

LEGISLATIVE FACT SHEET

2013-0060

DATE: 12/10/2012

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 on behalf of the Engineering Division of the Department of Public Works for City Council approval to close, abandon and/or disclaim portions of:

- West 11th Street, established via Plat Book 6, Pages 77, June 27, 1911;
- James Hall Drive, established via Plat Book 6, Pages 77, June 27, 1911;
- Dr. Roy Baker Way, established via Plat Book 1, Pages 72, June 1888;
- Jefferson Street, established by Drawing Number 5000/262 of Road Number 6461, as shown in the Office Files of the City Engineer.
- As part of the subject project, portions of West 11th Street and West 12th Street are being reestablished and realigned.
 - A section of the 11th Street right-of-way was closed by Ordinance 90-701-309, OR 6955/802.
 - This section is being re-opened and realigned with 12th Street to provide a through route from Boulevard to Davis Street.
 - The new roadway will include curb-and-gutter, sidewalks, lighting and landscaping.
- The present and only use of Dr. Roy Baker Way is as the entrance to Shands Hospital Emergency Room area.
 - The present use as the Emergency Room Entrance will continue.
 - Shands Hospital and the Duval County Hospital Authority (City of Jacksonville) own all the property adjacent to this right-of-way.
- An "All Utilities Easement" will be reserved over the closed portions of Dr. Roy Baker Way and Jefferson St. in the name of the City of Jacksonville and JEA.
- This request has been sent to the various State, municipal and utility agencies which might have an interest in this matter. There were no objections.
- The applicant is a City agency and is exempt from the application processing fee.
- Council District #7, Dr. Johnny Gaffney.

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 <input checked="" type="checkbox"/>	Justification: _____
Federal or State Mandates	Yes ___ No <input checked="" type="checkbox"/>	
Fiscal Year Carryover?	Yes ___ No <input checked="" type="checkbox"/>	_____
CIP Amendment?	Yes ___ No <input checked="" type="checkbox"/>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes ___ No <input checked="" type="checkbox"/>	(Attach a copy only)
C/A negotiations on-going?	Yes ___ No <input checked="" type="checkbox"/>	
Oversight Department Required?	Yes ___ No <input checked="" type="checkbox"/>	Name of Dept. _____
Related RC?/BT?	Yes ___ No <input checked="" type="checkbox"/>	(Attach a copy)
Waiver of Code?	Yes ___ No <input checked="" type="checkbox"/>	(Identify Code Provision __)
Code Exception?	Yes ___ No <input checked="" type="checkbox"/>	(Identify Code Provision _____)
Continuation Grant?	Yes ___ No <input checked="" type="checkbox"/>	
Surplus Property Certification?	Yes ___ No <input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	Yes <input checked="" type="checkbox"/> No	Ord. # of Previous Ord. <u>90-701-309</u>
Report Required to City Council/Council Auditors	Yes ___ No <input checked="" type="checkbox"/>	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 M. Jones, Esq., Real Estate Manager, Senior, Real Estate Division
(Name, Job Title, Department)
Phone: 255-8795 Fax: 255-8948 E-mail: _____

Contact person: Jim Morgan, Land Management Agent, Sr., Real Estate Division
(Name, Job Title, Department)
Phone: 255-8737(255-8700) Fax: 255-8948 E-mail: morgan@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER
TRANSMITTAL

To: 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.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED