LEGISLATIVE FACT SHEET 2013-0405

DATE : August 5, 2013	BT OR RC NUMBER:(Administration Bills)		
SPONSOR (Department/Division/Agen	cy/Council	l Member): <u>F</u>	Public Works/ Solid Waste Division
PURPOSE/SUMMARY: To approve the Certificate of Public Convease asphalt roofing material processing facility		d Necessity ((CON) for the US Roof Recycle, LLC
APPROPRIATION: Total Amount App	ropriated:	\$ N/A	as follows:
(Name of Fund as it will appear in title (of legislati	on)	
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 Source:			Amount: \$
Number	 -		_
IMPACT - FINANCIAL/OTHER:			
ACTION ITEMS:			
Emergency?	Yes	_ No _X	Justification:
Federal or State Mandates	Yes	No _X_	
Fiscal Year Carryover?	Yes	_ No _X_	
CIP Amendment?	Yes	No _X_	(Attach CIP form)
Contract/Agreement (C/A) Approv	al Yes	No _X_	(Attach a copy only)
C/A negotiations on-going?	Yes	. No _X_	
Oversight Department Required?	Yes	_ No _X_	Name of Dept
Related RC?/BT?	Yes	No_ X_	(Attach a copy)
Waiver of Code?	Yes	No_X_	(Identify Code Provision)
Code Exception?	Yes	. No _X_	(Identify Code Provision)
Continuation Grant?	=	_ No _X_	
Surplus Property Certification?		No_ X_	(Attach a copy)
Related Enacted Ordinances?		No_X_	
Report Required to City Council/C			D
	Yes	. No _X	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:	n: <u>Jeffrey S. Foster, Acting Chief, Public Works Solid Waste Division</u> (Name, Job Title, Department)				
	Phone: <u>255-7512</u>	Fax: <u>387-8905</u>	E-mail: <u>ISFOSTER@COJ.NET</u>		
Contact person: Eric B. Fuller, Landfill Environmental Scientist, Public Works Department, Solid Waste Division (Name, Job Title, Department)					
	Phone: 255-7513	Fax: 387-8905	E-mail: EFULLER@COJ.net		
COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL To: Peggy Sidman (630-4647), Office of General Counsel Suite 480, City Hall at St. James					
From:	(Name, Job Title, Department)	<u> </u>			
	Phone:	Fax:	E-mail:		
Contac	ct person:(Name_teb Tit	e, Department)			
			E-mail:		
	ation from Independent Age ring the legislation.	ncies requires a resolution from t	he Independent Agency Board		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED