

# LEGISLATIVE FACT SHEET

DATE: 1/6/2012

BT OR RC NUMBER: \_\_\_\_\_  
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): **Public Works / Real Estate**

**PURPOSE/SUMMARY:**

- Please provide the Real Estate Division with authorization to request legislation for City Council approval to close, abandon and/or disclaim a portion of Floss Avenue right-of-way between Wilkie Lane and Grayson Street, an unopened and unimproved right-of-way established via Plat Book 5, Pages 71, as shown in Exhibit A.
- The right-of-way is not used. There is no infrastructure in the r-o-w and there is no anticipation of future need.
- The applicant is requesting the closure to extend his residential property.
- This request has been sent to the various municipal agencies which might have an interest in this matter. There were no objections.
- The three adjacent property owners were notified and there were no objections from them.
- The applicant has paid the \$1500.00 application fee.
- Council District #12, Doyle Carter.

APPROPRIATION : Total Amount Appropriated: \$ \_\_\_\_\_ as follows:

(Name of Fund as it will appear in title of legislation) \_\_\_\_\_

|  |                               |
|--|-------------------------------|
| Name of Federal Funding Source: _____      | Amount: \$ _____              |
| Name of State Funding Source: _____        | Amount: \$ _____              |
| Name of City of Jax Funding Source: _____  | Amount: \$ _____              |
| Name of In-Kind Contribution Source: _____ | Amount: \$ _____              |
| Name of Bond Acct _____                    | Amount: \$ _____ Number _____ |

**IMPACT - FINANCIAL/OTHER:**

**ACTION ITEMS:**

|  |              |                                 |
|--|--------------|---------------------------------|
| Emergency?                                       | Yes ___ No X | Justification: _____            |
| Federal or State Mandates                        | Yes ___ No X |                                 |
| Fiscal Year Carryover?                           | Yes ___ No X | _____                           |
| CIP Amendment?                                   | Yes ___ No X | (Attach CIP form)               |
| Contract/Agreement (C/A) Approval                | Yes ___ No X | (Attach a copy only)            |
| C/A negotiations on-going?                       | Yes ___ No X |                                 |
| Oversight Department Required?                   | Yes ___ No X | Name of Dept. _____             |
| Related RC?/BT?                                  | Yes ___ No X | (Attach a copy)                 |
| Waiver of Code?                                  | Yes ___ No X | (Identify Code Provision __)    |
| Code Exception?                                  | Yes ___ No X | (Identify Code Provision _____) |
| Continuation Grant?                              | Yes ___ No X |                                 |
| Surplus Property Certification?                  | Yes ___ No X | (Attach a copy)                 |
| Related Enacted Ordinances?                      | Yes ___ No X | Ord. # of Previous Ord. _____   |
| Report Required to City Council/Council Auditors | Yes ___ No X | Date _____ Frequency _____      |

**ADMINISTRATION TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Chief of Staff  
Mayor's Office, Fourth Floor, City Hall at St. James

From: Robert Williams, Real Estate Officer, Real Estate Division  
(Name, Job Title, Department)

Phone: 255-8728 Fax: 255-8948 E-mail: \_\_\_\_\_

Contact person: R. J. Morris or Jim Morgan, Land Management Agents, Sr., Real Estate Division  
(Name, Job Title, Department)

Phone: 255-8700 Fax: 255-8948 E-mail: rmorris@coj.net, morgan@coj.net

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER**  
**TRANSMITTAL**

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel  
Suite 480, City Hall at St. James

From: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**