

LEGISLATIVE FACT SHEET 2015-0518

DATE: October 2, 2014

BT OR RC NUMBER: _____

SPONSOR (Department/Division/Agency/Council Member):

Department of Planning and Development – Building Inspection Division

PURPOSE/SUMMARY:

The purpose of this ordinance is to increase fines for unlicensed contractor To better align them to the increases approved at the state level in 2013.

APPROPRIATION:

Total Amount Appropriated: \$0 as follows:

Name of Federal Funding Source:	<u>N/A</u>	Amount: \$	_____
Name of State Funding Source:	<u>N/A</u>	Amount: \$	_____
Name of City of Jax Funding Source:	<u>N/A</u>	Amount: \$	_____
Name of In-Kind Contribution:	<u>N/A</u>	Amount: \$	_____
Name of Bond Acct:	<u>N/A</u>	Amount: \$	_____
Number:	_____		

IMPACT – FINANCIAL/OTHER:

ACTION ITEMS:

Emergency?	Yes	_____	No	<u>X</u>	Justification?	_____
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)	_____
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>	(Identify Code Provision	_____)
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: Calvin L. Burney, Sr. Director, Planning and Development

(Name, Job Title, Department)

Phone: 255-8799 Fax: _____ E-mail: CalvinB@coj.net

Contact Person: Thomas H. Goldsbury, P. E.,

(Name, Job Title, Department)

Phone: 255-8799 Fax: _____ E-mail: tomg@coj.net

COUNCIL MEMBER/INDEPENDENT AGENCY/CONSTITUTIONAL OFFICER TRANSMITTAL

To:

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