage from engineer reports following severe damage to structures and work performed without permits into permit verbiage to ensure site safety and compliance with procedures.

List all major equipment, software, or other specialized tools that you typically use or handle to perform your job responsibilities/duties, i.e., truck, car, hand and power tools, lab equipment, computer software programs.

Accela, Microsoft Office, Adobe, GIS mapping system, Low Tax Info site

Place an X next to one statement to indicate the MINIMUM level of education required to perform this job. NOTE: This may well be less than your own particular educational level.

- High school diploma or equivalent
- Specialized training beyond high school normally gained in a program of less than 18 months duration.  
Please specify type of training required: Computer skills, typing, Organizational/Leadership Studies
- Associates degree (two year degree) or certification program of comparable length. Please outline specific certification: \_\_\_\_\_
- Degree, diploma, or certification with time requirements of greater than two years but less than four years. Please specify: \_\_\_\_\_

Place an X next to one statement to indicate the minimum amount of total related experience an employee must have prior to starting this job. Assume the employee has the appropriate level of formal education indicated in the previous section.

- No related experience required
- Less than 1 year
- More than 1 year
- At least 3 years
- At least 5 years
- More than 8 years

Please specify: Impeccable customer service, heavy and complex multi-tasking, proficiency in computer skills, professional communication abilities, both in person and remote

List below any type of certification, licenses, or registration required for you to perform your job. NOTE: A valid driver's license should only be listed if driving is a part of your job.

Certification required: Completing the Indiana State Notary Commission Process, exam, and completing periodic continuing education courses

License required:

Registration required:

### JOB REQUIREMENTS (LEVEL OF KNOWLEDGE, SKILL AND ABILITIES / COMPLEXITY OR TECHNICAL REQUIRED)

Place an X next to all statements that describe the level of knowledge and abilities required in this job.

- Incumbent must possess knowledge of prescribed procedures and routines, including simple office skills and the ability to follow specific instructions and guidelines.
- Incumbent must be able to operate one or more simple office machines or laboratory equipment (e.g. typewriter, keypunch, desk calculator).

- Incumbent must possess an understanding of and the ability to make practical application of customary practices, rules, regulations, procedures, or techniques that are directly relevant to the assigned tasks.
- Incumbent must possess comprehension of and the ability to make practical application of theories, principles, precedents, techniques relevant to the assigned tasks.
- Position requires no real application of technical or specialized subject matter knowledge.
- Position requires a moderately complex body of technical or specialized subject matter knowledge.
- Position requires a substantial, relatively complex body of technical or specialized subject-matter knowledge.

## **DIFFICULTY OF WORK (COMPLEXITY AND DIVERSITY OF WORK)**

**Place an X next to all statements, which describe the typical writing skills required for your job.**

- Work consists of simple, repetitive, routinized tasks, processes, or operations.
- Work consists of moderately complex, relatively standardized, tasks, processes or operations.
- Work consists of complex, varied, non-standardized tasks, processes, or operations.

**Place an X next to all statements that describe the speaking and presentation skills required in your job.**

- Incumbent answers questions with a brief response or provides standard information to customers/citizens, visitors, callers, supervisors, or other employees, i.e., directs people to offices, answers the telephone and conveys summary of instructions or results to other staff members.
- Incumbent interviews or discusses detailed information with customers, citizens, or employees face to face or over the phone.
- Incumbent interviews or discusses detailed information, frequently involving customer/citizen problems or complaints, either face to face or over the phone.
- Incumbent delivers informational speeches, reports, and orientation before audiences and groups that include people who are not organizational employees.
- Incumbent delivers presentations regarding potentially controversial issues, i.e., budget presentations, citizen group presentations.
- Incumbent negotiates with outsiders in sensitive and complex situations, i.e., conduct negotiations, settle litigations.

## **RESPONSIBILITIES – USUAL CONSEQUENCE OF ERROR**

**Place an X next to one statement that describes the effects of errors in your work.**

- Errors are readily detected and corrected through supervisory review or by other means, or are tolerable whenever and wherever discovered. Consequences are localized and limited to loss of time or comparable minor adverse effects.

- Errors are not immediately apparent through supervisory review, but are revealed through adverse effects on subsequent operations. Errors usually result in loss of time in other organizational units, substantial inconvenience to the public or substantial discomfort to patients, embarrassment to employing organization, or comparable significant adverse effects.
- Errors are not subject to supervisory review or other kinds of checking. Errors usually result in delays, waste of materials, and damage to equipment that are of substantial magnitude.

## **RESPONSIBILITIES – OPPORTUNITY TO MAKE CHOICES**

**Place an X next to one statement to indicate the opportunity of making choices.**

- Individual has little or no opportunity to make choices in carrying out routine or recurring assignments or tasks.
- Individual makes choices and takes actions in performing a variety of relatively standardized assignments or tasks.
- Individual makes choices and decisions and acts on varied non-standardized, non-routine assignments or tasks.

## **RESPONSIBILITIES – EXTENT OF SUPERVISORY PARTICIPATION AND CONTROL OVER WORK**

**Place an X next to one statement to indicate how the work is assigned to you by your supervisor.**

- Supervisor gives detailed instruction before, during and after tasks or duty begins and remains in direct observation while checking and verifying work in process. A close and complete review of work upon completion is performed.
- Supervisor performs quality and accuracy verification during the critical phases of the work process. Work is reviewed upon completion.
- Completed work is reviewed, prior instructions may include new or unusual tasks; and review of work may include occasional spot checks for compliance with procedural requirements.

## **RESPONSIBILITIES – NATURE OF INSTRUCTIONS, GUIDELINES, AND REQUIRED JUDGMENT**

**Place an X next to all the statements that describe the extent of supervisory control and review.**

- Work involves detailed instructions requiring little or no judgment.
- Work involves standardized practices, procedures, or general instructions. Work requires some analysis and judgment; or selection of applicable methods and procedures.
- Work is covered by general policies, procedures, and precedents; or, incumbent must take the initiative in planning and layout of work requiring analysis, adaptive thinking, and considerable judgment.

## PERSONAL WORK RELATIONSHIPS – PURPOSE AND NATURE OF REQUIRED CONTACTS

Place an X next to all the statements that describe the job-related communication required in your job. For those marked, indicate with an X whether it is daily, weekly, or monthly.

- Cooperative work relationships are incidental to purpose of the work. e.g., giving and receiving factual information about work.  
       \_\_\_ daily                      \_\_\_ weekly                      \_\_\_ monthly
- Person-to-person work relationships with explanation of interpretation of what is required in order to render service, carry out policies and maintain coordination.  
        daily                      \_\_\_ weekly                      \_\_\_ monthly
- Person-to-person work relationships where non-routine cooperative problem solving is involved, or where gaining concurrence or cooperation is required through discussion and persuasion.  
        daily                      \_\_\_ weekly                      \_\_\_ monthly

## PERSONAL WORK RELATIONSHIPS – NATURE OF PERSONS CONTACTED IN PERSON OR BY PHONE

Place an X next to all the statements that reflect the level of personal relationship.

- Contacts are with persons employed by Allen County.
- Contacts are with persons employed by other departments within Allen County.
- Contacts are with persons employed by other agencies or with the general public.

## WORKING CONDITIONS – PHYSICAL EFFORT

### Physical Effort/Risk

In the spaces below, please note what kind of physical effort and/or risk is required to do your job and how often it is required by checking the appropriate box.

Work Position	App.10%	30%	50%	70% or More
Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Body Movements	0-20 lbs	20-40 lbs	40-60 lbs	Over 60 lbs
Lifting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	None	Some	Frequent	Very Frequent
Lifting frequency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing and/or pulling loads	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching over head	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Visual Effort				

This factor measures the kinds of mental stress and visual effort that is required to do your job.

	None	Some	Frequent	Very Frequent
Typing/CRT (WPM)	[ ]	[ ]	[ ]	[X]
Attention to detail	[ ]	[ ]	[ ]	[X]
Monitoring equipment	[ ]	[X]	[ ]	[ ]
Detailed inspection	[X]	[ ]	[ ]	[ ]
Transcription/proofreading	[ ]	[ ]	[ ]	[X]

## WORKING CONDITIONS – WORK ENVIRONMENT

This factor measures the working environment for your position.

Exposure to extreme temperatures	[X]	[ ]	[ ]	[ ]
Dangerous equipment	[X]	[ ]	[ ]	[ ]
Chemicals	[X]	[ ]	[ ]	[ ]
Noise	[ ]	[ ]	[X]	[ ]
Noxious odors/fumes	[ ]	[X]	[ ]	[ ]

Other physical Effort/Risk Information:

[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]

## ADDITIONAL INFORMATION

Please use the space below to add any other information about your position with the organization that you feel is important to understanding your role. This position requires heavy attention to detail, and the ability to multi-task many different, and complex, responsibilities. Individuals must be able to learn and adapt to many different policies and procedures while maintaining knowledgeability and needed skillsets.

STANDARD HOURS OF POSITION: 7am - 4pm (Varying schedule changes + overtime frequent)

## SUPERVISOR CERTIFICATION

The following is to be completed by the immediate supervisor ONLY.

I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out organizational functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

- [ ] As supervisor, I certify the accuracy of these statements  
 [ ] As supervisor, I do not certify the accuracy of these statements.

Please use the space below for any comments you may have.

By signing below, I agree that the information in this Job Analysis Questionnaire is factual, to the best of my knowledge, and represents the duties and functions of the position being described.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Department Head/Elected Official's Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Allen County Job Description

## PERMIT SPECIALIST

---

---

Department: Building  
Classification/Level: Office Support, PG-3

FLSA Status: Non-exempt  
Date: 09/2024

---

---

Under the direction of the Office Manager, the Permit Specialist is responsible for issuing building permits and licenses and collecting appropriate fees. This position is Covered as defined by The Board of Commissioners of the County of Allen Employee Handbook.

### **ESSENTIAL FUNCTIONS:**

- Issues building permits and licenses while providing excellent customer service.
- Answers incoming telephone calls, responds to inquirers, and/or routes callers to the appropriate person or department.
- Assists with license renewal for contractors.
- Posts permit numbers to packets
- Calculates and collects appropriate fees.
- Maintains the cash drawer and sorts mail.
- Monitors state releases for commercial projects.
- Performs all other duties as assigned, including overtime as required.

### **REQUIREMENTS:**

- High School Diploma or GED and at least one-year experience with computer skills, customer service, and bookkeeping
- Strong computer skills including the ability to use Microsoft Office and other job-related software
- Strong customer service skills
- Ability to use various office equipment including scanning equipment, multi-line phone and copier

### **PERFORMANCE EXPECTATIONS:**

The Permit Specialist is responsible for issuing building permits and licenses with a focus on delivering excellent customer service. This role includes managing phone inquiries, supporting contractor license renewals, and accurately processing permit numbers and fees. Key responsibilities include maintaining the cash drawer, sorting mail, and tracking state releases for commercial projects. Strong computer proficiency, attention to detail, and effective use of office equipment are essential. The specialist must excel in multitasking and consistently demonstrate a high level of customer service, with the flexibility to work overtime when required.

### **RESPONSIBILITY:**

The Permit Specialist requires some judgment when tracking permits for funding purposes. Errors in work will result in loss of time and is reviewed upon completion. Work requires some analysis and judgment.

### **PERSONAL WORK RELATIONSHIPS:**

The Permit Specialist maintains frequent contact with other county employees, contractors, utility companies, other governmental agencies, and the general public regarding issuing permits and departmental policies and procedures.

### **WORKING CONDITIONS/PHYSICAL DEMANDS:**

The Permit Specialist primarily works in an office environment, performing tasks that involve sitting for extended periods while working on a computer, answering phones, and processing paperwork. The role requires frequent use of standard office equipment such as computers, scanners, and multi-line phones. There may be occasional lifting of light objects, such as files or office supplies, generally weighing up to 20 pounds. The position also involves standing or walking briefly to handle mail or assist customers. The job demands attention to detail, focus during repetitive tasks, and the ability to handle multiple responsibilities in a sometimes fast-paced environment. Overtime may be required occasionally.

PHYSICAL REQUIREMENTS	Occasionally = 1 to 2 hours	Frequently = 3 to 4 hours	Repeatedly = 5 to 6 hours	Continuously = 7+ hours
Sitting				X
Standing		X		
Walking		X		
Fine Motor Skills			X	
Gross Motor Skills			X	
Repetitive Motions			X	
Lifting	X			
Carrying	X			
Pushing/Pulling	X			
Physical Endurance		X		

**SUPERVISION:**

None

**LICENSING:**

None

**IMMEDIATE SUPERVISOR:**

Office Manager

**HOURS:**

40 hours/week; overtime as required

**EEO CATEGORY:**

0906

**WORKERS'S COMP CODE:**

8810

I agree that the contents of this job description are a fair and accurate representation of the duties of this position being described.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Allen County Benchmarking Project Data Summary

Title	Base 25th Percentile	TCC 25th Percentile
Permit Specialist	\$41,284	\$41,321

**Base** = Cash compensation paid to employees for regular job performance (i.e., hourly rate, exempt salary)

**TCC (Total Cash Compensation)** = Base pay plus additional cash compensation paid within a year (e.g., bonuses and other variable pay) – excludes benefits, long-term incentives, retirement plan contributions



**Position Overview**

<b>Job Title</b>	
<b>Department</b>	
<b>Employee Name (if applicable)</b>	
<b>Supervisor Name</b>	
<b>Current Classification (if applicable)</b>	
<b>Current Pay Grade (if applicable)</b>	

**Summary of NFP Recommendations**

<b>Classification</b>	
<b>Pay Grade</b>	
<b>Comments/Key Decision Points</b>	

8900 Keystone Crossing / Suite 900 / Indianapolis, IN 46240 / NFP.com

*Insurance services provided through First Person, Inc., a subsidiary of NFP Corp. (NFP). Doing business in California as First Person Insurance Solutions (License # OE 44236).*

### Summary of Process

Process Step	<u>Who was Involved</u>	<u>Date Submitted / Completed</u>
Job Analysis Questionnaire (JAQ)		
Desk Audit Questionnaire and Virtual Meeting with the Department		
Two NFP Team Members Independently Evaluate the Position for Classification		
Market Compensation Benchmark Completed		
Job Description is Drafted and Finalized		
Personnel Committee Presentation – Scheduled Meeting Date	Personnel Committee	

### Attachments

- Job analysis questionnaire (JAQ)
- Job description
- Market compensation benchmark



**Allen County**  
**Job Evaluation System**  
**LABOR/TRADE**  
**ANALYSIS QUESTIONNAIRE (JAQ)**

Title:  
Department:

Classification/Level:  
Date: /2025

**GENERAL INSTRUCTIONS:** The information you supply on this questionnaire will be used to draft your job description. Please read the entire questionnaire carefully before answering any questions to avoid duplicating your replies. Take time to answer each question carefully and completely. To accurately prepare a description of the duties and responsibilities of your job, it is essential that your responses be clear, concise, and thorough.

**POSITION INFORMATION**

(TO BE COMPLETED BY THE EMPLOYEE IN THE POSITION WITH REVIEW AND COMMENTS BY THE SUPERVISOR)

Name: Bill Stephens Date: 8-13-2025

Job Title: Senior Plumbing Inspector

Phone #: 260-449-7598 Organization: \_\_\_\_\_

Department: Bldg. Dept. Division: \_\_\_\_\_

Name of Immediate Supervisor: George Smith

Title of Immediate Supervisor: Assistant Commissioner

Phone # of Immediate Supervisor: 260-449-7574

Email Address of Immediate Supervisor: george.smith@co.allen.in.us

**GENERAL DESCRIPTION**

Briefly state the general purpose of your job: Code enforcement

## ESSENTIAL FUNCTIONS OF THE JOB

Essential functions are the basic job duties that an employee must be able to perform, with or without reasonable accommodation.

Begin by listing the duties in order of importance from most important to least important. Rate the importance of each duty or responsibility based on the following scale and estimate the overall percentage of time you devote to each duty. [Note: percentages should total 100%. Continued onto next page]

Task or Duty	% of Time
1. Plumbing Code Interpretation And Enforcement	60%
2. Handicap Code Enforcement	20%
3. Returning Phone calls And Meeting Contractors/ Owners with Questions on Code	20%
4.	
5.	
6.	
7.	

Task or Duty	% of Time
8.	
9.	
10.	

**JOB REQUIREMENTS:**

List any SPECIALIZED knowledge, abilities, and skills required to perform the tasks/duties effectively, i.e., budgeting, diesel mechanics, CAD, urban planning, payroll. Indicate how this is applied or used in your work.

Knowledge, Skill, Ability	How Applied
---------------------------	-------------

plumbing Contractor license

Knowledge of Trade

Knowledge of both Residential  
and Commercial Plumbing Codes

Knowledge of Handbook codes

Knowledge of Combustion Air Requirements  
and Water Heaters

Knowledge of figuring of DFU's  
Requirements

Daily in code  
enforcement

List all major equipment and computer systems you typically use or handle to perform your job tasks/duties, i.e., truck, car, hand and power tools, lab equipment, computer software programs.

Accela on IPAD

Place an X next to one statement to indicate the MINIMUM level of education required to perform this job. NOTE: This may well be less than your own particular educational level.

- High school diploma or equivalent
- Specialized training beyond high school normally gained in a program of less than 18 months' duration.  
Please specify type of training required: \_\_\_\_\_
- Degree, diploma, or certification with time requirements of greater than two years but less than four years.
- Associates degree (two year degree) or certification program of comparable length. Please outline specific certification: \_\_\_\_\_
- Bachelor's degree gained through a 4 year college / university academic program  
Please specify: \_\_\_\_\_
- At least a Masters degree, or equivalent formal training in area of specialization directly related to work performed. Please specify area of concentration:  
\_\_\_\_\_

Place an X next to one statement to indicate the minimum amount of total related experience an employee must have prior to starting this job. Assume the employee has the appropriate level of formal education indicated in the previous section.

- No related experience required
- Less than 1 year
- More than 1 year
- At least 3 years
- At least 5 years
- More than 8 years

Please specify: \_\_\_\_\_  
\_\_\_\_\_

List below any type of certification, licenses, or registration required for you to perform your job. NOTE: A valid driver's license should only be listed if driving is a part of your job.

Certification required:

License required: *Plumbing Contractors License, Drivers License*

Registration required:

## ***JOB REQUIREMENTS (NATURE AND LEVEL OF KNOWLEDGE)***

**Place an X next to one statement that best describes the level of knowledge required in your job.**

- Individual possesses ability to follow simple oral instructions and understands general work processes, as well as has practical knowledge of use of hand tools.
- Individual possesses ability to read and write at an elementary level and understand work processes, as well as methods and use of equipment and machinery.
- Individual possesses thorough knowledge of one trade or working knowledge of a variety of trades; has the ability to interpret work instructions and other technical guides; read blueprints; has practical knowledge of tools, machinery, and equipment; and possesses some work planning and layout, as well as practical shop mathematics.
- Individual possesses ability to use memory, judgment and ingenuity in planning and layout work; possess skills in using a variety of equipment and machinery; possesses experience planning and laying out work; has practical knowledge of variety of related skills including shop mathematics to level of geometry and trigonometry.

## ***JOB REQUIREMENTS (KIND AND AMOUNT OF SKILL)***

**Place an X next to all statements, which describes the level of skill required for your job.**

- Work consists of simple repetitive tasks and operations.
- Work consists of moderately complex, relatively standardized tasks, processes or operations.
- Work consists of complex, varied, standardized tasks, processes or operations.
- Work consists of highly complex, varied, non-standardized tasks, processes or operations.

## ***RESPONSIBILITIES – EXTENT OF SUPERVISORY PARTICIPATION AND CONTROL OVER WORK***

**Place an X next to one statement that describes the effects of errors in your work.**

- Supervisor gives complete and specific instruction on assignments. Work is performed under close supervision and there is no authority to deviate from the instructions given.
- Work is performed under moderate supervision. Instructions are relatively complete. Incumbent applies knowledge of technical manuals and work precedents and recommends or requests deviations from general instructions when necessary.
- Incumbent works with considerable independence from supervisory controls. Instructions are general. Technical manuals and work precedents may be modified to be practically applied. Incumbent has authority to deviate from instructions with prior approval and make decisions and judgments affecting quality and adequacy of work.

## **RESPONSIBILITIES – SCOPE OF WORK**

Place an X next to one statement that describes the scope of your work.

- Incumbent works on only a portion of an operation which is part of a work process.
- Incumbent works on an operation which is part of a total work process, with little planning and layout responsibilities.
- Incumbent works on a total work process with responsibility for planning and layout. Advises others on practical aspects of work sequences and techniques.

## **RESPONSIBILITIES – OPPORTUNITY TO MAKE CHOICES**

Place an X next to one statement to indicate the opportunity of making choices.

- Has little or no opportunity to make choices in carrying out routine or recurring assignments or tasks.
- Makes choices and takes actions in performing a variety of relatively standardized assignments or tasks.
- Makes choices and decisions and acts on varied non-standardized, non-routine assignments or tasks.

## **RESPONSIBILITIES – COMPLEXITY OF WORK**

Place an X next to all the statements that describe the level of complexity for the position.

- Work involves simple, repetitive action and simple work sequences. Requires a low degree of accuracy and a low degree of care and skill to prevent damage to tools.
- Work involves moderately complex, involved in relatively varied tasks. A moderate degree of care and skill is required to protect tools, materials, and prevent injury to others.
- Incumbent is responsible for a variety of different operations to complete assignments. A high degree of accuracy is required to protect tools and materials and to prevent injury to others.

## **PERSONAL WORK RELATIONSHIPS – NATURE OF PERSONS CONTACTED IN PERSON OR BY PHONE**

- Contacts are with persons employed by the same agency.
- Contacts are with persons employed by other agencies or with the public.
- Contacts are with supervisors or officials who have significant impact on programs or policies or incumbent's work has significant impact on programs or policies or the organization.

## PHYSICAL EFFORT – NATURE AND DEGREE

Place an X next to all the statements that describe the nature and degree of physical effort for the position.

- Effort involves light lifting of tools, objects and working material, or light pushing and pulling, and/or normal visual or hearing acuity. Normally performs job in seated or standing position.
- Effort involves moderate lifting, pushing, pulling, reaching and/or more than normal visual or hearing acuity required for precision work. Performs in an abnormal sitting or standing position. Manual dexterity moderate.
- Effort involves heavy lifting, pushing or pulling, and excessive crouching, stooping, or lying in prone position and/or involves intense strain on sight or hearing. Performs usually in a non-sitting position. High manual dexterity may be required.

## PHYSICAL EFFORT – FREQUENCY AND DURATION

Place an X next to all the statements that describe the frequency and duration of physical effort for the position.

- Effort is exerted for short periods of time. Strain is not prolonged.
- Effort is exerted regularly for sustained periods. Strain may be intense for frequent or moderate duration.
- Effort is prolonged and frequent. Strain may be extended in duration.

## WORKING CONDITIONS – HAZARD/INJURY

Place an X next to all the statements that describe the hazard and/or injury associated with this position.

- Minimum hazardous working conditions.
- Occasional exposure to hazardous work conditions (noise, fumes, height, slippery, vibration, moving parts).
- Daily involvement with work that involves chance of major injury or loss of life.

## WORKING CONDITIONS – EXPOSURE TO ENVIRONMENT

Place an X next to all the statements that describe the exposure to the environment associated with this position.

- Adequate working conditions with at least minimum environmental conditions to assure the health, safety, and comfort of the workers.

Moderate exposure to dust, grease, temperature, noise, inadequate lighting, inclement weather, etc. May work where safety or health may be a factor.

Prolonged and frequent exposure to dust, grease, extreme temperature, or severe outdoor weather conditions. Exposure to unfavorable health or safety conditions frequently present.

## WORKING CONDITIONS – PHYSICAL EFFORT

### Physical Effort/Risk

In the spaces below, please note what kind of physical effort and/or risk is required to do your job and how often it is required by checking the appropriate box.

Work Position	0 - 10%	10 - 30%	30 - 60%	60 - 90%	90-100%
Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Body Movements	0-30 lbs	31-60 lbs	61-90 lbs	Over 90 lbs
Lifting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0 - 10%	10 - 30%	30 - 60%	60 - 90%	90 - 100%
Lifting frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing:					
Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uneven Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reaching:					
Parallel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hand:					
Repetitive motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Finger Dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

This factor measures the kinds of mental stress and visual effort that is required to do your job.

	0 – 10%	10 – 30%	30 – 60%	60 – 90%	90 – 100%
Typing/CRT	[ ]	[ ]	[ ]	[ ]	[X]
Color distinction	[ ]	[ ]	[ ]	[ ]	[X]
Attention to detail	[ ]	[ ]	[ ]	[ ]	[X]
Visual inspection	[ ]	[ ]	[ ]	[ ]	[X]
Measure/assemble close to eye	[ ]	[ ]	[ ]	[ ]	[X]
Eye/hand coordination	[ ]	[ ]	[ ]	[ ]	[X]
Writing	[ ]	[ ]	[ ]	[ ]	[X]
Reading	[ ]	[ ]	[ ]	[ ]	[X]
Hearing	[ ]	[ ]	[ ]	[ ]	[X]
Speaking	[ ]	[ ]	[ ]	[ ]	[X]

### WORKING CONDITIONS – WORK ENVIRONMENT

	0 – 10%	10 – 30%	30 – 60%	60 – 90%	90 – 100%
Exposure to temperature Extremes:					
Inside	[ ]	[ ]	[ ]	[X]	[ ]
Outside	[ ]	[ ]	[ ]	[X]	[ ]
Hazard conditions:					
Dust	[ ]	[ ]	[ ]	[X]	[ ]
Fumes	[ ]	[ ]	[ ]	[X]	[ ]
Chemicals	[ ]	[ ]	[ ]	[X]	[ ]
Gases	[ ]	[ ]	[ ]	[X]	[ ]
Dangerous equipment	[ ]	[ ]	[X]	[ ]	[ ]
Infections Disease	[ ]	[ ]	[X]	[ ]	[ ]
Bodily fluids	[ ]	[ ]	[X]	[ ]	[ ]
Extreme Noise	[ ]	[ ]	[ ]	[X]	[ ]
Electrical Hazard	[ ]	[ ]	[X]	[ ]	[ ]
Driving:					
Car/Std Truck	[ ]	[ ]	[ ]	[ ]	[X]
Heavy truck	[X]	[ ]	[ ]	[ ]	[ ]
Manual/auto shift	[ ]	[ ]	[ ]	[ ]	[X]
Mower	[X]	[ ]	[ ]	[ ]	[ ]
Forklift	[X]	[ ]	[ ]	[ ]	[ ]
Heavy Equipment	[X]	[ ]	[ ]	[ ]	[ ]
Location:					
Fall Hazard	[ ]	[ ]	[ ]	[ ]	[X]
Confined Spaces	[ ]	[ ]	[X]	[ ]	[ ]
Underground	[ ]	[X]	[ ]	[ ]	[ ]
Standard Office	[X]	[ ]	[ ]	[ ]	[ ]

0 – 10%      10 – 30%      30 – 60%      60 – 90%      90 – 100%

Lighting:

Daylight	[ ]	[ ]	[ ]	[ X ]	[ ]
Night	[ X ]	[ ]	[ ]	[ ]	[ ]
Low lighting	[ ]	[ ]	[ X ]	[ ]	[ ]
Intense lighting	[ ]	[ X ]	[ ]	[ ]	[ ]

Other physical Effort/Risk Information:

[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]

**ADDITIONAL INFORMATION**

Please use the space below to add any other information about your position with the organization that you feel is important to understanding your role.

STANDARD HOURS OF POSITION: 40

**SUPERVISOR CERTIFICATION**

The following is to be completed by the immediate supervisor ONLY.

I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out organizational functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

- [ ] As supervisor, I certify the accuracy of these statements
- [ ] As supervisor, I do not certify the accuracy of these statements.

Please use the space below for any comments you may have.

By signing below, I agree that the information in this Job Analysis Questionnaire is factual, to the best of my knowledge, and represents the duties and functions of the position being described.

Employee's Signature Billy D. Smith Date: \_\_\_\_\_

Department Head/Elected Official's Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Allen County Job Description

## SENIOR PLUMBING INSPECTOR

---

---

Department: Building

FLSA Status: Non-exempt

Classification/Level: Labor, PG-07

Date: 4/2023

---

---

Under the direction of the Assistant Building Commissioner, the Senior Plumbing Inspector is responsible for overseeing schedules and projects within the division and for supervising the Plumbing Division employees. This position is at-will and not covered by the due process portions of The Board of Commissioners of the County of Allen Employee Handbook.

### **ESSENTIAL FUNCTIONS:**

- Performs plumbing inspections on commercial and residential projects.
- Supervises staff within the Plumbing Division including training, scheduling, assisting in code interpretation and helping with complicated inspections.
- Responsible for working with contractors, designers and owners regarding code requirements, including providing explanation and gaining cooperation and compliance for all corrections and violations.
- Replies to questions and phone calls from the general public about plumbing code or inspection questions.
- Reviews and approves permits for construction and/or installation of plumbing systems, ensuring compliance with all applicable rules and regulations.
- Receives, investigates, and resolves special complaints and/or problems concerning plumbing systems.
- Performs follow-up inspections, of sites in violation of codes, to determine if compliance has been met.
- Responsible for interpreting, understanding and explaining all pertinent information concerning plumbing installation and construction requirements, including local and state codes.
- Performs all other duties as assigned, including overtime as required.

### **REQUIREMENTS:**

- High School Diploma or GED with more than ten years of experience as a licensed plumber
- Possess a valid Allen County Contractors License or equivalent from another jurisdiction as a Plumbing Contractor which requires a minimum of four years as a plumbing apprentice, four years as a plumbing journeyman, and a State of Indiana Plumbing License
- Valid Driver's License to perform field inspections utilizing a county vehicle
- Valid Inspector Certification within one year of employment
- Thorough knowledge of state plumbing codes and construction processes gained through experience of working in the field as a plumbing contractor
- Ability to understand and communicate the application of plumbing codes to contractors and owners as well as mediate difficult situations between clients and staff related to project requirements
- Basic computer and typing skills in order to document inspections into computer system
- Basic math and measuring skills with the ability to use tape measures, dials, gauges and other job related tools

### **DIFFICULTY OF WORK:**

The Senior Plumbing Inspector performs work that is of substantial intricacy when performing inspections in accordance with state and local codes. Judgment is needed to effectively train inspectors and enforce and interpret codes.

**RESPONSIBILITY:**

The Senior Plumbing Inspector provides substantial contribution when resolving difficult complaints and problems. Work is reviewed for soundness of judgment and conclusions.

**PERSONAL WORK RELATIONSHIPS:**

The Senior Plumbing Inspector maintains frequent contact with other county employees, officials from other county and governmental agencies, contractors, and the general public when explaining, interpreting, and enforcing codes.

**WORKING CONDITIONS:**

The Senior Plumbing Inspector works both in the office and in the field where frequent exposure to various weather conditions and physical hazards associated with construction sites and other inspection areas are to be expected. Frequent typing, attention to detail, monitoring equipment, detailed inspection, and transcription/proofreading are required. The Senior Plumbing Inspector performs work that requires some lifting, reaching over head, kneeling and climbing ladders and frequent bending and walking on uneven surfaces.

**SUPERVISION:**

The Senior Plumbing Inspector is responsible for supervising the work of two subordinate non-supervisory employees, including training, assigning work, recommending discipline, and evaluating performance.

**LICENSING:**

Valid Allen County Contractors License or equivalent from another jurisdiction as a plumbing contractor which requires a minimum of four years as a plumbing apprentice, four years as a plumbing journeyman and a State of Indiana Plumbing License

Valid Inspector Certification within one year of employment

Valid Driver’s License to perform field inspections utilizing a county vehicle

**IMMEDIATE SUPERVISOR:**

Assistant Building Commissioner

**HOURS:**

37.5 hours/week; overtime as needed

**EEO CATEGORY:**

0903

**WORKERS’S COMP CODE:**

9410

I agree that the contents of this job description are a fair and accurate representation of the duties of this position being described.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Allen County Benchmarking Project Data Summary**

<b>Title</b>	<b>Base 25th Percentile</b>	<b>TCC 25th Percentile</b>
Sr. Plumbing Inspector	\$56,173	\$56,317

**Base** = Cash compensation paid to employees for regular job performance (i.e., hourly rate, exempt salary)

**TCC (Total Cash Compensation)** = Base pay plus additional cash compensation paid within a year (e.g., bonuses and other variable pay) – excludes benefits, long-term incentives, retirement plan contributions



**Position Overview**

<b>Job Title</b>	
<b>Department</b>	
<b>Employee Name (if applicable)</b>	
<b>Supervisor Name</b>	
<b>Current Classification (if applicable)</b>	
<b>Current Pay Grade (if applicable)</b>	

**Summary of NFP Recommendations**

<b>Classification</b>	
<b>Pay Grade</b>	
<b>Comments/Key Decision Points</b>	

8900 Keystone Crossing / Suite 900 / Indianapolis, IN 46240 / NFP.com

*Insurance services provided through First Person, Inc., a subsidiary of NFP Corp. (NFP). Doing business in California as First Person Insurance Solutions (License # OE 44236).*

**Summary of Process**

<b>Process Step</b>	<b><u>Who was Involved</u></b>	<b><u>Date Submitted / Completed</u></b>
<b>Job Analysis Questionnaire (JAQ)</b>		
<b>Desk Audit Questionnaire and Virtual Meeting with the Department</b>		
<b>Two NFP Team Members Independently Evaluate the Position for Classification</b>		
<b>Market Compensation Benchmark Completed</b>		
<b>Job Description is Drafted and Finalized</b>		
<b>Personnel Committee Presentation – Scheduled Meeting Date</b>	Personnel Committee	

**Attachments**

- Job analysis questionnaire (JAQ)
- Job description
- Market compensation benchmark



**Allen County**  
**Job Evaluation System**  
**LABOR/TRADE**  
**ANALYSIS QUESTIONNAIRE (JAQ)**

Title: Inspector.

Department: Building

Classification/Level: D6

Date: /2025 10/16/2025

**GENERAL INSTRUCTIONS:** The information you supply on this questionnaire will be used to draft your job description. Please read the entire questionnaire carefully before answering any questions to avoid duplicating your replies. Take time to answer each question carefully and completely. To accurately prepare a description of the duties and responsibilities of your job, it is essential that your responses be clear, concise, and thorough.

**POSITION INFORMATION**

(TO BE COMPLETED BY THE EMPLOYEE IN THE POSITION WITH REVIEW AND COMMENTS BY THE SUPERVISOR)

Name: Brian Wiegman Date: 10/16/25

Job Title: Residential Structural Inspector

Phone #: 260-460-7597 Organization: Allen County (Building Department)

Department: Building Department Division: Residential Structural

Name of Immediate Supervisor: Keith Billman

Title of Immediate Supervisor: Senior Inspector

Phone # of Immediate Supervisor: 260-449-7086

Email Address of Immediate Supervisor: Keith.Billman@co.allen.in.us

**GENERAL DESCRIPTION**

Briefly state the general purpose of your job:

To ensure public safety and welfare by enforcing building codes and ordinances related to construction and building maintenance.

## ESSENTIAL FUNCTIONS OF THE JOB

Essential functions are the basic job duties that an employee must be able to perform, with or without reasonable accommodation.

Begin by listing the duties in order of importance from most important to least important. Rate the importance of each duty or responsibility based on the following scale and estimate the overall percentage of time you devote to each duty. [Note: percentages should total 100%. Continued onto next page]

Task or Duty	% of Time
1. Perform onsite structural inspections based on the 2020 - Indiana residential Code and county Ordinances. From foundation Through Framing and Final Inspection.	60%
2. Write up and leave a passed or correction card with violation reference number and brief description including location. Type this same information into our system for record and access by contractor, Homeowner other inspectors and staff of the Building Dept.	10%
3. Communicate by Phone, text, email or in person to discuss Building Codes, violations, corrections or procedures of the Building process.	
4. Perform follow up inspections for required <del>inspections</del> Corrections.	3.75%
5. Review Engineered plans and drawings of projects	3.75%
6. Review Permitting for each project to ensure all permits required are in order and the scope of work on the permit matches what is being done	3.75%
7. Review that all other trade permits are passed in sequence.	3.75%

Task or Duty	% of Time
8. Calculate square footages, and Tributary areas applied to loading points, measure heights, lengths, widths spans & distances, etc.	3.75%
9. Self & Group education to keep up with Code Updates, Building techniques & trends, hardware, Engineered products, and Building Materials.	3.75%
10. <del>Help</del> Help resolve permitting Issues.	3.75%
11. 24 Hour on call responsibilities respond to Structure fires, vehicle strikes into Buildings, Building explosions & collapse. Assess Structure and take appropriate action.	3.75%

### JOB REQUIREMENTS:

List any SPECIALIZED knowledge, abilities, and skills required to perform the tasks/duties effectively, i.e., budgeting, diesel mechanics, CAD, urban planning, payroll. Indicate how this is applied or used in your work.

Knowledge, Skill, Ability	How Applied
General Construction Knowledge	Daily
Building Product Knowledge	
Calculations - Basic for Tributary area, square footage, distances spans etc.	
Typing	
General Knowledge of Computer use	
Ability to read Building Plans "Blueprints"	
Knowledge of Building Code	
Ability to read and comprehend Engineer letters & drawings	

List all major equipment and computer systems you typically use or handle to perform your job tasks/duties, i.e., truck, car, hand and power tools, lab equipment, computer software programs.

Car, computer / Ipad, Smart Phone, calculator, Tape measure  
 Microsoft office Suite programs, Accella, email

Place an X next to one statement to indicate the MINIMUM level of education required to perform this job. NOTE: This may well be less than your own particular educational level.

- High school diploma or equivalent
- Specialized training beyond high school normally gained in a program of less than 18 months' duration.  
Please specify type of training required: Vocational School - Home Building
- Degree, diploma, or certification with time requirements of greater than two years but less than four years.
- Associates degree (two year degree) or certification program of comparable length. Please outline specific certification: \_\_\_\_\_
- Bachelor's degree gained through a 4 year college / university academic program  
Please specify: \_\_\_\_\_
- At least a Masters degree, or equivalent formal training in area of specialization directly related to work performed. Please specify area of concentration:  
I had 30+ years experience in the construction industry

Place an X next to one statement to indicate the minimum amount of total related experience an employee must have prior to starting this job. Assume the employee has the appropriate level of formal education indicated in the previous section.

- No related experience required
- Less than 1 year
- More than 1 year
- At least 3 years
- At least 5 years
- More than 8 years

Please specify: \_\_\_\_\_  
\_\_\_\_\_

List below any type of certification, licenses, or registration required for you to perform your job. NOTE: A valid driver's license should only be listed if driving is a part of your job.

Certification required: Inspector

License required: Drivers, Contractors

Registration required: Indiana Association of Building Officials

## **JOB REQUIREMENTS (NATURE AND LEVEL OF KNOWLEDGE)**

**Place an X next to one statement that best describes the level of knowledge required in your job.**

- Individual possesses ability to follow simple oral instructions and understands general work processes, as well as has practical knowledge of use of hand tools.
- Individual possesses ability to read and write at an elementary level and understand work processes, as well as methods and use of equipment and machinery.
- Individual possesses thorough knowledge of one trade or working knowledge of a variety of trades; has the ability to interpret work instructions and other technical guides; read blueprints; has practical knowledge of tools, machinery, and equipment; and possesses some work planning and layout, as well as practical shop mathematics.
- Individual possesses ability to use memory, judgment and ingenuity in planning and layout work; possess skills in using a variety of equipment and machinery; possesses experience planning and laying out work; has practical knowledge of variety of related skills including shop mathematics to level of geometry and trigonometry.

## **JOB REQUIREMENTS (KIND AND AMOUNT OF SKILL)**

**Place an X next to all statements, which describes the level of skill required for your job.**

- Work consists of simple repetitive tasks and operations.
- Work consists of moderately complex, relatively standardized tasks, processes or operations.
- Work consists of complex, varied, standardized tasks, processes or operations.
- Work consists of highly complex, varied, non-standardized tasks, processes or operations.  
*Every job is different*

## **RESPONSIBILITIES – EXTENT OF SUPERVISORY PARTICIPATION AND CONTROL OVER WORK**

**Place an X next to one statement that describes the effects of errors in your work.**

- Supervisor gives complete and specific instruction on assignments. Work is performed under close supervision and there is no authority to deviate from the instructions given.
- Work is performed under moderate supervision. Instructions are relatively complete. Incumbent applies knowledge of technical manuals and work precedents and recommends or requests deviations from general instructions when necessary.  
*Kind of Between these two*
- Incumbent works with considerable independence from supervisory controls. Instructions are general. Technical manuals and work precedents may be modified to be practically applied. Incumbent has authority to deviate from instructions with prior approval and make decisions and judgments affecting quality and adequacy of work.

## **RESPONSIBILITIES – SCOPE OF WORK**

**Place an X next to one statement that describes the scope of your work.**

- Incumbent works on only a portion of an operation which is part of a work process.
- Incumbent works on an operation which is part of a total work process, with little planning and layout responsibilities.
- Incumbent works on a total work process with responsibility for planning and layout. Advises others on practical aspects of work sequences and techniques.

## **RESPONSIBILITIES – OPPORTUNITY TO MAKE CHOICES**

**Place an X next to one statement to indicate the opportunity of making choices.**

- Has little or no opportunity to make choices in carrying out routine or recurring assignments or tasks.
- Makes choices and takes actions in performing a variety of relatively standardized assignments or tasks.
- Makes choices and decisions and acts on varied non-standardized, non-routine assignments or tasks.

## **RESPONSIBILITIES – COMPLEXITY OF WORK**

**Place an X next to all the statements that describe the level of complexity for the position.**

- Work involves simple, repetitive action and simple work sequences. Requires a low degree of accuracy and a low degree of care and skill to prevent damage to tools.
- Work involves moderately complex, involved in relatively varied tasks. A moderate degree of care and skill is required to protect tools, materials, and prevent injury to others.
- Incumbent is responsible for a variety of different operations to complete assignments. A high degree of accuracy is required to protect tools and materials and to prevent injury to others.

## **PERSONAL WORK RELATIONSHIPS – NATURE OF PERSONS CONTACTED IN PERSON OR BY PHONE**

- Contacts are with persons employed by the same agency.
- Contacts are with persons employed by other agencies or with the public.
- Contacts are with supervisors or officials who have significant impact on programs or policies or incumbent's work has significant impact on programs or policies or the organization.

## **PHYSICAL EFFORT – NATURE AND DEGREE**

**Place an X next to all the statements that describe the nature and degree of physical effort for the position.**

- Effort involves light lifting of tools, objects and working material, or light pushing and pulling, and/or normal visual or hearing acuity. Normally performs job in seated or standing position.
- Effort involves moderate lifting, pushing, pulling, reaching and/or more than normal visual or hearing acuity required for precision work. Performs in an abnormal sitting or standing position. Manual dexterity moderate.
- Effort involves heavy lifting, pushing or pulling, and excessive crouching, stooping, or lying in prone position and/or involves intense strain on sight or hearing. Performs usually in a non-sitting position. High manual dexterity may be required.

## **PHYSICAL EFFORT – FREQUENCY AND DURATION**

**Place an X next to all the statements that describe the frequency and duration of physical effort for the position.**

- Effort is exerted for short periods of time. Strain is not prolonged.
- Effort is exerted regularly for sustained periods. Strain may be intense for frequent or moderate duration.
- Effort is prolonged and frequent. Strain may be extended in duration.

## **WORKING CONDITIONS – HAZARD/INJURY**

**Place an X next to all the statements that describe the hazard and/or injury associated with this position.**

- Minimum hazardous working conditions.
- Occasional exposure to hazardous work conditions (noise, fumes, height, slippery, vibration, moving parts).
- Daily involvement with work that involves chance of major injury or loss of life.

## **WORKING CONDITIONS – EXPOSURE TO ENVIRONMENT**

**Place an X next to all the statements that describe the exposure to the environment associated with this position.**

- Adequate working conditions with at least minimum environmental conditions to assure the health, safety, and comfort of the workers.

Moderate exposure to dust, grease, temperature, noise, inadequate lighting, inclement weather, etc. May work where safety or health may be a factor.

Prolonged and frequent exposure to dust, grease, extreme temperature, or severe outdoor weather conditions. Exposure to unfavorable health or safety conditions frequently present.

## WORKING CONDITIONS – PHYSICAL EFFORT

### Physical Effort/Risk

In the spaces below, please note what kind of physical effort and/or risk is required to do your job and how often it is required by checking the appropriate box.

Work Position	0 - 10%	10 - 30%	30 - 60%	60 - 90%	90-100%
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Body Movements	0-30 lbs	31-60 lbs	61-90 lbs	Over 90 lbs
Lifting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0 - 10%	10 - 30%	30 - 60%	60 - 90%	90 - 100%
Lifting frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing:					
Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uneven Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching:					
Parallel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand:					
Repetitive motion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger Dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**This factor measures the kinds of mental stress and visual effort that is required to do your job.**

	0 – 10%	10 – 30%	30 – 60%	60 – 90%	90 – 100%
Typing/CRT	[ ]	[ ]	[ ]	[X]	[ ]
Color distinction	[ ]	[ ]	[X]	[ ]	[ ]
Attention to detail	[ ]	[ ]	[ ]	[ ]	[X]
Visual inspection	[ ]	[ ]	[ ]	[ ]	[X]
Measure/assemble					
close to eye	[ ]	[ ]	[ ]	[X]	[ ]
Eye/hand coordination	[ ]	[ ]	[ ]	[X]	[ ]
Writing	[ ]	[ ]	[ ]	[X]	[ ]
Reading	[ ]	[ ]	[ ]	[X]	[ ]
Hearing	[ ]	[ ]	[ ]	[X]	[ ]
Speaking	[ ]	[ ]	[ ]	[X]	[ ]

**WORKING CONDITIONS – WORK ENVIRONMENT**

	0 – 10%	10 – 30%	30 – 60%	60 – 90%	90 – 100%
Exposure to temperature					
Extremes:					
Inside	[ ]	[ ]	[ ]	[ ]	[X]
Outside	[ ]	[ ]	[ ]	[ ]	[X]
Hazard conditions:					
Dust	[ ]	[ ]	[ ]	[X]	[ ]
Fumes	[ ]	[ ]	[ ]	[ ]	[ ]
Chemicals	[ ]	[ ]	[ ]	[ ]	[ ]
Gases	[ ]	[ ]	[ ]	[ ]	[ ]
Dangerous equipment	[ ]	[ ]	[ ]	[X]	[ ]
Infections					
Disease	[ ]	[ ]	[ ]	[ ]	[ ]
Bodily fluids	[ ]	[ ]	[ ]	[ ]	[ ]
Extreme Noise	[ ]	[ ]	[ ]	[X]	[ ]
Electrical Hazard	[ ]	[X]	[ ]	[ ]	[ ]
Driving:					
Car/Std Truck	[ ]	[ ]	[ ]	[ ]	[X]
Heavy truck	[ ]	[ ]	[ ]	[ ]	[ ]
Manual/auto shift	[ ]	[ ]	[ ]	[ ]	[ ]
Mower	[ ]	[ ]	[ ]	[ ]	[ ]
Forklift	[ ]	[ ]	[ ]	[ ]	[ ]
Heavy Equipment	[ ]	[ ]	[ ]	[ ]	[ ]
Location:					
Fall Hazard	[ ]	[ ]	[ ]	[X]	[ ]
Confined Spaces	[ ]	[ ]	[X]	[ ]	[ ]
Underground	[ ]	[ ]	[ ]	[ ]	[ ]
Standard Office	[ ]	[X]	[ ]	[ ]	[ ]

0 – 10%      10 – 30%      30 – 60%      60 – 90%      90 – 100%

Lighting:

Daylight	[ ]	[ ]	[ ]	[ ]	[X]
Night	[ ]	[ ]	[ ]	[ ]	[X]
Low lighting	[ ]	[ ]	[ ]	[ ]	[X]
Intense lighting	[ ]	[X]	[ ]	[ ]	[ ]

Other physical Effort/Risk Information:

[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]

**ADDITIONAL INFORMATION**

Please use the space below to add any other information about your position with the organization that you feel is important to understanding your role.

See # 11 under essential functions

STANDARD HOURS OF POSITION: 40

**SUPERVISOR CERTIFICATION**

The following is to be completed by the immediate supervisor ONLY.

I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out organizational functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

- As supervisor, I certify the accuracy of these statements
- As supervisor, I do not certify the accuracy of these statements.

Please use the space below for any comments you may have.

By signing below, I agree that the information in this Job Analysis Questionnaire is factual, to the best of my knowledge, and represents the duties and functions of the position being described.

Employee's Signature [Signature] Date: 10/16/25

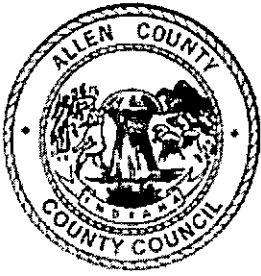
Department Head/Elected Official's Signature [Signature] Date: 10-17-25

### Allen County Benchmarking Project Data Summary

Title	Base 25th Percentile	TCC 25th Percentile
Residential Building Inspector	\$54,716	\$54,716

**Base** = Cash compensation paid to employees for regular job performance (i.e., hourly rate, exempt salary)

**TCC (Total Cash Compensation)** = Base pay plus additional cash compensation paid within a year (e.g., bonuses and other variable pay) – excludes benefits, long-term incentives, retirement plan contributions



## COUNTY COUNCIL

### ADDITIONAL APPROPRIATION REQUEST FROM THE GENERAL FUND:

---

DEPARTMENT: Information Technology

LINE ITEM NUMBER: 100-4101-419.19-87/12-01/12-02

REQUESTED AMOUNT: \$ 65,027

FOR LINE ITEM UNDER CONSIDERATION, YTD EXPENDITURES & ANTICIPATED EXPENDITURES:

Only anticipated expenditures are those being requested

WAS THIS INCLUDED IN THE ANNUAL BUDGET REQUEST? IF NOT, WHY NOT?

No this was not included with the Annual Budget Request because this is a special request that is only needed for a short period of time and was not needed to permanently increase the budget.

HOW WILL THIS APPROPRIATION BE USED?

This appropriation is being used to bring in a new IT Director to train under the current IT Director, who is retiring mid-year.

SPECIFIC COST OF ITEM AND HOW WAS THIS COST DETERMINED?

This item was calculated for the time the Temp Salary will be needed, along with the FICA and PERF.

Salary \$54,713

FICA \$4,186

PERF \$6,128

IS THIS A RECURRING EXPENSE?

No

WILL OTHER EXPENDITURES BE NECESSARY?

No.

DISCUSSED WITH LIAISON? Yes

LIAISON'S NAME: Don Wyss

After saving this form, email it to  
Becky Butler in the Auditor's Office



## COUNTY COUNCIL

### ADDITIONAL APPROPRIATION REQUEST FROM FUNDS OTHER THAN THE GENERAL FUND:

---

---

DEPARTMENT: Allen County Community Corrections

LINE ITEM NUMBER: 236 9001 423 4306 AMOUNT REQUESTED: \$ 25,388

CURRENT FUND BALANCE: \$846,946

EXPECTED ANNUAL REVENUE: \$2,684,892

IS REVENUE ON PACE TO MEET EXPECTATIONS? Yes

STATUTORY GUIDELINES: IC 35-38-1-21

#### HOW WILL THIS APPROPRIATION BE USED?

This appropriation will be used to upfit the three vehicles approved for purchase in December 2025 to include safety lights, center consoles, prison transport cage, laptop mounts and bed cover.

#### SPECIFIC COST OF ITEM AND HOW WAS THIS COST DETERMINED?

Quotes were obtained by Paul Wright of County Services

#### IS THIS A RECURRING EXPENSE?

No

#### WILL OTHER EXPENDITURES BE NECESSARY?

No

DISCUSSED WITH LIAISON? Yes

LIAISON'S NAME: Bob Armstrong

After saving this form, email it to  
Becky Butler in the Auditor's Office

<b>Appropriation #</b>		<b>Amount</b>	
	<b>Other Supplies</b>	<b>2999</b>	<b>30,650</b>
	<b>Contractual</b>	<b>3113</b>	<b>24,000</b>
	<b>Telephone</b>	<b>3204</b>	<b>550</b>
	<b>Schools &amp; Seminars</b>	<b>3970</b>	<b>7,610</b>
	<b>Other Services</b>	<b>3999</b>	<b>5,885</b>
	<b>Computer/Office Equipment</b>	<b>4303</b>	<b>13,000</b>
	<b>Total Additional Appropriation Request</b>		<b>81,695</b>



## COUNTY COUNCIL

### ADDITIONAL APPROPRIATION REQUEST FROM FUNDS OTHER THAN THE GENERAL FUND:

---

---

DEPARTMENT: Allen County Community Corrections

LINE ITEM NUMBER: See Attached AMOUNT REQUESTED: \$ 81,695

CURRENT FUND BALANCE: \$846,946

EXPECTED ANNUAL REVENUE: \$2,684,892

IS REVENUE ON PACE TO MEET EXPECTATIONS? Yes

STATUTORY GUIDELINES: IC 35-38-1-21

#### HOW WILL THIS APPROPRIATION BE USED?

This appropriation will be used for the support and growth of the ACCC CBT Marketplace Program and the Atlas Virtual Academy program as proposed and as an extension of the marketplace. These funds are fully supported as an abatement strategy outlined in Exhibit E of the Opioid Settlement and meet the criteria for one of the core abatement strategies slated to receive priority consideration.

#### SPECIFIC COST OF ITEM AND HOW WAS THIS COST DETERMINED?

The other supplies consists of incentives and is estimated based upon 200 successful graduates. The licensing is a set cost based upon the existing contract used to pilot the program. The cell phone is based upon current County pricing. The training costs were quoted at the time of the pilot program contract. Costs for computer management software and equipment was determined with the assistance of Resultant.

#### IS THIS A RECURRING EXPENSE?

Yes

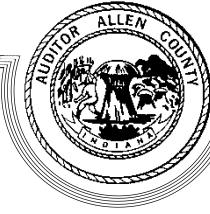
#### WILL OTHER EXPENDITURES BE NECESSARY?

The other expenditures have already been appropriated through the 2026 budget process.

DISCUSSED WITH LIAISON? Yes

LIAISON'S NAME: Bob Armstrong

After saving this form, email it to  
Becky Butler in the Auditor's Office



December 31, 2025

**2026 Budget corrections:**

**Prosecutor** – The Prosecutor at budget time had requested additional Paralegal salary lines so that they may bring in new attorneys before they pass the bar. This was approved for the 2026 budget; however, the incorrect paralegal classification was approved. The salary lines should have been for 5 new Senior Criminal Paralegal which has a classification of B7 but the lines were incorrectly added to the Salary Ordinance as B5.

**Community Corrections** – There was a typo on the Salary Ordinance for the Finance Deputy position for Community Corrections at a B4, this position has always been a B5.

**Health Department** – The Health Department had submitted changes in what fund some employees were paid from due to the changes in the State's Public Health Grant Funding. These changes were missed at budget time.

**Amended Salary Ordinance  
2026**

Consideration of a salary ordinance amending the pay for employees within the budget of Prosecutor. All Prosecutor funds 08-412.

Title		Classification	Salary
From/To	Approp	From/To	From/To
<b>Paralegal to Senior</b>	<b>18.13;</b>	<b>B5/1 to B7/1</b>	<b>\$ 45,881</b>
<b>Criminal Paralegal</b>	<b>18.14;</b>		<b>37.5 hrs/wk Non-Exempt</b>
	<b>18.15; 19.08</b>		<b>\$ 50,355</b>
			<b>37.5 hrs/wk Non-Exempt</b>

**RETRO: 12/13/2025**

**WHEREAS:** The Allen County Council is apprised of the need to amend the salary ordinance for the above mentioned position and is in concurrence with this need.

**NOW THEREFORE: BE IT ORDAINED BY THE ALLEN COUNTY COUNCIL:**

SECTION 1. The salary, wages and other compensation paid this position within the budget are amended as described above.

**THIS ORDINANCE READ, CONSIDERED AND ADOPTED BY THE MEMBERS OF  
THE ALLEN COUNTY COUNCIL ON THE 7th DAY OF JANUARY 2026.**

**MEMBERS OF THE ALLEN COUNTY COUNCIL**  
**AYE** **NAY**


**Attest:** \_\_\_\_\_  
 Jacquelynn A. Scheuman, Allen County Auditor-Secretary, Ex-Officio

**Amended Salary Ordinance  
2026**

Consideration of a salary ordinance amending the pay for employees within the budget of Community Corrections. All Community Corrections funds 90-423.

Title	Approp	Classification From/To	Salary From/To
<b>Finance Deputy</b>	<b>13.95</b>	<b>B4/1 to B5/1</b>	<b>\$ 46,169</b> <b>40 hrs/wk Non-Exempt</b>
			<b>\$ 48,939</b> <b>40 hrs/wk Non-Exempt</b>

**RETRO: 12/13/2025**

**WHEREAS:** The Allen County Council is apprised of the need to amend the salary ordinance for the above mentioned position and is in concurrence with this need.

**NOW THEREFORE: BE IT ORDAINED BY THE ALLEN COUNTY COUNCIL:**

SECTION 1. The salary, wages and other compensation paid this position within the budget are amended as described above.

**THIS ORDINANCE READ, CONSIDERED AND ADOPTED BY THE MEMBERS OF  
THE ALLEN COUNTY COUNCIL ON THE 7th DAY OF JANUARY 2026.**

**MEMBERS OF THE ALLEN COUNTY COUNCIL**  
**AYE** **NAY**


**Attest:** \_\_\_\_\_  
Jacquelynn A. Scheuman, Allen County Auditor-Secretary, Ex-Officio