

**LEGISLATIVE FACT SHEET**

DATE: 07/12/2012

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

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

**PURPOSE/SUMMARY:**

To provide the Real Estate Division with the legislation necessary for the City Council to approve the use of eminent domain to acquire the remaining parcel for the 11<sup>th</sup> and 12<sup>th</sup> Street Project.

- The City will be improving the drainage and realigning rights-of way within the Shands Hospital area. The boundary and scope of the project contains an area from 8<sup>th</sup> Street north to 12<sup>th</sup> Street and Davis street east to Boulevard Street that surrounds the Shands Hospital.
- The parcel that is required contains 1,791 square feet and will be used to realign 12<sup>th</sup> Street.
- The appraised value of subject real property RE# 054821-0000 is \$5,400.00 or \$3.00 a square foot.

**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 ___	Justification: _____
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Federal or State Mandates	Yes ___ No <u>X</u>	
Fiscal Year Carryover?	Yes ___ No <u>X</u>	_____
CIP Amendment?	Yes ___ No <u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes ___ No <u>X</u>	(Attach a copy only)
C/A negotiations on-going?	Yes ___ No <u>X</u>	
Oversight Department Required?	Yes ___ No <u>X</u>	Name of Dept. _____
Related RC?/BT?	Yes ___ No <u>X</u>	(Attach a copy)
Waiver of Code?	Yes ___ No <u>X</u>	
Code Exception?	Yes ___ No <u>X</u>	(Identify Code Provision _____)
Continuation Grant?	Yes ___ No <u>X</u>	
Surplus Property Certification?	Yes ___ No <u>X</u>	(Attach a copy)
Related Enacted Ordinances?	Yes ___ No <u>X</u>	Ord. # of Previous Ord. _____
Report Required to City Council/Council Auditors	Yes ___ No <u>X</u>	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: John Jones, Real Estate Manager Senior, Public Works, Real Estate  
(Name, Job Title, Department)

Phone: 255-8700 Fax: 255-8948 E-mail: Johnj@coj.net

Contact person: Chuck Norse Real Estate Division, Dept. of Public Works  
(Name, Job Title, Department)

Phone: 255-8719 Fax: 255-8948 E-mail: acnorse@coj.net

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**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**

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