

# LEGISLATIVE FACT SHEET

DATE: 05/10/17

BT or RC No: \_\_\_\_\_  
(Administration & City Council Bills)

SPONSOR: Public Works/Real Estate/CM Lori Boyer, CD 5  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Public Works, Real Estate Division

Provide Name: Renee Hunter, Esq.

Contact Number: 904-255-8234

Email Address: reneeh@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

Please provide the Real Estate Division with authority to request the legislation necessary for the City Council to approve the closure and abandonment of the northerly three feet of the drainage easement located on the south side of 5924 Hickson Road, Lots 15, 16 and 17, Hickson Subdivision, Plat Book 30, Page 55. The easement was established in Ordinance 96-865-468, which modified the plat, and recorded in Official Records Book 8449, Page 849, in the Official Records of Duval County, Florida.

The abandonment is requested by Hickson Medical Building, LLC, the owner of the property, to clear encroachment of building footers into the easement. The applicant has paid the application fee of \$516.00.

There were no objections by the Stormwater-Drainage Department to the reduction in the size of the easement and the same drainage services will remain provided. There are no additional costs associated with the closure and abandonment of this easement to the City.

Maps and drawings are enclosed for your reference.

If you require additional information, please call Jim Morgan at 904-255-8737.

APPROPRIATION: Total Amount Appropriated \_\_\_\_\_ as follows:  
 List the source name and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

|   |             |               |
|---|-------------|---------------|
| Name of Federal Funding Source(s)               | From: _____ | Amount: _____ |
|   | To: _____   | Amount: _____ |
| Name of State Funding Source(s):                | From: _____ | Amount: _____ |
|   | To: _____   | Amount: _____ |
| Name of City of Jacksonville Funding Source(s): | From: _____ | Amount: _____ |
|   | To: _____   | Amount: _____ |
| Name of In-Kind Contribution(s):                | From: _____ | Amount: _____ |
|   | To: _____   | Amount: _____ |
| Name & Number of Bond Account(s):               | From: _____ | Amount: _____ |
|   | To: _____   | Amount: _____ |

**PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:**

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

|   |  |
|---|--|
| The applicant has paid the application fee of \$516.00.<br>PWRE011, 34907 |  |
|---|--|

**ACTION ITEMS: Purpose / Check List.** If "Yes" please provide detail by attaching justification, and code provisions for each.

**ACTION ITEMS:**

|                                | Yes                                 | No                                  |  |
|--------------------------------|-------------------------------------|-------------------------------------|--|
| Emergency?                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <p>Justification of Emergency: If yes, explanation must include detailed nature of emergency.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>  |
| Federal or State Mandate?      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <p>Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>  |
| Fiscal Year Carryover?         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <p>Note: If yes, note must include explanation of all-year subfund carryover language.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>   |
| CIP Amendment?                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <p>Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.</p>   |
| Contract / Agreement Approval? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <p>Attachment &amp; Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>                |
| Related RC/BT?                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <p>Attachment: If yes, attach appropriate RC/BT form(s).</p>   |
| Waiver of Code?                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <p>Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>  |
| Code Exception?                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <p>Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>   |
| Related Enacted Ordinances?    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <p>Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Ordinance 96-865-468, Official Records Book 8449, Page 849</p> </div> |

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:


|                        | Yes                      | No                                  |
|------------------------|--------------------------|-------------------------------------|
| Continuation of Grant? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

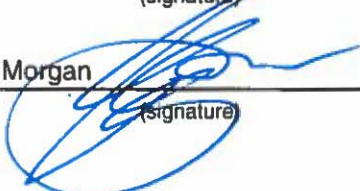
|                                 |                          |                                     |
|---------------------------------|--------------------------|-------------------------------------|
| Surplus Property Certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Reporting Requirements?         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Attachment: If yes, attach appropriate form(s).

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for

Division Chief: Renee Hunter   
(signature)

Date: 5/10/17

Prepared By: Jim Morgan   
(signature)

Date: 5/10/17

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: John P. Pappas, Director, Public Works Department

(Name, Job Title, Department)

Phone: 255-8748

E-mail: [pappas@coj.net](mailto:pappas@coj.net)

From: Renee Hunter, Chief, Real Estate Division

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-8234

E-mail: [reneh@coj.net](mailto:reneh@coj.net)

Primary Contact: Jim Morgan, Land Management Agent Senior, Real Estate Division

(Name, Job Title, Department)

Phone: 255-8737

E-mail: [morgan@coj.net](mailto:morgan@coj.net)

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: [akshelton@coj.net](mailto:akshelton@coj.net)

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

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

Phone: 904-630-4647

E-mail: [psidman@coj.net](mailto:psidman@coj.net)

From:

Initiating Council Member / Independent Agency / Constitutional Officer

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

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

Primary

Contact: (Name, Job Title, Department)

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

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

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: [akshelton@coj.net](mailto:akshelton@coj.net)

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

Independent Agency Action Item:

Yes

No

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

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