

RESOLUTION NO. 2018- 54

**A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR, OR HIS DESIGNEE, TO TAKE THE NECESSARY STEPS TO UTILIZE SHIP FUNDS TO REBUILD THREE HOMES.**

**RECITALS**

**WHEREAS**, the State of Florida enacted the William E. Sadowski Affordable Housing Act, Chapter 92-317 of Florida Sessions Laws, allocating a portion of documentary stamp taxes on deeds to local governments for the development and maintenance of affordable housing; and

**WHEREAS**, the State Housing Initiatives Partnership (SHIP) Act, ss. 420.907-420.9079, Florida Statutes (1992), and Rule Chapter 67-37, Florida Administrative Code, requires local governments to develop a one- to three-year Local Housing Assistance Plan outlining how funds will be used; and

**WHEREAS**, on September 2, 2014, St. Johns County adopted the FY 14/15, 15/16, and 16/17 SHIP Local Housing Assistance Plan (LHAP); and

**WHEREAS**, St. Johns County was allocated \$1,395,000 in SHIP funds for FY 16/17 to address the needs of eligible applicants; and

**WHEREAS**, on November 4, 2016 St. Johns County was awarded an additional \$1,200,000 in SHIP disaster funds for FY 16/17 to address the needs of eligible applicants that have had a direct affect to their housing by one of the hurricanes of 2016; and

**WHEREAS**, Section II, B., of the LHAP addresses how the County uses funds to address the needs of eligible applicants having their home rehabilitated; and

**WHEREAS**, Section II, C., of the LHAP addresses how the County uses the disaster funds to address the needs of eligible applicants affected by a disaster; and

**WHEREAS**, Section II, B., h., 3. of the LHAP requires that homes that are to be rebuilt must have the approval of the St. Johns County Board of County Commissioners; and

**WHEREAS**, Section II, C., h., 4. of the LHAP requires that homes that are to be rebuilt must have the approval of the St. Johns County Board of County Commissioners; and

**WHEREAS**, adoption of this resolution serves a public purpose.

**NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY:**

**Section 1. Incorporation of Recitals.**

The above recitals are incorporated by reference into the body of this resolution and such recitals are adopted as findings of fact.

**Section 2. Approval and Authority to Execute.**

The Board of County Commissioners hereby authorizes the County Administrator, or his designee, to take the necessary steps to utilize SHIP funding to rebuild three homes, the first two of which were substantially impacted by Hurricane Matthew, at the following addresses:

- 19 Oak Street, St. Augustine, FL 32084
- 204 Cabeza Street, St. Augustine, FL 32080
- 6141 S. Main Street, Hastings, FL 32145

**Section 3. Correction of Errors.**

To the extent that there are typographical or administrative errors or omissions that do not change the tone, tenor, or context of this resolution, this resolution may be revised without subsequent approval of the Board of County Commissioners.

**PASSED AND ADOPTED** by the Board of County Commissioners of St. Johns County this 20 day of February 2018.

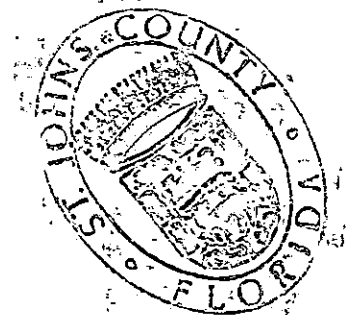
BOARD OF COUNTY COMMISSIONERS  
OF ST. JOHNS COUNTY

By: Henry Dean  
Henry Dean, Chair

ATTEST: Hunter S. Conrad, Clerk

By: Sam Halterman  
Deputy Clerk

RENDITION DATE 2/21/18





Post Office Box 1086  
Saint Augustine, FL 32085  
Tel: 904-824-0902 / Fax: 904-824-9635  
info@sjhp.org / www.sjhp.org  
Lic # CRC1329155

August 25, 2017

Mr. Joseph Cone  
St. Johns County Housing and  
Community Development  
200 San Sebastian View, Suite 2300  
St. Augustine, FL 32084

Dear Mr. Cone:

Pursuant to the St. Johns County SHIP Local Housing Assistance Plan (LHAP), homes that have been assessed as too badly damaged to be rehabilitated and should be demolished, must receive the approval of the St. Johns County Board of County Commissioners.

The following are the names and addresses of homeowners that will possibly use SHIP rehab funds to rebuild their damaged homes, as well as other community resources. We are requesting approval from the St. Johns County Board of County Commissioners in order to assist these families in moving forward:

Ms. Clare Norris  
19 Oak Street  
St. Augustine 32084

Ms. Rebecca Sanderford  
204 Cabeza St.  
St. Augustine 32080

Ms. Doris Hjerling  
6141 S. Main St  
Hastings 32145

Thank you very much for assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "William Lazar".

William Lazar  
Executive Director



CITY OF ST. AUGUSTINE  
PLANNING & BUILDING DEPARTMENT  
P.O. BOX 210  
ST. AUGUSTINE, FL 32085  
PHONE: 904-825-1065

November 7, 2016

Clare Norris  
19 Oak Street St.  
Augustine, FL 32084

Dear Property Owner:

The City of St. Augustine participates in the National Flood Insurance Program (NFIP). All communities that participate in the NFIP have adopted locally enforced flood hazard area regulations. These regulations contain standards for new, substantially damaged and/or substantially improved structures in identified Special Flood Hazard Areas (SFHA, or the 1% annual chance floodplain, commonly known as 100-year floodplain). In accordance with these regulations, the City of St. Augustine conducted substantial damage determinations for all structures built in the SFHA. Based on this inspection, your property has been determined to be substantially damaged by the Hurricane Matthew flooding event that occurred on October 7, 2016.

A substantially damaged structure is one that has damage that equals or exceeds 50 percent of the market value of the structure. The damage estimate would be made regardless of the repairs and improvements that may be planned at this time. To maintain our community's participation in the NFIP, and ensure that your future flood risk is reduced, your structure must be brought into compliance with local flood hazard area regulations. Please contact me to discuss options for bringing the structure into compliance and to obtain a building permit for this work. If you choose to contest this determination, please provide a Florida state licensed contractor's estimate of all repairs and improvements and/or a recent appraisal of the market value of your structure from the past within 45 days.


There are several funding sources that may be available to help pay for the cost of bringing your structure into compliance. If you have a flood insurance policy and your structure is located in a SFHA, your structure may be eligible for Increased Cost of Compliance (ICC) funds. ICC provides up to \$30,000 to relocate, elevate or demolish structures or dry-floodproof non-residential structures that must comply with local flood hazard regulations after substantial damage determination. Please contact your flood insurance agent to learn more about whether or not your structure may be eligible for ICC funds.

If the event that damaged your structure results in a Presidential disaster declaration, Hazard Mitigation Grant Program (HMGP) funds become available to mitigate flood-prone structures. Other FEMA mitigation grants programs may also be available, including: Flood Mitigation Assistance (FMA), Pre-Disaster Mitigation (PDM), and Repetitive Flood Claims (RFC).

Failure to bring this structure into compliance is a violation of local flood hazard area regulations. Section 8-437 contains possible ramifications for failure to comply. Failure to comply will also result in much higher flood insurance premiums for you and/or future owners of the property.

Please contact me at 904.825.1060 to discuss this matter further. Thank you for your cooperation during this difficult recovery period.

*Respectfully,*



*Richard "Buddy" Schauland, CBO, CFM  
Building and Code Enforcement Manager  
City of St. Augustine  
Planning and Building Department  
75 King St. P.O. Box 210  
St. Augustine, FL 32085  
(904)825-1065*

# Substantial Damage Estimator

**Subdivision**

Subdivision	Elev. of Lowest Floor
Parcel # 1504900090	ft.
Lot Number	Datum

**Community**

NFIP Community Name	St. Augustine, City of
NFIP Community ID #	125145
Latitude 29.919616	Longitude 81.31967099999997

**Building Address**

Owner's Name	Norris, Clare
Street Address	19 Oak Street
City	St. Augustine
County	St. Johns
State	Florida
Zip	32084-0000
Phone	(904) 325-0330
Additional Owner(s)	N/A



**Building Information**

Year of Construction	1924
Type	Single Family Residence
Quality	Low

**Damage Information**

Date of Inspection 11/02/2016	Date of Damage 10/7/2016	Residence Information
Inspected by Richard Schauland	Cause of Damage Flood	
Inspector Phone (904) 209-4327	Duration of Flood 12 Hours	
	Est. depth above lowest floor 1.2	

**NFIP Information**

Firm Panel #	Suffix	Date of FIRM Panel	Firm Zone	BFE	Regulatory Floodway
12109C0312	H	9/2/2004	AE		No

**Percent Damaged**

Value of Building	Percent Damaged	Cost of Repairs/Improvements
\$116,659.44	61.5 %	\$71,787.49
Computed Actual Cash Value	Substantially Damaged	Computed Damages

**Damage Summary**

Replacement Cost	\$190,620.00	Computed Damages	\$71,787.49
Depreciation %	38.8 %	Percent of Existing Improvements and Repairs Pre-Disaster	0 %
Computed Actual Cash Value*	\$116,659.44	Repair/Reconstruction %	61.5 %

\* Per FEMA Publication 213, Actual Cash Value may be used as Market Value.

**Optional User Entered Data**

Professional Appraisal	Contractor's Estimate of Repairs/Improvements
Tax Assessment \$0.00	
Factor Adjustment 0	Community's Estimate of Repairs/Improvements
Adjusted Tax Assessed Value	

Authorized Local Official : Signature

Authorized Local Official : Richard Schauland Jr. Printed Name

# ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Norris Clare Hampshire				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 19 Oak Street				Company NAIC Number:	
City Saint Augustine		State Florida		ZIP Code 32084	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) S 9.35 Lot 9 and N 33.5 of Lot 10 Block 1, Hildreth Back Bay, Map Book 2 page 29, Tax Parcel #1504900090					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>29 55 10.43N</u> Long. <u>81 19 11.46 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>5</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>0</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Saint Augustine 125145			B2. County Name Saint Johns		B3. State Florida
B4. Map/Panel Number 12109C0312	B5. Suffix H	B6. FIRM Index Date 07/18/2011	B7. FIRM Panel Effective/ Revised Date 09/02/2004	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 9
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 19 Oak Street			Policy Number:
City Saint Augustine	State Florida	ZIP Code 32084	Company NAIC Number

## SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: M 405 Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.


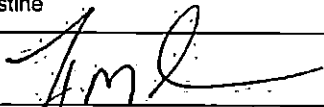
Check the measurement used.

- |  |     |  |                                 |
|--|-----|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____  | 7.1 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____  | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____  | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) _____   | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ | 6.6 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____   | 4.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____  | 5.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____                               | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

## SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name Terry M. Durden	License Number 5261	 Place Seal Here 2-7-17
Title Vice President		
Company Name Geomatics Corporation		
Address 2804 N. Fifth Street		
City Saint Augustine	State Florida	
Signature 	Date 2-7-17	Telephone (904) 824-3086

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)  
Benchmark used was M-405 1991 PID AQ2724 with an elevation of 6.95 feet NAVD 88, Corpscon version 6.0.1 was used to convert the NAVD 88 elevation to 8.02 feet NGVD 29. The lowest elevation of machinery or equipment servicing the building was taken on the concrete pad for A/C unit. The Latitude & Longitude shown in A5 were determined from Google Earth. Information is recorded in Geomatics Corporation Field book 16-15, page 51. Job # 17-2549.



**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 19 Oak Street			Policy Number:
City Saint Augustine	State Florida	ZIP Code 32084	Company NAIC Number

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)  
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments

Check here if attachments.

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
 Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 19 Oak Street			Policy Number:	
City Saint Augustine	State Florida	ZIP Code 32084	Company NAIC Number	

**SECTION G – COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for:       New Construction    Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G10. Community's design flood elevation: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

# BUILDING PHOTOGRAPHS

## ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 19 Oak Street			Policy Number:
City Saint Augustine	State Florida	ZIP Code 32084	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6: Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front View 02/08/2017



Photo Two

Photo Two Caption Left View 02/08/2017

# BUILDING PHOTOGRAPHS

## ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 19 Oak Street			Policy Number:
City Saint Augustine	State Florida	ZIP Code 32084	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



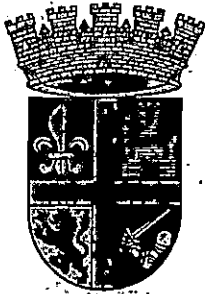
Photo One

Photo One Caption Rear View 02/08/2017



Photo Two

Photo Two Caption Right View 02/08/2017



# City of St. Augustine



St. Augustine, Florida  
Nation's Oldest City

Planning/Building

1565 - 2015  
450 years

February 16, 2017

Rebecca Sanderford  
204 Cabeza Street  
St. Augustine, FL 32080-4525

Re: Certificate of Demolition – 204 Cabeza Street – F2017-0023

Dear Ms. Sanderford:

On Thursday, February 16, 2017, the Historic Architectural Review Board (HARB) met and discussed your application to demolish a building constructed in 1950 that is recorded on the Florida Master Site File and not located in a district at 204 Cabeza Street (due to Hurricane Matthew).

Specifically, the HARB approved the application as per the attached executed order.

Please contact the Planning and Building Department at 825-1065 for the proper permits, fees and requirements before proceeding with your project in accordance with HARB's decision.

Sincerely,

David Birchim, AICP  
~~Acting~~ Director, Planning & Building

DB:sp  
Attachment

cc: John P. Regan, City Manager  
Isabelle Lopez, Assistant City Attorney  
Alison Ratkovic, City Clerk  
BDAC File

BEFORE THE  
HISTORIC ARCHITECTURAL REVIEW BOARD FOR THE  
CITY OF ST. AUGUSTINE, FLORIDA

---

**TYPE OF REQUEST:**

- |  |   |
|--|---|
| <input type="checkbox"/> Appeal of Architectural Review Official   | <input type="checkbox"/> Preliminary Design Approval for Entry Corridors                                    |
| <input type="checkbox"/> Certificate of Appropriateness  | <input type="checkbox"/> Certificate of Completeness and Recommendation for Historic Property Tax Exemption |
| <input checked="" type="checkbox"/> Certificate of Demolition  | <input type="checkbox"/> Opinion of Appropriateness   |
| <input type="checkbox"/> Certificate of Relocation   | <input type="checkbox"/> Variance to Design Standard  |
| <input type="checkbox"/> Certificate of Appropriateness for Preservation Approach for Ad Valorem Tax Exemption |   |

**IN THE MATTER OF:**

Case No.: 2017-0023  
Applicant: Rebecca Sanderford  
Address: 204 Cabeza Street  
Parcel Number: 218620-0000

RE: Certificate of Demolition, pursuant to Section 28-89, City of St. Augustine Code, to demolish a building constructed in 1950 that is recorded on the Florida Master Site File and not located in a district (due to Hurricane Matthew).

THE HISTORIC ARCHITECTURAL REVIEW BOARD HAS HEARD TESTIMONY AND EXAMINED EVIDENCE AT A PUBLIC HEARING HELD ON FEBRUARY 16, 2017, AND BASED ON THE TESTIMONY AND EVIDENCE, THE BOARD HAS DETERMINED AS FOLLOWS:

**FINDINGS OF FACT AND CONCLUSIONS OF LAW:**

1. Applicant is the legal owner, occupant, and/or representative of the owner/occupant of the subject property and duly submitted an application with the owner's knowledge, and was duly notified of the hearing, in accordance with Chapter 28 of the Code of the City of St. Augustine. The applicant or representative  was present at the February 16, 2017 Historic Architectural Review Board meeting and testified under oath, or  was not present.
2. A public hearing was held, with notice given as required by law, and  members of the public testified under oath, or  no members of the public spoke on this issue.
3. The subject property has a zoning classification of Residential Single Family two (RS-2).
4. The above-described Certificate of Demolition is subject to Section 28-89 of the Code of the City of St. Augustine.

**ORDER:**

Based upon the evidence presented, the Historic Architectural Review Board determined that the requested action MEETS / DOES NOT MEET the requirements of Section 28-89, City of St. Augustine Code, and APPROVES / DENIES / CONTINUES the Applicant's request to demolish a building constructed in 1950 that is recorded on the Florida Master Site File and not located in a district (due to Hurricane Matthew).

Subject to the following conditions:

- None.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

DONE AND ORDERED, at a public hearing on the 16<sup>th</sup> day of February, A.D., 2017, in the Alcazar Room, 75 King Street, St. Augustine, Florida.

CASE NO. 2017- 0023

REQUEST APPROVED / DENIED / CONTINUES

Paul L. Weaver, III  
Sign Name

Paul L. Weaver III  
Print Name

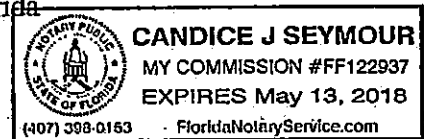
HISTORIC ARCHITECTURAL REVIEW BOARD  
CITY OF ST. AUGUSTINE, FLORIDA

STATE OF FLORIDA, COUNTY OF ST. JOHNS

I HEREBY CERTIFY that on this day, personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, Paul L. Weaver III who is personally known to me and who is the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same for the purposes therein expressed.

Witness my hand and official seal, this 16<sup>th</sup> day of February, A.D., 2017.

Candice J Seymour  
Notary Public, State of Florida



# ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name REBECCA SANDERFORD				Policy Number:	
A2. Building Street Address (including Apt., Suite, and or Bldg. No.) or P.O. Route and Box No. 204 CABEZA STREET				Company NAIC Number:	
City ST. AUGUSTINE		State FLORIDA		Zip Code 32080	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX ID # 218620 0000					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat: 29°53'18.3" Long: 81°17'36.6" Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number 8					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) 784 sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 17					
c) Total net area of flood openings in A8.b 853 sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage N/A sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A					
c) Total net area of flood openings in A8 0 sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM INFORMATION)					
B1. NFIP Community Name and Community Number CITY OF ST. AUGUSTINE			B2. County Name ST. JOHNS		B3. State FLORIDA
B4. Map/Panel Number 12109C-0318	B5. Suffix H	B6. FIRM Index Date 07/18/2011	B7. FIRM Panel Effective/ Revised Date 09/02/2004	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9 FEET
B10. Indicate the source of the Base Flood elevation (BFE) data or base flood depth entered in item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: <input type="text"/> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					



**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
 Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>		<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Suite, and or Bldg. No.) or P.O. Route and Box No. <div style="border: 1px solid black; padding: 2px;">204 CABEZA STREET</div>		Policy Number:
City <div style="border: 1px solid black; padding: 2px;">ST. AUGUSTINE</div>	State <div style="border: 1px solid black; padding: 2px;">FLORIDA</div>	Zip Code <div style="border: 1px solid black; padding: 2px;">32080</div>
Company NAIC Number		

**SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\* A new Elevation Certificate will be required when construction of the building is complete

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AO  
 Complete Items C2. a-h below according to the building diagram specified in item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: 

NGS-E322

 Vertical Datum: 

NGVD 1929

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source

Datum used for building elevation must be the same as used for the BFE. Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<div style="border: 1px solid black; padding: 2px;">6.2</div>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<div style="border: 1px solid black; padding: 2px;">8.1</div>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<div style="border: 1px solid black; padding: 2px;">N/A</div>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<div style="border: 1px solid black; padding: 2px;">N/A</div>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<div style="border: 1px solid black; padding: 2px;">6.2</div>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<div style="border: 1px solid black; padding: 2px;">5.6</div>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<div style="border: 1px solid black; padding: 2px;">6.0</div>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
H) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<div style="border: 1px solid black; padding: 2px;">6.0</div>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters

**SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement maybe punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No Check here if attachments

Certifier's Name <div style="text-align: center; font-weight: bold;">MICHAEL A. PIESCO</div>	License Number <div style="text-align: center;">4793</div>
Title <div style="text-align: center; font-weight: bold;">PROFESSIONAL LAND SURVEYOR</div>	
Company Name <div style="text-align: center; font-weight: bold;">ANCIENT CITY SURVEYING</div>	
Address <div style="text-align: center;">4425 U.S. HIGHWAY 1 SOUTH, SUITE 401</div>	
City <div style="text-align: center;">ST. AUGUSTINE</div>	State <div style="text-align: center;">FLORIDA</div>
Signature 	Date <div style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">12/27/2016</div></div>
Telephone <div style="text-align: center;">904-797-9967</div>	<div style="text-align: center; font-weight: bold;">PLACE SEAL HERE</div>

Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per c2(e), if applicable)

C2a GROUND ELEVATION IN CRAWL SPACE  
 C2b FLOOR ELEVATION TAKEN AT ENTRY  
 C2e ELEVATION ON TOP OF AIR CONDITIONER SUPPORT SLAB  
 C2h GROUND ELEVATION AT FRONT STEPS

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>		<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (Including Apt., Suite, and or Bldg. No.) or P.O. Route and Box No. <b>204 CABEZA STREET</b>		Policy Number:
City <b>ST. AUGUSTINE</b>	State <b>FLORIDA</b>	Zip Code <b>32080</b>
		Company NAIC Number

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)  
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is   feet  meters  above or  below the HAG

a) Top of bottom floor (including basement, crawlspace, or enclosure) is   feet  meters  above or  below the LAG

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1-2 of instructions), the next higher floor elevation (elevation C2.b in the diagrams) of the building is   feet  meters  above or  below the LAG

E3. Attached garage (top of slab) is   feet  meters  above or  below the LAG

E4. Top of platform of machinery and/or equipment servicing the building is   feet  meters  above or  below the LAG

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain mangement ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F – PROPERTY OWNER (OR OWNERS REPRESENTATIVE) CERTIFICATION**

The property owner or owner's representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name			
Address	City	State	Zip Code
Signature	Date	Telephone	

Comments

Check here if attachments

# ELEVATION CERTIFICATE

OMB No. 1660-0008

Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Suite, and or Bldg. No.) or P.O. Route and Box No <input type="text" value="204 CABEZA STREET"/>	Policy Number: <input type="text"/>
City <input type="text" value="ST. AUGUSTINE"/> State <input type="text" value="FLORIDA"/> Zip Code <input type="text" value="32080"/>	Company NAIC Number: <input type="text"/>

## SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in items G8-G10. In Puerto Rico only, enter meters.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G1.  The following information (Items G4-G10) is provided for community floodplain management purposes.

G4. Permit Number <input type="text"/>	G5. Date Permit Issued <input type="text"/>	G6. Date Certificate of Compliance/Occupancy Issued <input type="text"/>
---	--	---

G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building:   feet  meters Datum

G9. BFE or (in Zone AO) depth of flooding at the building site:   feet  meters Datum

G10. Community's design flood elevation:   feet  meters Datum

Local Official's Name  Title

Community Name  Telephone

Signature  Date

Check here if attachments

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (Including Apt., Suite, and or Bldg. No.) or P.O. Route and Box No <b>204 CABEZA STREET</b>	Policy Number:
City <b>ST. AUGUSTINE</b> State <b>FLORIDA</b> Zip Code <b>32080</b>	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption **12/23/2016 FRONT VIEW**



Photo Two Caption **12/23/2016 RIGHT VIEW**

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (Including Apt., Suite, and or Bldg. No.) or P.O. Route and Box No <b>204 CABEZA STREET</b>	Policy Number:
City <b>ST. AUGUSTINE</b> State <b>FLORIDA</b> Zip Code <b>32080</b>	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One Caption **12/23/2016 REAR VIEW AND AIR CONDITIONER**



Photo Two Caption **12/23/2016 LEFT VIEW**

**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
Expiration Date: November 30, 2018

**IMPORTANT: In these spaces, copy the corresponding information from Section A.** **FOR INSURANCE COMPANY USE**

Building Street Address (including Apt., Suite, and or Bldg. No.) or P.O. Route and Box No  
**204 CABEZA STREET** Policy Number:

City State Zip Code  
**ST. AUGUSTINE** **FLORIDA** **32080** Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

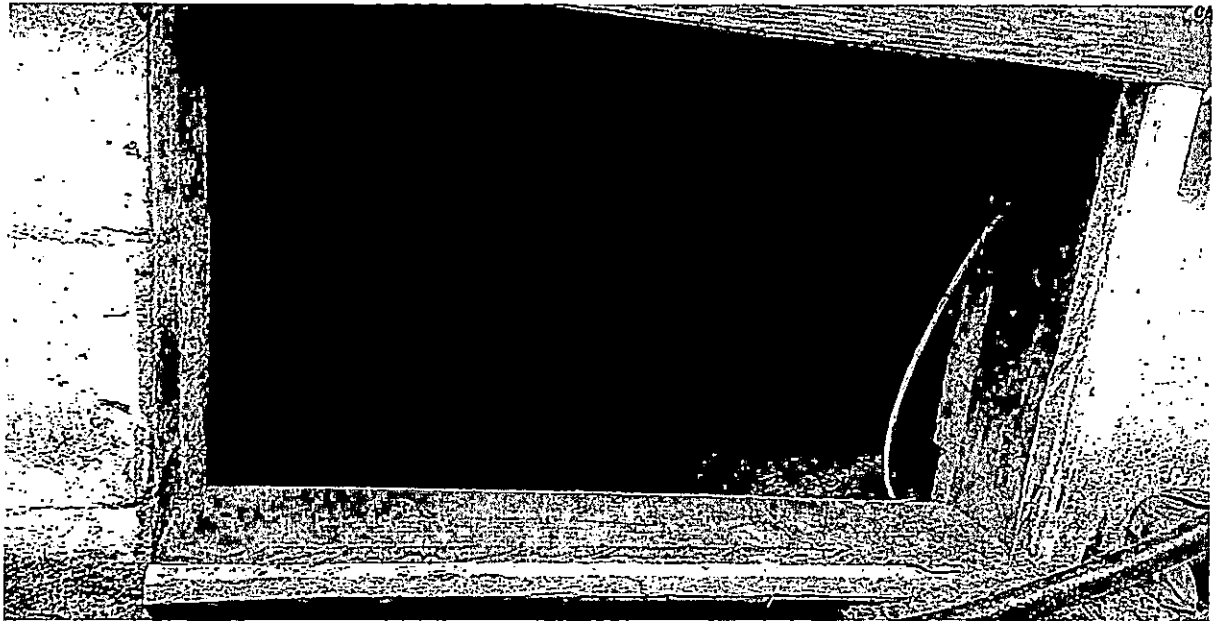


Photo One Caption **12/23/2016 CRAWL SPACE ACCESS**

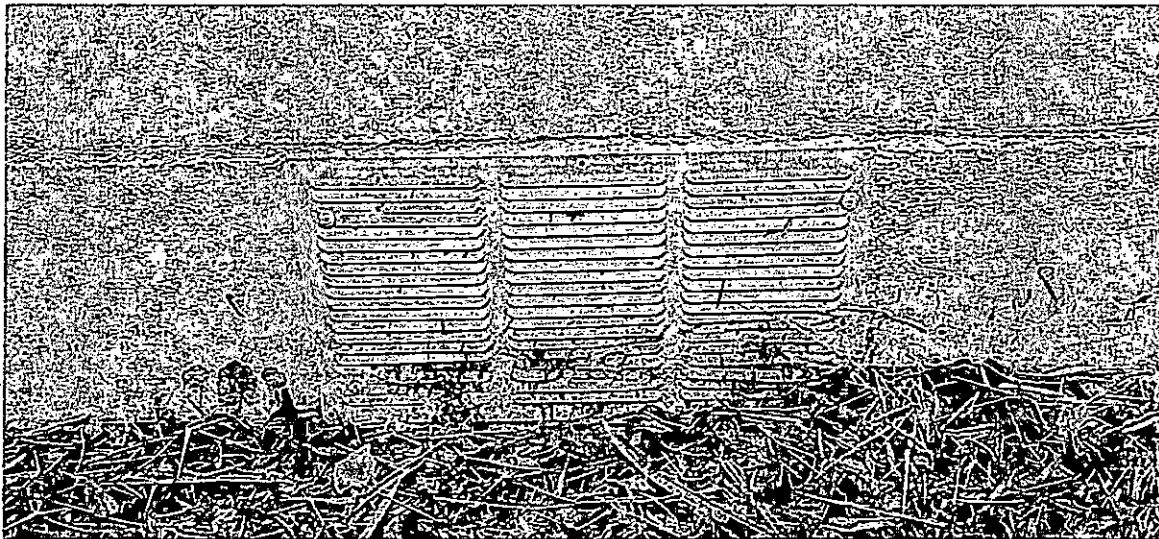


Photo Two Caption **12/23/2016 TYPICAL VENT**





**Town of Hastings  
Code Enforcement  
Activity Sheet**

Case No. 2004-002

6141 S. Main Street

DATE	SUMMARY
Prior 04/29/08	Place on agenda Per Town Attorney
05/06/08	Place on agenda per Town Attorney
05/07/08	Notice of Violation from Town Attorney
05/12/08	Received response to Notice from D. Fisher-Hjerling
06/30/08	Place on agenda Per Town Attorney
07/10/08	Place on agenda Per Town Attorney
07/16/08	Finding of Fact, Conclusions of Law, and Order prepared by CEB Attorney w/instructions
08/06/08	Place on agenda Per Town Attorney
01/15/09	Request copy of complete file from Attorney Dobson
01/23/09	Response to Attorney Dobson re: file
04/07/09	Dept. of General Services re: Resident Complaint
04/13/09	Memo to CEB requesting meeting by Attorney Dobson re: case #2004-002
04/22/09	Meeting scheduled but postponed due to lack of quorum
09/22/09	Meeting scheduled but postponed
03/25/10	Placed on agenda
04/06/10	Formal Citation w/Notice to Appear sent. Signed for on 04/10/2010
04/12/10	Received fax response from Respondent. Forward to CEO Nunchuck and Attorney Dobson
04/13/10	Complaint rec'd. By P. Stevens from neighbor dated 04/12/10 re: grass, weeds who provided Town Commissioners, Manager and Attorney copies w/note that CEB would receive copies at meeting.
04/15/10	Response to Citation from Ms. Fisher w/attachments. Copied to CEO, Attorneys Dobson & McCabe
04/15/10	Placed on agenda
04/23/10	Order sent. Signed for on 04/26/10/
04/30/10	Continuing complaint from neighbor received for Town Manager
05/10/10	Email from Bill Lazar, St. Johns Housing Partnership forwarded by Town Manager
05/10/10	Response dated 05/09/10 received both certified and regular mail
05/12/10	Placed on agenda. CEO provided photos of overgrown property
06/24/10	Placed on agenda
06/25/10	CEO requested water consumption
06/29/10	Notice of Violation re: encroachment on right-of-way. Signed for on 06/30/10
07/09/10	Attorney McCabe forwarded email from Attorney Ellen Avery-Smith
07/22/10	Placed on agenda
08/02/10	Attorney McCabe forwarded email from Attorney Ellen Avery-Smith re: "double" taxing
08/03/10	Finding of Fact, Conclusions of Law, and Order w/photos before and after attention sent certified and regular mail. Returned "Unclaimed" on 08/24/10
08/03/10	Email to and from Attorney McCabe re: if document should be recorded
08/19/10	Placed on agenda
08/19/10	Received from Respondent re: CEB meeting
08/19/10	Email to CEO re: Case 2004-002
08/24/10	Order Imposing Fine and Lien sent certified and regular. Signed for 08/26/10
09/10/10	Voicemail from E. Avery-Smith re: "landscaping"
09/13/10	Returned phone message to Ms. Avery-Smith. Per her request, emailed copy of Order to her w/CC to Attorney McCabe and CEO Nunchuck.
09/16/10	Placed on agenda
10/21/10	Placed on agenda.
11/17/10	On agenda. Waiting period.
01/19/11	On agenda. Waiting period.
02/22/11	On agenda. Waiting period.
03/15/11	On agenda. No quorum.
04/26/11	On agenda. Motion to prepare order with amount of lien. Notice to all property owners.
05/26/11	Notice of violation sent certified to Fisher & Baxters
06/28/11	On agenda.
07/28/11	Order signed. Mailed cert. to all on 08/01/11. Fisher's signed 08/01/11. Others returned 08/11 & 08/31/11.
02/02/12	6 month waiting period completed. On agenda for 02/28/12.



BEFORE THE CODE ENFORCEMENT BOARD  
OF THE TOWN OF HASTINGS, FLORIDA  
ORDER IMPOSING FINE AND LIEN

FILE COPY

IN THE MATTER OF:

6141 SOUTH MAIN STREET,

DORIS FISHER-HJERLING, ATHENA BAXTER, MESSIAH BAXTER, Respondent(s)

RE: VIOLATION OF SECTION(S) 13-6 A

---

CASE NO: 2004-02

THIS MATTER originally came before the Board for public hearing on June 3, 2008 and the Respondent having been given due notice, at which time the Code Enforcement Board (CEB) heard testimony under oath and received evidence. The Board issued findings of fact, conclusions of law and an oral order which was reduced to writing and furnished to the Respondent(s) to take corrective action by a certain time, as more specifically set forth in that Order. On June 28, 2011, this Board conducted a compliance hearing to determine whether the Board's Order dated May 26, 2011 had been complied with by the Respondent.

Based on the evidence and testimony presented at the hearing, this Board finds that the violation was not corrected as required by the prior Order of this Board; that the violation of Section 13-6A of Town of Hastings Ordinance #82-04 continues to exist on the Property, and that Respondent(s) as the owner(s) of the Property is in violation of the Order requiring the Respondent(s) to correct the violation.

The Board's previous order provided for a Compliance Date of June 11, 2011 and a fine of \$250.00 for the first day of the violation and \$250.00 for each day the violation continues beyond the referenced Compliance Date.

The Board has considered the following factors as they pertain to the amount of the fine:

- (a) The gravity of the violation is serious.
- (b) No actions have been taken by the Respondent(s) to correct the violation
- (c) The Respondent(s) has committed previous violations.

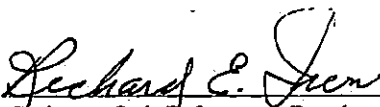
**IT IS HEREBY ORDERED** that beginning June 28, 2011, the above described fine is hereby imposed against the Respondent(s) for each and every day the violation exists upon the following described Property, situated in Hastings, St. Johns County, Florida:

LOCATION: 6141 South Main Street, Hastings, Florida 32145

LEGAL DESCRIPTION: 3-113 Hastings Villa - Lots 6 thru 9 Blk D (Ex. E5ft. in R/W Red #513 in DB232) & All of Lot 10 BLK E OR 1444/1725 & 2049/467 (L/E) Parcel 0463300060

THIS ORDER SHALL BE RECORDED in the Official Record Books of St. Johns County forthwith AND SHALL CONSTITUTE A LIEN AGAINST THE ABOVE DESCRIBED PROPERTY, AND UPON ANY OTHER REAL OR PERSONAL PROPERTY OWNED BY THE RESPONDENT(S), pursuant to Section 162.09, Florida Statutes. Further information on this matter may be obtained by contacting the Code Enforcement Officer, 6195 South Main Street, Suite A, Hastings, Florida 32145, Telephone (904)692-1420.

ORDERED at Hastings, St. Johns County, Florida, this 28<sup>th</sup> day of July, A.D., 2011.

  
\_\_\_\_\_  
Chairman, Code Enforcement Board  
Richard E. Irvin

PLEASE TAKE NOTICE THAT IN ACCORDANCE WITH CHAPTER 162 OF THE FLORIDA STATUTES:

A. ANY FINE IMPOSED BY THIS BOARD AGAINST YOU, THE RESPONDENT(S), CONSTITUTES A LIEN AGAINST THE REAL PROPERTY UPON WHICH THE VIOLATION EXISTS, AND UPON ANY OTHER REAL OR PERSONAL PROPERTY OWNED BY YOU. YOUR CONTINUED NONCOMPLIANCE CAN RESULT IN FORECLOSURE, JUDICIAL SALE AND LOSS OF YOUR PROPERTY.


B. You have thirty (30) days from the date of execution of this Order to APPEAL this Order to the Circuit Court of St. Johns County. Such an appeal shall not be a hearing de novo but shall be limited to appellate review of the record created before the Code Enforcement Board.

C. The Enforcement Board, upon notification by the Code Enforcement Officer that an Order of this Enforcement Board has not been complied with by the set time, may order the violator to pay a FINE NOT TO EXCEED \$250.00 FOR EACH DAY the violation continues past the date set for compliance. A certified copy of an order imposing a fine may be recorded in the public records and thereafter shall constitute a lien against the land on which the violation exists, and upon any other real or personal property owned by the violator. After three (3) months from the filing of any such lien which remains unpaid, the Code Enforcement Board may authorize the Town's Attorney to foreclose on the lien.

Copy of this Order furnished to the above Respondent:

**CERTIFICATION**

I HEREBY CERTIFY, that a true and correct copy of the above foregoing ORDER has been furnished by certified mail receipt #7010 1060 0001 5402 5671 and by regular United States mail to the Respondent: Doris Fisher-Hjerling, 6141 South Main Street, Hastings, Florida 32145 this 1st day of August 2011.

  
Town Manager/Clerk

I HEREBY CERTIFY, THAT I AM THE Official keeper of the records of the Town of Hastings, Florida; that the above and foregoing is a true and correct copy of the Original maintained by me as a part of the official records of the Town of Hastings, Florida.

In witness whereof, I have hereunto set my hand and the Official Seal of the Town of Hastings, Florida this 1st day of August 2011.

SEAL]

  
Town Manager/Clerk

6195 SOUTH MAIN STREET, SUITE A  
HASTINGS, FLORIDA 32145-5593

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

**OFFICIAL USE**

7010 1060 0001 5402 5671

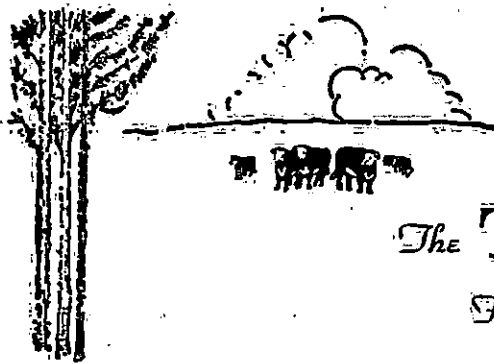
Postage	\$ .64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.79</b>



Sent To Doris Fisher-Hjerling  
 Street, Apt. No.,  
 or PO Box No. 6141 S. Main St.  
 City, State, ZIP+4 Hastings, FL 32145

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X </p> <p>B. Received by (Printed Name)                  Doris Fisher-Hjerling</p> <p>C. Date of Delivery                  8/4/11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><b>Doris Fisher-Hjerling</b>  <b>6141 South Main Street.</b>  <b>Hastings, FL 32145</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number                  (Transfer from service label) <u>7010 1060 0001 5402 5671</u></p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>



*The* **TOWN OF HASTINGS**

*Florida's* **POTATO** *Capital*

6195 S. MAIN STREET, SUITE A  
HASTINGS, FLORIDA 32145

PHONE: 904-692-1420  
FAX: 904-692-2844

 February 2, 2018



Bill Lazar, Executive Director  
St. Johns Housing Partnership  
P.O. Box 1086  
St. Augustine, Florida 32085

RE: 6141 S. Main Street  
Hastings, Florida 32145

Dear Mr. Lazar:

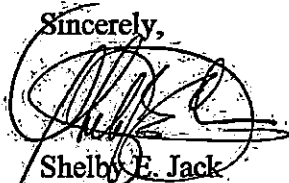
The above referenced property has been a concern with Code Enforcement for several years. The original house is not safe to live in and the owner has been forced to move into the garage several years ago. Neither of the buildings meets decent safe and sanitary conditions, at which both needs to be demolished.

Please advise, should there be alternatives to prevent the homeowner from becoming homeless.

Thank you for your time and assistance with this matter.

Should you have any questions or if I may be of further assistance, please give me a call at (904) 692-1420 ext. #201 or email [tohclerk@windstream.net](mailto:tohclerk@windstream.net).

Sincerely,



Shelby E. Jack  
Town Manager, CMC

SEJ/

**ST. JOHNS COUNTY**

**SHIP LOCAL HOUSING ASSISTANCE PLAN (LHAP)**



**FISCAL YEARS COVERED**

**2014/2015, 2015/2016, 2016/2017**

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I. PROGRAM DESCRIPTION:

A. NAME OF THE PARTICIPATING LOCAL GOVERNMENT AND INTERLOCAL IF APPLICABLE:

ST. JOHNS COUNTY

Interlocal : Yes \_\_\_\_\_ No  X

Name of participating local government(s) in the Interlocal Agreement;

N/A

B. PURPOSE OF THE PROGRAM:

Creation of the Plan is for the purpose of meeting the housing needs of the very low, low and moderate income households, to expand production of and preserve affordable housing, to further the housing element of the local government comprehensive plan specific to affordable housing.

C. FISCAL YEARS COVERED BY THE PLAN:

2014/2015  
2015/2016  
2016/2017

D. GOVERNANCE:

The SHIP Program is established in accordance with Section 420.907-9079, Florida Statutes and Chapter 67-37.007 Florida Administrative Code. The SHIP Program does further the housing element of the local government Comprehensive Plan. **Cities and Counties must be in compliance with these applicable statutes and rules.**

E. LOCAL HOUSING PARTNERSHIP:

SHIP Program encourages building active partnerships between government, lenders, builders and developers, real estate professionals, advocates for low-income persons and community groups.

F. LEVERAGING:

The Plans are intended to increase the availability of affordable residential units by combining local resources and cost saving measures into a local housing partnership and using public and private funds to reduce the cost of housing. SHIP funds may be leveraged with or used to supplement other Florida Housing Finance Corporation programs and to

provide local match to obtain federal housing grants or programs.

**G. PUBLIC INPUT:**

Public input was solicited through face to face meetings with housing providers, social service providers and local lenders and neighborhood associations. Public input was solicited through the local newspaper in the advertising of the Local Housing Assistance Plan and the Notice of Funding Availability.

**H. ADVERTISING AND OUTREACH:**

The county or eligible municipality or its administrative representative shall advertise the notice of funding availability in a newspaper of general circulation and periodicals serving ethnic and diverse neighborhoods, at least 30 days before the beginning of the application period. If no funding is available due to a waiting list, no notice of funding availability is required.

**I. DISCRIMINATION:**

In accordance with the provisions of ss.760.20-760.37, it is unlawful to discriminate on the basis of race, creed, religion, color, age, sex, marital status, familial status, national origin, or handicap in the award application process for eligible housing.

**J. SUPPORT SERVICES AND COUNSELING:**

Support services are available from various sources. Available support services may include but are not limited to: Homeownership Counseling (Pre and Post), Credit Counseling Services, Financial Education and Budgeting Classes, Local Partnerships with Mortgage Lenders Tenant Counseling, Foreclosure Prevention and Intervention Services, Fair Housing Counseling and the St. Johns Housing Partnership.

**K. PURCHASE PRICE LIMITS:**

The sales price or value of new or existing eligible housing may not exceed 90% of the average area purchase price in the statistical area in which the eligible housing is located. Such average area purchase price may be that calculated for any 12-month period beginning not earlier than the fourth calendar year prior to the year in which the award occurs. The sales price of new and existing units, which can be lower but may not exceed 90% of the median area purchase price established by the U.S. Treasury Department or as described above.

The methodology used is:

- Independent Study (copy attached)  
 U.S. Treasury Department  
 Local HFA Numbers

The purchase price limit for new and existing homes is shown on the Housing Delivery Goals Charts.

**L. INCOME LIMITS, RENT LIMITS AND AFFORDABILITY:**

The Income and Rent Limits used in the SHIP Program are updated annually from the Department of Housing and Urban Development and distributed by Florida Housing



Finance Corporation. Affordable means that monthly rents or mortgage payments including taxes and insurance do not exceed 30 percent of that amount which represents the percentage of the median annual gross income for the households as indicated in Sections 420.9071 (19),(20), and (28) F.S. However it is not the intent to limit an individual household's ability to devote more than 30% of its income for housing, and housing for which a household devotes more than 30% of its income shall be deemed Affordable if the first institutional mortgage lender is satisfied that the household can afford mortgage payments in excess of the 30% benchmark and in the case of rental housing does not exceed those rental limits adjusted for bedroom size.

**M. WELFARE TRANSITION PROGRAM:**

Should an eligible sponsor be used, the city/county has developed a qualification system and selection criteria for applications for Awards to eligible sponsors, which includes a description that demonstrates how eligible sponsors that employ personnel from the Welfare Transition Program will be given preference in the selection process.

**N. MONITORING AND FIRST RIGHT OF REFUSAL:**

In the case of rental housing, the staff or entity that has administrative authority for implementing the local housing assistance plan assisting rental developments shall annually monitor and determine tenant eligibility or, to the extent another governmental entity provides the same monitoring and determination, a municipality, county or local housing financing authority may rely on such monitoring and determination of tenant eligibility. However, any loan or grant in the original amount of \$3,000 or less shall not be subject to these annual monitoring and determination of tenant eligibility requirements: Tenant eligibility will be monitored for at least annually for 15 years or the term of assistance whichever is longer unless as specified above. Eligible sponsors that offer rental housing for sale before 15 years or that have remaining mortgages funded under this program must give first right of refusal to eligible nonprofit organizations for purchase at the current market value for continued occupancy by eligible persons.

**O. ADMINISTRATIVE BUDGET:**

A detailed listing including line-item budget of proposed Administrative Expenditures is attached as Exhibit A. These are presented on an annual basis for each State fiscal year submitted.

St. Johns County finds that the moneys deposited in the local housing assistance trust fund shall be used to administer and implement the local housing assistance plan.

**Section 420.9075 Florida Statute and Chapter 67-37, Florida Administrative Code, states:**

"A county or an eligible municipality may not exceed the 5 percent limitation on administrative costs, *unless* its governing body finds, by resolution, that 5 percent of the local housing distribution plus 5 percent of program income is insufficient to adequately pay the necessary costs of administering the local housing assistance plan."

**Section 420.9075 Florida Statute and Chapter 67-37, Florida Administrative Code, further states:**

"The cost of administering the program may not exceed 10 percent of the local housing distribution plus 5% of program income deposited into the trust fund, except that small counties, as defined in s. 120.52(17), and eligible municipalities receiving a local housing distribution of up to \$350,000 may use up to 10 percent of program income for administrative costs." The applicable local jurisdiction has adopted the above findings in the attached resolution."

**St. Johns County has adopted the above findings in the attached resolution, Exhibit E.**

**P. PROGRAM ADMINISTRATION:**

Administration of the local housing assistance plan is the responsibility of the county. Should a third party entity or consultant contract for all or part of the administrative or other functions of the program provide in detail the duties, qualification and selection criteria.

**Q. ESSENTIAL SERVICE PERSONNEL:**

"Essential Services Personnel" is meant to include, but is not limited to, teachers, educators, other school district, community college, and university employees, police and fire personnel, health care personnel, skilled building trade personnel, and other job categories with personnel earning less than 80% of area median income as adjusted to household size."

**R. INITIATIVE FOR GREEN BUILDING DESIGN: Section 420.9075(3)(d), F.S**

St. Johns County encourages the incorporation of innovative design techniques into construction and rehabilitation projects for ongoing sustainability and affordability. New home construction and scopes of work for rehabilitation projects will contain practices to utilize green building initiatives that may include but are not limited to: Use of an Energy Rater to test and evaluate the building (pre and post rehab) and make recommendations that are designed to reduce utility and maintenance costs. Use of a blower door (and other building performance test procedures) to verify duct tightness and the overall performance of the building envelope, any existing gas appliances should be tested with a gas monoxor for proper combustion. Purchase of Energy Star rated refrigerators and ceiling fans with light fixtures, Energy Star fluorescent light fixtures throughout units, high-efficiency air, conditioning units with programmable thermostats, well-insulated exterior walls, exterior doors, and ceilings, light colored roofing material, low/no VOC interior paint, light colored interior and exterior paint, utilization of

environmentally friendly pesticides and drought tolerant plantings, high efficiency low flow and/or dual flushing toilet systems, low-flow shower heads and faucets, durable long-lasting asphalt roof shingles and light colored reflective roofing material, utilization of recycled material for flooring, insulation, countertops and concrete driveways. Any rehab should consider features that promote Aging in Place. Lever handles on both faucets and door knobs, toilets that are between 17" and 19" in height, zero threshold exterior doors, consider a walk-in shower if feasible and install backing for grab bars.

## Section II. LHAP HOUSING STRATEGIES:

### A. Name of the Strategy: PURCHASE ASSISTANCE-EXISTING HOME

- a. **Summary of the Strategy:** The Purchase Assistance Program is designed to assist first time homebuyers become homeowners by providing loans as a second mortgage or a subordinate loan. SHIP funds may be used for down-payment, closing costs, principal buy-down and/or repairs to existing homes necessary to be health and safety code compliant as determined by required home inspection conducted by SHIP program contracted home inspection service. Additionally, necessary repairs to major systems: roof, plumbing, HVAC and electrical are encouraged to be made at time of purchase as funds permit to prevent near future financial burden to new homeowners. SHIP funds may be used in conjunction with approved participating lenders down payment assistance mortgage loan products, USDA Rural Development, Florida Assist or other State or Federal Programs.
- b. **Fiscal Years Covered:** FY2014/2015, 2015/2016, 2016/2017
- c. **Income Categories to be Served:** Very Low, Low, and Moderate Income
- d. **Maximum award:** is noted on the Housing Delivery Goals Charts:
- e. **Terms, Recapture and Default:** A 0% interest deferred lien/note will be executed and will be in effect for the length of the first note (coterminous) from the date of closing. Due upon sale, transfer or refinance, the amount of repayment will be equal to: *The original amount of purchase assistance plus a percentage of the net gain (increased value) based upon the sales price or in the case of a transfer or refinance the net gain will be calculated using the current appraised value. The percentage used to determine the County's share of the gain will be equal to the amount of the original purchase assistance divided by the original purchase price.* Any repayment is to be made to the St. Johns County Local Housing Assistance Trust Fund.

- f. **Recipient Selection Criteria:** Applicants must submit application to St. Johns County Homeownership Program and meet income and eligibility guidelines. Applicants must contractually agree to all SHIP Program guidelines, repayment provisions and certify that the unit assisted will be their primary residence. The applicant must be approved for a first mortgage by a participating lender. Funds will be awarded on a first come, first qualified basis.
- g. **Sponsor Selection Criteria, if applicable:** Sponsor criteria not applicable.
- h. **Additional Information:**
  - 1. Single-family houses, town houses and condominiums are eligible. Mobile homes are not.
  - 2. The home to be purchased must be located in St. Johns County.
  - 3. The PITI should meet the affordability target criteria of 30 percent of Area Median Income adjusted for family size, unless the lender approves a higher percentage.
  - 4. Other funding sources may include lending institutions down payment assistance mortgage loan products, State or Federal programs such as Rural Development, HOME or HOP.
  - 5. Completing credit counseling sessions, the St. Johns County Homebuyer Education Class and/or other program requirements is mandatory before closing on the home.
  - 6. A subordination of this deferred payment mortgage will only be approved under the guidelines of the Subordination Policy established by the St. Johns County SHIP Program. SEE EXHIBIT 'H' Attached

**B. Name of Strategy: HOUSING REHABILITATION**

- a. **Summary of the Strategy:** This program assists low and very-low income eligible owner-occupants in St. Johns County with rehabilitation as defined by Rule 67-37.002 (17), Florida Administrative Code.
- b. **Fiscal Years Covered:** FY2014/2015, 2015/2016, 2016/2017
- c. **Income Categories to be served:** are Very-Low and Low, i.e., equal to or less than 80 percent of Area Median Income.
- d. **Maximum award:** is noted on the Housing Delivery Goals Charts

e. **Terms, Recapture and Default:**

A 0% deferred lien/note will be executed and will stay in effect for a period of 20-years from the date of closing. This deferred loan will be forgiven at a rate of five percent (5%) per year for the 20 year term. In the event of sale, transfer or cash-out to homeowner refinance of the property prior to the expiration of the 20 year term, the remaining balance is due immediately. Any repayment of loans is program income and is to be made payable to the St. Johns County Local Housing Assistance Trust Fund. The County reserves the right to foreclose if payment is not received as noted above. In the event the owner should die, the strategy allows the possibility of assumption of the remaining pro rata amount of the original lien by income eligible heirs who will reside in the home as their primary owner occupied residence. Eligible heir will be responsible for first and second mortgage payments, property taxes and/or assessments must be current, with no judgments, liens, or third mortgages against the property; any first or second mortgage payments must be current.

f. **Recipient Selection Criteria:**

1. Assistance is awarded on a first-come/first-qualified basis with preference given to very-low income clients, the elderly and individuals with special needs. A waiting list is maintained and applications are taken all year long.
2. The home must be owner-occupied.
3. Property taxes and/or assessments must be current, with no judgments, liens, or third mortgages against the property; any first or second mortgage payments must be current.

g. **Sponsor Selection Criteria:**

The Sub-recipient will be the non-profit agency administering the Rehabilitation Program and will be charged with overseeing the implementation of this program.

1. Preference will be given to sponsors that employ personnel from the Welfare Transition Program as required by Rule 67- 37.005(6)(a)(2), Florida Administrative Code.
2. Preference will be given to 501(c) (3) agencies with a primary goal of providing affordable housing in St. Johns County which have:
  - financial accountability standards which permits County staff to monitor SHIP funds;

- a demonstrated capacity to complete rehabilitation by having experienced/licensed staff who have successfully completed projects similar to those proposed;
- an experience in managing like housing programs for at least five previous years;
- history of serving St. Johns County for three or more years;
- insurance coverage to meet St. Johns County requirements;
- references from other non-profits or previous clients familiar with their work.

**h. Additional Information:**

1. The home must be inspected before, during, and after construction.
2. Mobile homes, rentals, and condominiums are not eligible for assistance.
3. In situations where the home has been assessed by the St. Johns County code enforcement division as too badly damaged to be rehabilitated, the home may be demolished (demolition of the damaged home shall be conducted by an independent contractor participating in the St. Johns County Abatement and Replacement program which is locally funded) and rebuilt upon the approval of the St. Johns County Board of County Commissioners. Homes constructed under the terms of this provision will be subject to all criteria, terms, recapture and default conditions of the SHIP Rehabilitation strategy; dependent upon the availability of funds. Construction of the replacement home shall be implemented by the non-profit sponsor contracted with St. Johns County Board of County Commissioner to execute SHIP Rehabilitation strategy functions.
4. Other funding sources may include lending institutions, State or Federal Programs such as: Rural Development, HAP or HOP.
5. A subordination of this deferred payment mortgage will only be approved under the guidelines of the Subordination Policy established by the St. Johns County SHIP Program.

**C. Name of the Strategy: DISASTER STRATEGY**

- a. **Summary of the Strategy:** The Disaster Strategy provides assistance to households following a disaster as declared by Executive Order by the President of the United States or Governor of the State of Florida. This strategy will only be implemented in the event of a disaster using any funds that have not yet been encumbered or additional disaster funds issued by Florida Housing Finance Corporation. SHIP disaster funds may be used for items such as, but not limited to:
1. Purchase of emergency supplies for eligible households to weatherproof damaged homes;
  2. Interim repairs to avoid further damage; tree and debris removal required to make the individual housing unit habitable;
  3. Construction of wells or repair of existing wells where public water is not available;
  4. Payment of insurance deductibles for rehabilitation of homes covered under homeowners insurance policies;
  5. Security deposit for eligible recipients that have been displaced from their homes due to disaster;
  6. Rental assistance ~~for the duration of,~~ **both during and up to twelve months after the Florida Office of the Governor Executive Order,** for eligible recipients that have been displaced from their homes due to disaster;
  7. Other activities as proposed by the counties and eligible municipalities approved by Florida Housing.
- b. **Fiscal Years Covered:** FY2014/2015, 2015/2016, 2016/2017
- c. **Income Categories Served:** Very Low, Low and Moderate as defined in Section 420.9071(19), (20), (28), F.S.
- d. **Maximum award:** is noted on the Housing Delivery Goals Charts.
- e. **Terms, Recapture and Default:** All SHIP funds provided to eligible households will be in the form of a grant and not subject to recapture.
- f. **Recipient Selection Criteria:** Applicants will be served on a come, first qualified basis. However, priority shall be given to persons who have special housing needs and individuals or households that qualify as Elderly as defined in 420.503, F.S.

- g. **Sponsor Selection Criteria:** Given the emergency nature of this program and the fact that St. Johns County has no SHIP rehabilitation construction staff, the (non-profit) agency administering the Rehabilitation Program will be charged with overseeing the implementation of this program.
  
- h. **Additional Information:** SHIP funds at all times must be used for eligible applicants and eligible housing. SHIP disaster funds may not be used for the purchase or rehabilitation of mobile homes.
  - 1. The home must be located in St. Johns County.
  - 2. Applicants income and ownership of the home will be verified in the form of third party verification.
  - 3. Mobile homes and rentals are not eligible for assistance.
  - 4. Homes that are too badly damaged to be rehabilitated may be demolished. Demolition of the damaged home shall be conducted by an independent contractor participating in the locally-funded St. Johns County Abatement and Replacement program. Homes that are to be rebuilt must have the approval of the St. Johns County Board of County Commissioners. Homes constructed under the terms of this provision will be subject to all criteria, terms, recapture and default conditions of the SHIP Rehabilitation strategy and are dependent upon the availability of funds. Construction of the replacement home shall be implemented by the non-profit sponsor contracted with St. Johns County Board of County Commissioner to execute SHIP Rehabilitation strategy functions.

#### D. Utility Tap and Connection Fees

- a. **Summary of Strategy:** This program will replace failing septic systems and old wells by paying for connections to central water and wastewater for homeownership units. All tap and connection fees may be paid, private well abandonment and closing septic tanks may also be funded, as well as any related plumbing costs.
  
- b. **Fiscal years Covered:** FY2014/2015, 2015/2016, 2016/2017
  
- c. **Income categories to be served:** are Very-Low and Low, i.e., equal to or less than 80 percent of Area Median Income.
  
- d. **Maximum Award:** Is noted on the Housing Delivery Goals Charts.



- e. **Terms, Recapture and Default:** This strategy will be funded as a "grant" as defined in 420.9071 (12).
- f. **Recipient Selection Criteria:** Assistance is awarded on a first-come/first-qualified basis to applicants who meet the following selection criteria.
  - 1. The owner-occupied home must be located in St. Johns County.
  - 2. Mobile homes and rentals are not eligible for assistance.
  - 3. The households must be connecting to public water and/or sewer.
  - 4. True emergencies referred by the State Environmental Health Department or social services agencies will be handled immediately or as funds are available.
  - 5. The assessed value of the home may not exceed the maximum purchase of the existing house program.
- g. **Sponsor Selection Criteria:** N/A
- h. **Additional Information:** N/A

**E. Name of the Strategy: Rental Housing**

- a. **Summary:** This program will directly fund or leverage funds for rental developments agreeing to reserve a certain percentage of units, as affordable housing. Developers receiving assistance from SHIP and the Low Income Housing Tax Credit Program, SAIL or HOME shall be required to comply with the income, affordability and other Housing Credit, SAIL, HOME requirements. Similarly, any units receiving assistance from other federal, state, or local programs shall be required to comply with any requirements specified by the other program in addition to SHIP program requirements.
  - 1. **Special Needs Facility Development** St. Johns County will provide the funds to aid a not-for-profit agency, coalition or the St. Johns County Housing Financing Authority to apply for HUD funds either directly or through the State of Florida. This strategy may be funded as a grant as defined in 4209071(12), with no repayment required along with the execution of a Land Use Restriction Agreement to assure the 15- year affordability.
- b. **Fiscal Years Covered:** FY2014/2015, 2015/2016, 2016/2017.
- c. **Income Categories to be Served:** Extremely Low Income, are Very-Low and

Low, i.e., equal to or less than 80 percent of Area Median Income (AMI).

- d. **Maximum Award:** is noted on the Housing Delivery Goals Charts.
- e. **Terms, Recapture and Default:** Funds will be secured by a mortgage and a note and will conform to the compliance terms of other loan program used such as HOME, SAIL or the Low Income Housing Tax Credit Program. Loan interest rates are set at zero percent for those developments that maintain 80 percent of their occupancy for farmworkers, commercial fishing workers or homeless people. The interest rates are set at one percent for all other developments. Loans are issued for a maximum of 15 years unless housing credit syndication requirements or FannieMae requirements dictate longer terms, in which case the term may be made coterminus with the longest term of the superior loan. In most cases, the SAIL loan cannot exceed 25 percent of the total development cost and can be used in conjunction with other state and federal programs. Maximum term is 25 years, unless a longer term is specifically required as a condition for project financing. As defined in the applicable mortgage and note, full recapture of SHIP funds invested is required upon default, unless a forgiveness provision (depreciating balance) is incorporated into the mortgage and note in which case, the un-depreciated portion shall be due and payable upon default. Compliance monitoring shall be performed annually by county housing program staff or a designated agent for a minimum of 15 years through direct review of Sponsor agency documentation to establish compliance with SHIP Program affordability requirements with respect to tenant occupancy, income levels, and rental rates. For FHFC financed projects that also receive SHIP local support, occupancy, rent, and housing quality compliance documentation secured by FHFC or its contract monitor, shall be deemed acceptable in meeting this requirement. The sale of properties assisted with SHIP funds shall require approval of the Board of County Commissioners and shall be acceptable (without repayment) only if the subsequent owner(s) agree to meet any remaining rental, occupancy and affordability obligations established in the development agreement, mortgage and note. Under the SHIP Program, assisted rental properties offered for sale prior to the end of the term of assistance must be subject to a right of first refusal for purchase at the current market value by eligible non-profit organizations that would provide continued occupancy by SHIP eligible persons.
- f. **Recipient/Sponsor Selection Criteria:** Assistance is awarded on a competitive basis to applicant-sponsors who meet the following selection criteria.

1. The recipients are for-profit developers, nonprofit housing providers, Community Housing Development Organizations (CHDOs) or local governments, redevelopment Organizations.
2. Numbers or percentages of units reserved for specific area median incomes, populations, or geographic areas may be specified.
3. Proposed developments must meet all threshold requirements.
4. Other criteria such as staffing, capacity, experience in rental projects may be used.
5. Preference will be given to sponsors that employ personnel from the Welfare Transition Program as required by Rule 67-37.005(6)(b)(7) Florida Administrative Code
6. Preference will be given to eligible sponsors that employ personnel from the Welfare Transition Program as required by Rule 67-37.005(6)(b)(7) Florida Administrative Code.
7. Funds must be expended and the development must be located in St. Johns County.
8. They must provide shelters or group homes to domestic violence victims, persons with developmental disabilities or mental illnesses, elderly or disabled adults, runaway/abandoned children, Youth Aging out of Foster Care, homeless, veterans, families that are considered to be homeless or similar populations.
9. They have successfully completed projects similar to those being proposed and in a timely manner, thus demonstrating capacity to develop affordable housing;
10. Their financial accountability standards permit the County Finance Department and the SHIP staff to account for and audit the SHIP funds utilized, in order to meet the state statutory requirements of the SHIP program relating to beneficiaries and units assisted.
11. They have administrative capacity to provide all necessary income and demographic documentation by May 30 of the year monies are expended, in order to meet the state statutory requirements of the SHIP program relating to beneficiaries, units assisted, and state statutory deadline for expending SHIP program funds;
12. They demonstrate or document items are in place: zoning, infrastructure, site control, other financing, cost per unit, and support services;
13. There is one contact person named, preferably having prior grant experience.

- g. **Additional Information:** Other funding sources may include the Housing Credit, HOME, SAIL, and other related programs, as well as private lending sources and developer resources.

### III. LHAP INCENTIVE STRATEGIES

In addition to Strategy A and Strategy B, include all adopted incentives with the policies and procedures used daily for implementation as provided in Section 420.9076, F.S.:

#### A. Name of the Strategy: Expedited Permitting

- a. Established policy and procedures: Permits as defined in s. 163.3164(7) and (8) for affordable housing projects are expedited to a greater degree than other projects. In September, 1993, the County instituted the Development Review Committee (DRC) to establish uniform requirements and procedures for submittal and review of applications for development plan approval, to implement the goals and policies of the Comprehensive Plan, and to ensure compliance with all applicable land development regulations. The eighteen-member committee representing planning, zoning, growth management, transportation, utilities, environmental health, fire service, 911 addressing, building, codes, survey, environmental planning, and landscaping, reviews all proposed developments (such as subdivisions or multi-family) within 20 working days, then meets with the developer to discuss their independent findings at a joint DRC meeting. February 24, 1998, adopted by Resolution 98-48, developers planning affordable housing projects will be directed to the Housing Office by any staff receiving questions. Housing staff can work with the developer to determine, quantitatively, if the project is truly affordable (i.e., the anticipated payments do not exceed 30% of the very-low to moderate income categories, or if rents do not exceed standard limits adjusted for bedroom size). Upon issuance of an "Affordable Housing Development" (AHD) designation, a sheet to be attached to all copies submitted for development review, the developer is assured that the original review time may be reduced by up to 50 percent. Rezoning requests may be facilitated in agenda placement for committee and Board of County Commissioners' review. St. Johns County's permitting process has been centralized and expedited with the location of all applicable permitting departments in one facility. It has cut down on developer's time expended on obtaining permits. The Comprehensive Plan adopted by Ord. 90-53, Policy E.1.1.4(a), adopted in December, 1990, and amended by Policy C.1.1.4, adopted by Ordinance 2000-34, and amended by Policy C.1.1.4, adopted by Ordinance 2000-34, recommended this change. Permits may be applied for in advance of lot purchase closing so delays can be avoided by

careful planning.

**B. Name of the Strategy: Ongoing Review Process**

An ongoing process for review of local policies, ordinances, regulations and plan provisions that increase the cost of housing prior to their adoption.

- a. **Established Policy and Procedures:** The SHIP-required Affordable Housing Advisory Committee (AHAC) was transformed to the Housing Revitalization Agency (HRA) and thence to the Housing Advisory Committee (HAC) with policy-reviewing responsibilities. This incentive was adopted by the original ordinance establishing the SHIP Program on April 23, 1993 (93-21) and the "glitch" ordinance required by the State to amend Resolution 93-21 on July 27, 1993 (93-36). It was also covered by the Local Affordable Housing Incentive Plan (LAHIP), which was adopted on April 1, 1994. The HRA became the Housing Advisory Committee (HAC) by Resolutions 99-61 and 99-112, and the HAC responsibilities were added to the Housing Finance Authority on March 13, 2001 by Resolution 2001-41. The board was increased from 5 to 7 members and serves as a "clearing house" for affordable housing issues. In addition, the Planning and Zoning Agency and Board of County Commissioners (BCC) review policies, ordinances, regulations and plan provisions affecting affording housing.

**C. Name of the Strategy: Affordable Housing Economic Incentive Program**

Ordinance No. 2005-101 provides for an Affordable Housing Economic Initiative in order to 1) Preserve and promote affordable housing within the County, and 2) to lessen the potential negative effect of Residential Impact Fee increases in certain situations.

IV. EXHIBITS:

- A. Administrative Budget: for each fiscal year covered in the Plan. Exhibit A.
- B. Timeline for Encumbrance and Expenditure: *Chapter 67-37.005, F.A.C.*  
A separate timeline for each fiscal year covered in this plan is attached as Exhibit B.  
Program funds will be encumbered by June 30 one year following the end of the applicable state fiscal year. Program funds will be fully expended within 24 months of the end of the applicable State fiscal year.
- C. Housing Delivery Goals Chart (HDGC): For Each Fiscal Year Covered in the Plan:  
Completed HDGC for each fiscal year is attached as Exhibit C.
- D. Certification Page:  
Signed Certification is attached as Exhibit D.
- E. Adopting Resolution:  
Original signed, dated, witnessed or attested adopting resolution is attached as Exhibit E.
- F. Program Information Sheet:  
Completed program information sheet is attached as Exhibit F.
- G. Ordinance:  
If changed from the original ordinance, a copy is attached as Exhibit G.
- H. Subordination Agreement:  
A copy of the Subordination Agreement if applicable is attached as Exhibit H.