LEGISLATIVE FACT SHEET

DATE: Wednesday, June 6, 201	13		BT or RC No:		
			(Administration B	ills)	
SPONSOR: Jacksonville Histori	c Preserva	ation	Commission		
	(Depart	ment/	Division/Agency/Council Memb	per)	
PURPOSE/SUMMARY:	10 DDE0ED\/43	TION!)	DDDINANOE CODE DECIONATINO TI	IDEE OTDUOTUDEO LOCATED ON	
AN ORDINANCE REGARDING CHAPTER 307 (HISTOR THE NORTHEAST CORNER OF NORTH JEFFERSON S STREET) OWNED BY THE CITY OF JACKSONVILLE, IN THE ZONING ADMINISTRATOR TO ENTER THE LANDI	STREET AND W N COUNCIL DIS	VEST C	HURCH STREET (FORMERLY LOCAT 9, JACKSONVILLE, FLORIDA, AS LAN	ED AT 612, 614 AND 616 NORTH LEE	
APPROPRIATION: Total Amount Appropriated: N/A				as follows:	
(Name of Fund as it will appear in title of leg	islation)				
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:				Amount:	
Name of Bond Acct:	Amount:				
Daniel Assessment Niversham					
IMPACT - FINANICIAL / OTHER:					
ACTION ITEMS:	Yes N	No			
Emergency?		х	Justification of Emergency:		
Federal or State Mandates?		Х			
Fiscal Year Carryover?		Х			
CIP Amendment?		Х	(Attach CIP Form(s))		
Contract / Agreement (C/A) Approval?		Х	(Attach a copy)		
C/A Negotiations On-going?		Х			
Oversight Department Required?		Х	Name of Dept.:		
Related RC/BT?		Х	(Attach a copy)		
Waiver of Code?		Х	Identify Code:		
Code Exception?		Х	Identify Code:		
Continuation of Grant?		Х			
Surplus Property Certification?		Х	(Attach a copy)		
Related Enacted Ordinances?	\vdash	Х	Ordinance #:		
Report Required to City Council or Council Auditors?		Х	Date:	Frequency:	

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325				
Cc:	Chris Hand, Chief of Staff, Office of the Mayor				
From:	Joel McEachin, City Planning Supervisor, Planning Development Department				
	(Name, Job Title, Department)				
	Phone: 255-7835	E-mail: MCEACHIN@coj.net			
Contact Joel McEachin, City Planning Supervisor, Planning Development Department					
Person: (Name, Job Title, Department)					
	Phone: 255-7835	E-mail: MCEACHIN@coj.net			
COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL					
To:	Peggy Sidman, Office of General Phone: 630-4647	·			
	Filone. 630-4647	E-mail: psidman@coj.net			
From:					
	(Name, Job Title, Department)	.			
	Phone:	E-mail:			
Contac					
Person	n: (Name, Job Title, Department)				
	Phone:	E-mail:			
Legislation from Independent Agencies require a resolution from the Independent Agency Board approving the legislation.					

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED