LEGISLATIVE FACT SHEET

DATE:	02/15/18	BT or RC No:		
,		(Administration & City Council Bills)		
SPONSO	DR: Public Works/Real Es	tate/CM Scott Wilson, CD 4		
		(Department/Division/Agency/Council Member)		
Contact f	or all inquiries and presentation	Public Works, Real Estate		
Provide Name:		Renee Hunter		
	Contact Number:	904-255-8234		
	Email Address:	reneeh@coj.net		
Research wi		is necessary? Provide; Who, What, When, Where, How and the Impact.) Council degislation and the Administration is responsible for all other legislation.		
Please provide the Real Estate Division with authority to request the legislation necessary for City Council to approve the closure and abandonment of portions of a pedestrian walkway easement, established in Official Records Book 9927, Page 1990, of the Current Public Records of Duval County, Florida. The easement is 35 feet wide and contains a meandering sidewalk which will remain in place as it is currently paved.				
The abandonment is requested by the property owner, Tapestry Park II Commercial Venture, LLC, in preparation for an additional building on the property which is impeded by the pedestrian easement. The easement area to be abandoned is just west of the sidewalk. The applicant, its successors and assigns forever, will agree to continue to maintain the walkway according to City standard specifications. This closure is contingent on the applicant signing a hold harmless agreement releasing the City of liability as a result of the closure. The applicant has paid the application fee of \$1,066.00.				
	e no objections to the abandonment of ce Division, and the Engineering Divis	the portions of the easement by Public Works, Right-of-Way and Grounds ion.		
Maps and drawings are enclosed for your reference.				
If you require additional information, please call Jim Morgan at 904-255-8737.				
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APPROPRIATION: Total Amount Appropriated as follows:					
List the source name and pro	ovide Object and Subobject Numbers for each	category listed below:			
(Name of Fund as it will appear in ti	tle of legislation)	<u></u>			
	From:	Amount:			
Name of Federal Funding Source(s)		an accommensarion			
	То:	Amount:			
Name of State Funding Source(s):	From:	Amount:			
Name of State Funding Source(s).	То:	Amount:			
		7 1110-0111			
Name of City of Jacksonville	From:	Amount:			
Funding Source(s):	То:	Amount:			
	L				
Name of In-Kind Contribution(s):	From:	Amount:			
	То:	Amount:			
Name & Number of Bond	From:	Amount:			
Account(s):	То:	Amount:			
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.)					
There is no financial impact to the 0	City. The applicant has paid the \$1,066.00 application fee	which has been deposited in			
the General Fund, PWRE011, 3490	и.				
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ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes	No	
Emergency?	x	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
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Fiscal Year Carryover?	×	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? Contract / Agreement Approval?	x x	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. Attachment & 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?
		Tiegoliations are on going and with whom. This edo reviewed / dranted:
Related RC/BT?	×	
Waiver of Code?	×	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	х	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.

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

ACTION ITEMS: Yes Continuation of Grant?	х	Explanation: How will the funds be used? Is the funding for a specific time frame anyear of grant? Are there long-term implications.	d/or multi-year? If multi-year, note
Surplus Property Certification? Reporting Requirements?	x	Attachment: If yes, attach appropriate for Explanation: List agencies (including City and frequency of reports, including when Department (include contact name and te	Council / Auditor) to receive reports reports are due. Provide
Division Chief: Renee	e Hunte		Date: 2/15/18
Prepared By:Jim-M	organ	(signature)	Date: 2/15/18

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			
From:	Renee Hunter, Acting Chief, Real Estate Division			
	Initiating Department Representative (Name, Job Title, Department)			
	Phone: 255-8234 E-mail: reneeH@coj.net			
Primary	our morgani cana management rigori comeri i teat control			
Contact:	(Name, Job Title, Department)			
	Phone: 255-8737 E-mail: morgan@coj.net			
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor			
	904-630-1825 E-mail: akshelton@coj.net			
COUN	CIL 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			
From:				
1 10111.	Initiating Council Member / Independent Agency / Constitutional Officer			
	Phone: E-mail:			
Primary				
	(Name, Job Title, Department)			
	Phone: E-mail:			
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor			
00.	904-630-1825 E-mail: akshelton@coj.net			
li-l-ti	on from Indonesiant Associate varying a variation from the Indonesiant Associat Board			
	on from Independent Agencies requires a resolution from the Independent Agency Board og the legislation.			
	dent Agency Action Item: Yes No			
7. II. II. II.	Reards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no,			
	when is board action scheduled?			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED