

**LEGISLATIVE FACT SHEET**

2015-0731

DATE: 10/01/15

BT or RC No: \_\_\_\_\_  
(Administration Bills)

SPONSOR: Jacksonville Fire and Rescue Department/Fire Prevention  
(Department/Division/Agency/Council Member)

**PURPOSE/SUMMARY:**

Amend Section 420.214 of the Ordinance Code regarding installation, maintenance, location permit and fee of fire hydrants for new infrastructure's hydrant installations.

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: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Bond Acct \_\_\_\_\_ Amount: \_\_\_\_\_

Bond Account Number: \_\_\_\_\_

**IMPACT - FINANCIAL / OTHER:**

Consideration given when there is judged to be a disproportionate effort or expense with little increase in fire safety. Factors such as fire sprinkler protection, building size, construction type, occupancy type and setbacks will be used as factors in this determination, but in no case will fire flow be less than the requirements of Section 321.104, Ordinance Code.

**ACTION ITEMS:**

	Yes	No
Emergency?		x
Federal or State Mandates?		x
Fiscal Year Carryover?		x
CIP Amendment?		x
Contract / Agreement (C/A) Approval?		x
C/A Negotiations On-going?		x
Oversight Department Required?		x
Related RC/BT?		x
Waiver of Code?		x
Code Exception?	x	
Continuation of Grant?		x
Surplus Property Certification?		x
Related Enacted Ordinances?	x	
Report Required to City Council or Council Auditors?		x

Justification of Emergency:  
\_\_\_\_\_

(Attach CIP Form(s))  
(Attach a copy)

Name of Dept.: \_\_\_\_\_  
(Attach a copy)

Identify Code: \_\_\_\_\_  
Identify Code: \_\_\_\_\_

(Attach a copy)  
Ordinance #: Section 420.214

Date: \_\_\_\_\_ Frequency: \_\_\_\_\_

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Sam Mousa, Chief Administrative Officer, Mayor's Office

From: Kurtis Wilson, Chief of the Department, Fire and Rescue

(Name, Job Title, Department)

Phone: 630-7868

E-mail: kwilson@coj.net

Contact Kurtis Wilson, Chief of the Department, Fire and Rescue

Person: (Name, Job Title, Department)

Phone: 630-7871

E-mail: kwilson@coj.net

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

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: psidman@coj.net

From:

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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