

COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS

**POST OFFICE BOX 1529
LAKE CITY, FLORIDA 32056-1529**

CONSENT AGENDA

DECEMBER 2, 2010

- (1) Indigent Burial - ICS Cremation & Funeral Home - Myrtle Schiradelly, Deceased - \$500.00**
- (2) Indigent Burial - Dees-Parrish Family Funeral Home - Clinton Lamar Walker, Deceased - \$500.00**
- (3) Indigent Burial - Dees-Parrish Family Funeral Home - Clara E. Chew, Deceased - \$500.00**
- (4) 9-1-1 Addressing - Street/Road Names - NW Lucy Glen**
- (5) Building and Zoning - Special Family Lot Permit -Katie Peeler Cunningham - Raymond and Alice Peeler, Owner**
- (6) Utility Permit - AT&T SE Florida - SW Herlong Street**
- (7) Emergency Management - Updated Local Mitigation Strategy & Resolution**

#1

November 10, 2010

Columbia County Board of County Commissioners
P.O. Box 1529
Lake City, FL 32056

TO WHOM IT MAY CONCERN:

I am writing to request assistance with the burial (cremation) expenses on behalf of my mother, Myrtle Schiradelly, who passed away at Suwannee Valley Care Center on November 7, 2010. She is a resident of Columbia County, residing at Avalon Health Care Center for approximately 1 year. She was receiving Medicaid benefits for the nursing expenses. She did not have any life insurance or resources to assist with her final arrangements. At this time, there are not any family members financially able to assist with the final arrangements.

We would appreciate any assistance that can be provided through Columbia County to assist with her final cremation arrangements. Thank you for your consideration of this request at this difficult time in the life of our family.

Sincerely,



Karin Hartman
Daughter


ICS CREMATION & FUNERAL HOME

Statement

357 NW WILKS LN
LAKE CITY, FL 32055
(386) 752-3436
FAX: (386) 755-2650

DATE: November 19, 2010

TO: Columbia County Board of County Commissioners
P.O. Box 1529
Lake City, FL 32056

RE: Myrtle Schiradelly
DOB: July 11, 1927
DOD: November 7, 2010


Indigent Cremation

\$500.00

Orris-Parrish Family Funeral Home

43 South Marion Avenue

Lake City, Florida 32056

Phone (863) 751-0334 Fax (863) 751-0906

www.orrisparrishfamilyfuneralhome.com

Orris-Parrish Family Funeral Home, LLC

LLC (C) J. Robert Weaver

#2

11/16/2010

Columbia County
Board of County Commissioners
PO Drawer 1347
Lake City, Florida 32056

CLINTON LAMAR WALKER
11/16/2010
CLINTON LAMAR WALKER
11/16/2010

CLINTON LAMAR WALKER
11/16/2010

To Whom It May Concern:

I, Aubrey Freeman, a friend and room mate of the decedent, Clinton Lamar Walker, [REDACTED], do hereby declare that Mr. Clinton Lamar Walker, the decedent is indigent and has absolutely no means by which to pay for her cremation. He has been a resident of Columbia County for the past 5 years. He died at Haven Hospice of the Suwannee Valley on Friday Nov. 12, 2010 and I was listed as the person to notify in the event of his death. I have been friends with Mr. Walker for several years and have absolutely no idea that he has any family. He refused to discuss the matter and said that he had been alienated for many years. Thank you for your time and attention to this matter.

Yours truly,

Aubrey Freeman

Aubrey Freeman

(STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED)

(Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.)

(A) OUR SERVICE:

BASIC SERVICES OF FUNERAL DIRECTOR & STAFF \$

EMBALMING \$

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

REASON FOR EMBALMING

OTHER PREPARATION OF THE BODY \$

USE OF FACILITIES, STAFF & EQUIPMENT:

Funeral Ceremony (Conducted at Funeral Home) \$

Visitation / Viewing (Conducted at Funeral Home) \$

Memorial Service (Conducted at Funeral Home) \$

USE OF STAFF AND EQUIPMENT:

Funeral Ceremony (Conducted at another facility) \$

Visitation / Viewing (Conducted at another facility) \$

Memorial Service (Conducted at another facility) \$

Graveside Service \$

Cremation Fee \$

TRANSFER OF REMAINS TO FUNERAL HOME \$

(45 Miles Transported)

AUTOMOTIVE EQUIPMENT:

Casket Coach (Hearse) \$

Flower Car \$

Limousine \$

Funeral Sedan (Lead Car) \$

CASKET \$

OUTER BURIAL CONTAINER (As Selected) \$

MISCELLANEOUS MERCHANDISE:

Memorial Package \$

Acknowledgment Cards \$

Visitors Register \$

Urn \$

Cremation Container \$

Wearing Apparel \$

FORWARDING OF REMAINS TO ANOTHER FUNERAL HOME \$

RECEIVING OF REMAINS FROM ANOTHER FUNERAL HOME \$

DIRECT CREMATION (As Selected) \$

IMMEDIATE BURIAL (As Selected) \$

Total (A) \$

DEES - PARRISH FAMILY FUNERAL HOME

458 S. Marion Ave. • Lake City, Florida 32025

(386) 752-1234 • Fax (386) 752-7006

"Our Family Serving Your Family"



No. 2000-100

Date 11/12/10

Full name of deceased: Clarence Lee Age 70

(Please PRINT Name)

Date of Death 11/12/10 Deceased is son of person arranging services.

(Give Relationship)

(B) CASH ADVANCE ITEMS:

Total (A) Forward \$ 500.00

We charge you for our services in obtaining:

Newspaper Notices (Est.) \$

Opening & Closing Grave \$

Certified Certificates (No. 1) \$

Clergy Honorarium \$

Organist \$

Long Distance Calls / Fax \$

Transportation \$

Florist \$

Total (B) \$ 0.00

(C) OTHER ITEMS:

Total (C) \$ 0.00

Total (A) & (B)

Total (A) (B) & (C)

LESS: Preneed Adjustment / Allowance ☐ INS ☐ TR \$

Payment / Date () \$

Other (Specify) \$

BALANCE \$ 500.00

LEGAL, CEMETERY, CREMATORY OR OTHER REQUIREMENTS COMPELLING THE PURCHASE OF ANY ITEMS LISTED ABOVE:

The undersigned purchaser(s) hereby attest to the following: (1) We did () did not () authorize embalming of the above named deceased. (2) We were shown a Casket Price List and an Outer Burial Container Price List before the showing of caskets and outer burial containers. (3) We were given/offered for retention a General Price List upon the beginning of a discussion of funeral arrangements and/or selection of services and merchandise.

TERMS: This is a CASH TRANSACTION, due in full at time of arrangement and, in all events, becomes PAST DUE AND DELINQUENT upon expiration of due date. A charge of 18% per annum for UNANTICIPATED LATE PAYMENT will be charged effective 30 days. Purchaser(s) agrees to pay reasonable attorney's fees, court costs and other costs of collection if incurred in the collection of this debt.

I, or we, having read the above, accept and approve same, and jointly and severally promise to make full payment therefor.

Receipt of a copy of this contract is acknowledged.

MR. Clarence Lee Date 11/12/10MRS. Clarence Lee Street AddressMISS Clarence Lee City State Zip CodeS.S. No. 123456789 Street Address City and State Zip Code

Signature of Purchaser(s) Street Address City and State Zip Code

Signature of Purchaser(s) Street Address City and State Zip Code

Signature of Purchaser(s) Street Address City and State Zip Code

Signature of Purchaser(s) Street Address City and State Zip Code

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Signature of Purchaser(s) Street Address City and State Zip Code

Signature of Purchaser(s) Street Address City and State Zip Code

Signature of Purchaser(s) Street Address City and State Zip Code

We agree to render the service and furnish the merchandise indicated above.

DEES - PARRISH FAMILY FUNERAL HOME

Dues-Parrish Family Funeral Home

38 South Marion Avenue

Lake City, Florida 32056

Phone: (904) 361-7571 Fax: (904) 361-7000

www.parrishfamilyfuneralhome.com

Owner: Dues-Parrish Family Funeral Home

Funeral Director: Robert Weaver

#3

NOTED FOR CLOSURE - COLUMBIA COUNTY
IN REPLY TO 11/16/2010

11/16/2010

Columbia County
Board of County Commissioners
PO Drawer 1347
Lake City, Florida 32056

To Whom It May Concern:

I, Sandy Clayton, an employee of Baya Pointe Nursing & Rehab Center, a friend of the decedent, Clara E. Chew, [REDACTED] do hereby declare that Mrs. Chew, the decedent is indigent and has absolutely no means by which to pay for her cremation. She has been a resident of Columbia County for the past 5 years. She died at Shands at Lake Shore E.R. on Friday Nov. 12, 2010. Following a search by the L.C.P.D. we were informed that no family was able to be found. Thank you for your time and attention to this matter.

Yours truly,

Sandy Clayton

Sandy Clayton, for the Baya Pointe Nursing & Rehab Center

FUNERAL PURCHASE CONTRACT (STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED)

(Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.)

(A) OUR SERVICE:

BASIC SERVICES OF FUNERAL DIRECTOR & STAFF \$

EMBALMING \$

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REASON FOR EMBALMING:

OTHER PREPARATION OF THE BODY \$

USE OF FACILITIES, STAFF & EQUIPMENT:

Funeral Ceremony (Conducted at Funeral Home) \$

Visitation / Viewing (Conducted at Funeral Home) \$

Memorial Service (Conducted at Funeral Home) \$

USE OF STAFF AND EQUIPMENT:

Funeral Ceremony (Conducted at another facility) \$

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Graveside Service \$

Cremation Fee \$

TRANSFER OF REMAINS TO FUNERAL HOME \$

(45 Miles Transported)

AUTOMOTIVE EQUIPMENT:

Casket Coach (Hearse) \$

Flower Car \$

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CASKET \$

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MISCELLANEOUS MERCHANDISE:

Memorial Package \$

Acknowledgment Cards \$

Visitors Register \$

Urn \$

Cremation Container \$

Wearing Apparel \$

FORWARDING OF REMAINS TO ANOTHER FUNERAL HOME \$

RECEIVING OF REMAINS FROM ANOTHER FUNERAL HOME \$

DIRECT CREMATION (As Selected) \$

IMMEDIATE BURIAL (As Selected) \$

Total (A) \$

DEES - PARRISH FAMILY FUNERAL HOME

458 S. Marion Ave. • Lake City, Florida 32025

(386) 752-1234 • Fax (386) 752-7006

"Our Family Serving Your Family"

No. 3010-146

Date 11-12-10

Full name of deceased Clara E. Clark Age 90

Date of Death 11/12/10 Deceased is No of person arranging services.

(B) CASH ADVANCE ITEMS:

We charge you for our services in obtaining:

Newspaper Notices (Est.) \$

Opening & Closing Grave \$

Certified Certificates (No.) \$

Clergy Honorarium \$

Organist \$

Long Distance Calls / Fax \$

Transportation \$

Florist \$

Total (B) \$

(C) OTHER ITEMS:

\$

\$

Total (C) \$

LESS: Preneed Adjustment / Allowance ☐ INS ☐ TR \$

Payment / Date () \$

Other (Specify) \$

BALANCE \$

LEGAL, CEMETERY, CREMATORY OR OTHER REQUIREMENTS COMPELLING THE PURCHASE OF ANY ITEMS LISTED ABOVE

The undersigned purchaser(s) hereby attest to the following: (1) I/We did () did not () authorize embalming of the above named deceased. (2) I/We were shown a Casket Price List and an Outer Burial Container Price List before the showing of caskets and outer burial containers. (3) I/We were given/offered for retention a General Price List upon the beginning of a discussion of funeral arrangements and/or selection of services and merchandise.

TERMS: This is a CASH TRANSACTION, due in full at time of arrangement and, in all events, becomes PAST DUE AND DELINQUENT upon expiration of due date. A charge of 18% per annum for UNANTICIPATED LATE PAYMENT will be charged effective 30 days. Purchaser(s) agrees to pay reasonable attorney's fees, court costs and other costs of collection if incurred in the collection of this debt.

I, or we, having read the above, accept and approve same, and jointly and severally promise to make full payment therefor.

Receipt of a copy of this contract is acknowledged.

MR.

MRS.

MISS

Signature of Purchaser(s)

S.S. No.

Signature of Purchaser(s)

Signature of Purchaser(s)

We agree to render the service and furnish the merchandise indicated above.

DEES - PARRISH FAMILY FUNERAL HOME

Date 11/12/10

City State Zip Code

City State Zip Code

City State Zip Code

City State Zip Code

City State Zip Code

City State Zip Code

City State Zip Code

City State Zip Code

City State Zip Code

ORIGINAL - F.O.D. OF A
DUPLICATE - CLIENT
TRIPPLICATE - FUNERAL HOME

CRIM

☐

S-EPL

BCCA OR DCA APPROVAL LIST

11/18/2010

ID #	DIS	OLD NAME	OLD SUFFIX	OLD DRIVING DIRECTIONS	PREFIX	NEW ROAD NAME	NEW SUFFIX	NEW DRIVING DIRECTIONS	LOCATION	S-T-R	MB PAGE
3362 3		UNNAMED	RD	W DUVAL ST, R NW LAKE JEFFERY RD (CR250W), R NW LOWER SPRINGS RD, L UNNAMED RD (PRIVATE RD	NW	LUCY	GLN	W DUVAL ST, R NW LAKE JEFFERY RD (CR250W), R NW LOWER SPRINGS RD, L NW LUCY GLN (PRIVATE RD	RUNS FROM NW LOWER SPRINGS RD SOUTHWEST, THEN NORTHWEST TO DEADEND	36-2S-15	30

#4

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Jody DuPree
District No. 4 - Stephen E. Bailey
District No. 5 - Scarlet P. Frisina

#5



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

MEMORANDUM

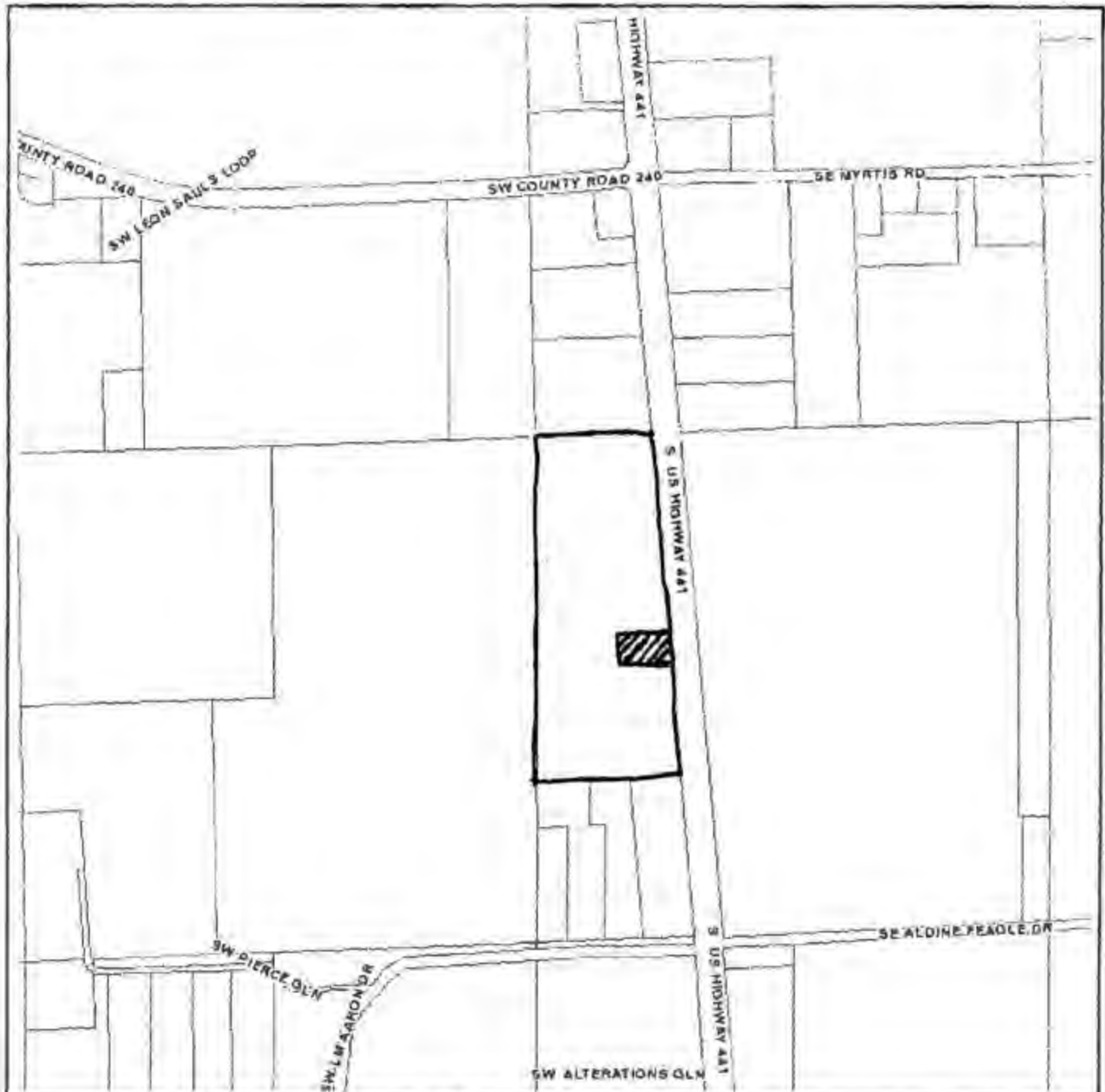
Date: 22 November 2010
To: Lisa K.B. Roberts, Assistant County Manager
From: Brian L. Kepner, County Planner *BK*
Re: Special Family Lot Permit Application for Board of County
Commissioner Consent Agenda

Please find attached a request for a Special Family Lot Permit. Please place on the consent agenda for the 18 November 2010 Board of County Commissioner meeting. Thank you in advance for your time and consideration.

DECEMBER 2, 2010
BOARD OF COUNTY COMMISSIONERS MEETING
BUILDING AND ZONING DEPARTMENT
SPECIAL FAMILY LOT PERMITS
CONSENT AGENDA

FL10-14 – Immediate Family Member: Katie Peeler Cunningham
Parent Parcel Owner: Raymond and Alice Peeler
Family Relationship: Daughter
Acreage Being Deeded: 1.17
Acreage Remaining: 26.28
Location of Property: See attachment “A”

Requesting approval of the Special Family Lot permit as indicated above. Meets the requirements of Section 14.9 of the Land Development Regulations, as amended. Staff recommends approval.



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 15-5S-17-09245-005 - IMPROVED A (005000)

COMM SW COR OF NE1/4, RUN N 441 65 FT FOR POB, CONT N 475.07 FT, E 704.43 FT, S 475 FT, W 740.91 FT TO POB, & ALL OF THE NW1/4 OF NE1/4 LYING W OF US-

Name: PEELER RAYMOND S & ALICE B

Site: 9878 S US HIGHWAY 441

Mail: 9878 S US HWY 441

LAKE CITY, FL 32025

Sales

Info

NONE

2010 Certified Values

Land	\$3,924.00
Bldg	\$151,330.00
Assd	\$178,660.00
Exmpt	\$50,000.00
Taxbl	Only: \$128,660
	Other: \$128,660 Schl: \$153,660

NOTES:



This information, GIS Map Updated: 10/14/2010, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

powered by:
On2iLogic.com

#6

AT&T JOB#: 03E61211N

**COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS
UTILITY PERMIT**

Date 11/03/2010 Permit No. _____ County Road SW HERLONG ST Section No. _____

Permittee AT&T SE Florida

Address 400 SW 2nd Avenue, Gainesville, FL 32601 Telephone Number (352) 371-5272

Requesting permission from the Columbia County Board of County Commissioners, hereinafter called the County, to contract, operate and maintain: A buried copper cable on the south R/W of SW Herlong St; from the SW intersection of SW Herlong St and SW Cannon Ct going westerly approx 1,367 feet

FROM: SW Cannon Ct TO: AT&T Pedestal #27

Submitted for the Utility Owner by: Tom Murphy, Engineer Tom Murphy 11/03/2010
Typed Name & Title Signature Date

1. Permittee declares that prior to filing this application it has determined the location of all existing utilities, both aerial and underground and the accurate locations are shown on the plans attached hereto and made a part of this application. Proposed work is within the corporate limits of Municipality: YES () NO (x). If YES: LAKECITY () FORT WHITE (). A letter of notification was mailed on N/A to the following utility owners:

2. The Columbia County Public Works Director shall be notified twenty-four (24) hours prior to starting work and again immediately upon completion of work. The Public Works Director is Kevin Kirby, located at P.O. Box 969, Lake City, FL 32056 Telephone Number (386) 752-5955. The PERMITTEE's employee responsible for Maintenance of Traffic is Mike Brown, Telephone Number (352) 336-5508 (This name may be provided at the time of the 24 hour notice to starting work).

3. This PERMITTEE shall commence actual construction in good faith within 60 days after issuance of permit, and shall be completed within 60 days after permitted work has begun. If the beginning date is more than 60 days from date of permit approval, then PERMITTEE must review the permit with the Columbia County Public Works Director to make sure no changes have occurred in the transportation facility that would affect the permitted construction.

4. The construction and maintenance of such utility shall not interfere with the property and rights of a prior PERMITTEE.

5. It is expressly stipulated that this permit is a license for permissive use only and that the placing of utilities upon public property pursuant to this permit shall not operate to create or vest any property right in said holder.

6. Pursuant to Section 337.403(1), Florida Statutes, whenever necessary for the construction, repair, improvement, maintenance, safe and efficient operation, alteration or relocation of all, or any portion of said transportation facility as determined by the Columbia County Public Works Director and/or County Engineer, any or all utilities and appurtenances authorized hereunder, shall be immediately removed from said transportation facility or reset or relocated thereon as required by the Columbia County Public Works Director and/or County Engineer and at the expense of the PERMITTEE.

Utilities Permit
Revised: 08-28-00

7. In case of non-compliance with the County's requirements in effect as of the approval date of this permit, this permit is void and the facility will have to be brought into compliance or removed from the right of way at no cost to the County.

8. It is understood and agreed that the rights and privileged herein set out are granted only to the extent of the County's right, title and interest in the land to be entered upon and used by the PERMITTEE, and the PERMITTEE will, at all times, and to the extent permitted by law, assume all risk of and indemnify, defend, and save harmless the Columbia County Board of County Commissioners from any and all loss, damage, cost or expense arising in any manner on account of the exercise or attempted exercise by said PERMITTEE of the aforesaid right and privileges.

9. During construction, all safety regulations of the County shall be observed and the PERMITTEE must take measures, including placing and the display of safety devices that may be necessary in order to safely conduct the public through the project area in accordance with the Federal Manual on the Uniform Traffic Control Devices, as amended for highways.

10. Should the PERMITTEE be desirous of keeping its utilities in place and out of service, the PERMITTEE, by execution of this permit acknowledges its present and continuing ownership of its utilities located between na and na within the County's right of way as set forth above. PERMITTEE, at its sole expense, shall promptly remove said out of service utilities whenever Columbia County Public Works Director and/or County Engineer determines said removal is in the public interest.

11. Special instruction: Minimum cover of thirty inches (30") will be required at all locations. Columbia County will not be financially responsible for any damage to facilities with less than thirty inch (30") cover. Cables shall not be located within driveway ditches.

12. Additional Stipulations: _____


It is understood and agreed that commencement by the PERMITTEE is acknowledgment and acceptance of the binding nature of these special instructions.

Submitted By: AT&T SE Florida
Permittee

Place Corporate Seal
Attested

M. Jones, Mgr OPS Planning & Design
Signature Michelle Jones Title

Recommended for Approval:

Signature: 

Title : DIRECTOR of PUBLIC WORKS

Date : 11-18-10

Approved by Columbia County Board of County Commissioners:

YES () NO ()

Date Approved: _____

Chairman's Signature: _____

301810



PCS/CONTRACTOR NOTE:

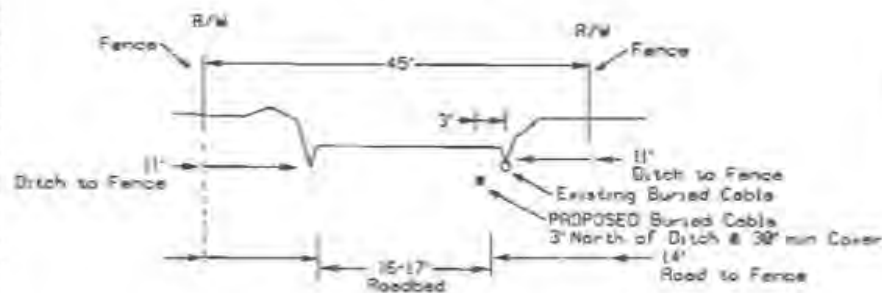
PLACE CABLE @ 30" MIN COVER-THIS
INCLUDES WHEN TRANSGRESSING
THE COUNTY DRAIN/STORM DITCH
TO GO TO THE PEDESTALS



LOCATION MAP

SW HERLONG ST

TYPICAL
(View to East)



ATTSE

PROPOSED TELEPHONE FACILITIES
ON RIGHT OF WAY OF
COLUMBIA

SW HERLONG ST

Design:

386/752

Designer:

TOM MURPHY

Phone:

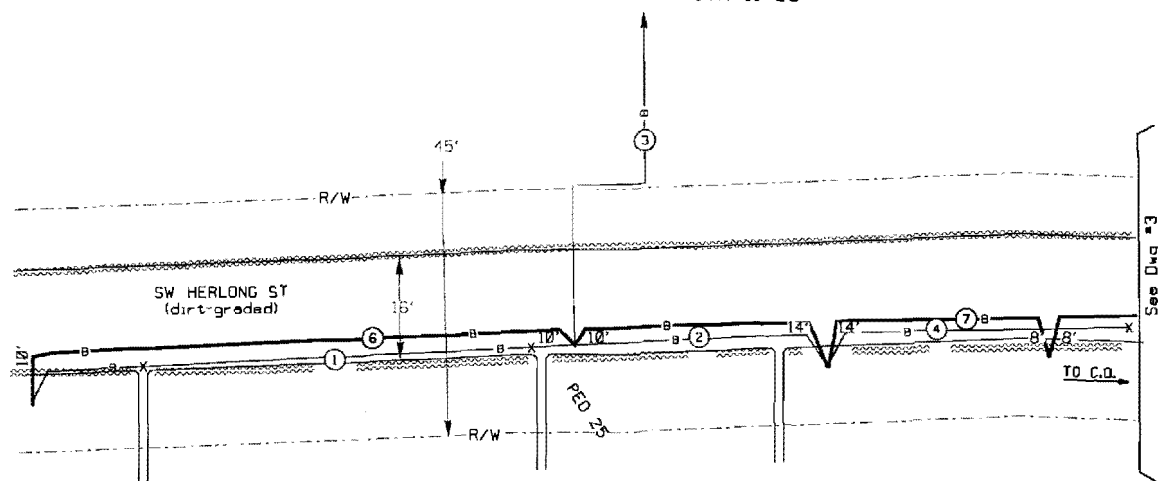
386-938-4864

Author:

036620W

- 

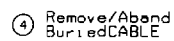
STA 0+27
STA 3+84
STA 11+00



512

STA 9+67
Bed No. 1

ATTSE		
PROPOSED TELEPHONE FACILITIES ON RIGHT OF WAY OF COLUMBIA		
SW HERLONG ST		
Exchange:	386/752	
Designator:	TOM MURPHY	
Trunk:	386-938-4864	
Annotations:	03E612IN	
Seg.	2	0 + 3

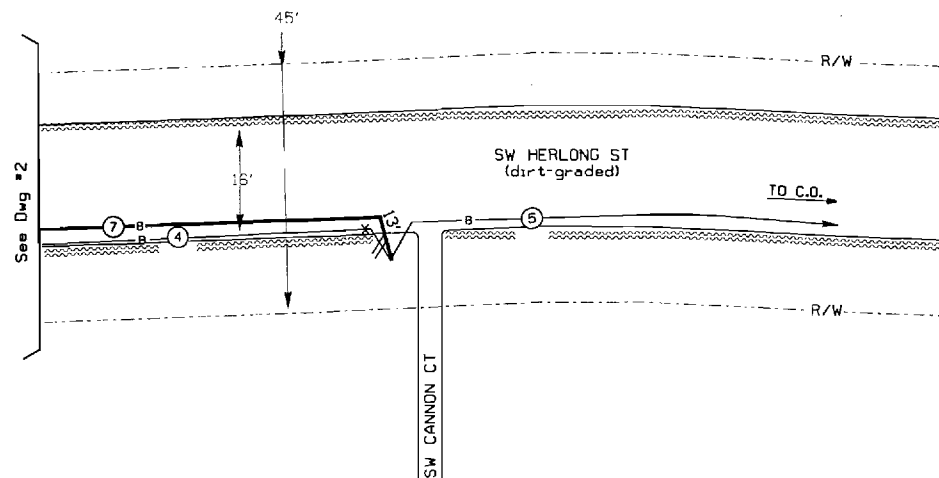


⑤ EXISTING
BURIED
CABLE

⑦ PROPOSED
BURIED
CABLE

EXPOSED/DAMAGED
BURIED CABLE

STA 0+27
STA 3+84
STA 11+00



232

206

STA 13+67
Ped 23

STA 13+95
C/L (dirt)

11/2/2010 1:01:58 PM

ATTSE

PROPOSED TELEPHONE FACILITIES
ON RIGHT OF WAY OF
COLUMBIA

SW HERLONG ST

Exchange: 386/752

Designer: TOM MURPHY

Phone: 386-938-4864

Authorization: 03E6I2IIN

Dwg. 3 of 3

#7

U.S. Department of Homeland Security
FEMA Region IV
1001 Chamblee Tucker Road
Atlanta, GA 30341



FEMA

November 16, 2010

Mr. David Halstead, Director
Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100

Attention: Mr. Miles Anderson

Reference: Columbia County Local Hazard Mitigation Plan Update

Dear Mr. Halstead:

This is to confirm that we have completed a Federal/State review of the Columbia County Hazard Mitigation Plan Update for compliance with the federal hazard mitigation planning standards contained in 44 CFR 201.6(b)-(d). Based on our review and comments, Columbia County developed and submitted all the necessary revisions. Our staff has reviewed and approved these revisions. We have determined that the Columbia County Hazard Mitigation Plan is compliant with federal standards, subject to formal community adoption.

In order for our office to issue formal approval of the plan, Columbia County must submit final adoption resolution documentation. Upon submittal of such documentation to our office, we will issue formal approval of the Columbia County Hazard Mitigation Plan.

If you have any questions or need any further information, please do not hesitate to contact Gabriela Vigo, of the Hazard Mitigation Assistance (HMA) Branch at (229) 225-4546 or Linda L. Byers, Planning Lead Specialist, at (770) 220-5498.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert E. Lowe", is written over the typed name.

Robert E. Lowe, Chief
Risk Analysis Branch
Mitigation Division

RESOLUTION NO. 2010R-55

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS
OF COLUMBIA COUNTY, FLORIDA, ADOPTING AN UPDATED
LOCAL MITIGATION STRATEGY FOR COLUMBIA COUNTY**

WHEREAS, Columbia County is subject to natural hazards such as floods, hurricanes and tropical storms, sinkholes, wildfires, drought and heatwaves, winter storms and freezes, and tornadoes, and the hazards affect the health and property of the citizens of the County as well as its economic viability; and

WHEREAS, hazard mitigation consists of actions such as structural enhancements, planning, code enforcement, and responsible development, taken to permanently reduce or eliminate the long-term risks to people and property from the effects of hazards; and

WHEREAS, a local mitigation strategy can minimize the effects of hazards by the following actions:

1. Identifying hazards to which the County is vulnerable;
2. Determining where the County is vulnerable to these hazards;
3. Assessing facilities and structures that are vulnerable to hazards;
4. Preparing a prioritized list of mitigation actions;
5. Identifying sources of funding; and
6. Making hazard awareness a community goal; and

WHEREAS, a local mitigation strategy was previously adopted by the Board of County Commissioners of Columbia County, Florida.

**NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY
COMMISSIONERS OF COLUMBIA COUNTY, FLORIDA, that;**

1. The Board of County Commissioners of Columbia County, Florida, hereby adopts and updated Local Mitigation Strategy for Columbia County, dated 2nd day, December, 2010, via the attached document, and made part of this resolution by reference.
2. This resolution shall become effective upon its adoption.

PASSED AND DULY ADOPTED, in regular session with a quorum present and voting, by the Board of County Commissioners of Columbia County, Florida, this 2nd day, December, 2010.

BOARD OF COUNTY COMMISSIONERS
OF COLUMBIA COUNTY, FLORIDA

Attest:

P. Dewitt Cason, Clerk of the Court

Ronald W. Williams, Chair