

**Capital Improvement Plan
Fiscal Year 2014-2015 through 2018-2019
Project Description**

I. Requesting Department: Public Works

II. Project Title: West Side Multi-Use Path

III. Project Description:

The request consists of the project-related costs for the development of Phase VII of the West Side Multi-Use Path.

IV. Project Justification: (What need is being met, how does this project address the need?)

Public Works is requesting funding to support project-related costs for the development of Phase VII of the west side multi-use path., spanning from W. Windjammer Road to Carolista Drive. This project will consist of the installation of approximately 1,800 l.f. of 10' wide by 4" thick multi-use pathway with associative curb and gutter and drainage structure improvements. An existing conditions survey will be performed, with field data collected to assist in the development of engineered design documents and specifications which will be prepared in-house. The documentation will be prepared in a format suitable for permitting, bidding, and construction purposes. The multi-use path extension will provide continued multi-modal connectivity up to Carolista Drive and Hollowell Street, linking to a larger network of sidewalks and trails throughout town, as part of a Comprehensive Pedestrian Plan. Extending the multi-use path will allow for safe and greater access to the Town's existing pedestrian facilities, beach and sound access sites, while providing a vital component of an overall bicycle and pedestrian transportation system.

V. What Board Goals Does This Project Meet?

- Livable Neighborhoods
- Supportive Infrastructure
- Family Friendly
- Choose an item.
- Choose an item.

VI. Project Location: (Attach a map if applicable)

From West Windjammer Road south to Carolista Drive on S. Croatan Highway.

VII. Department Priority: (Choose One) Does the requested project:

- | | | |
|--|---|-----------------------------|
| a. Correct an unsatisfactory level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Maintain a current level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Increase a level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| d. Represent a "vision"? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

VIII. Departmental Rank: (Prioritize your request in relation to other departmental project request)

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IX. Project Alternatives:

Do nothing

X. Project Dependency:

NCDOT and NCDENR permit approvals.

XI. Negative Impacts:

XII. Other Considerations:

XIII. Additional Funding Sources:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes No If YES, describe: OBVB Short Term Restricted Fund Grant

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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XIV. ESTIMATED COSTS

a. Capital/ One Time Costs	Description of Capital/One Time Costs	Cost (Round to Nearest \$)
	Estimated Survey and Construction Costs	\$ 252,435
	TOTAL Capital (One Time Costs)	\$ 252,435
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
	Estimated Maintenance Costs	\$ 1,500
	TOTAL Continuing Annual Operating Costs	\$ 1,500

**XV. Fiscal Year Requested:
FY 2014-2015**

Priority Recommendation: (By CIP Committee)

**Capital Improvement Plan
Fiscal Year 2014-2015 through 2018-2019
Project Description**

I. Requesting Department: Public Works

II. Project Title: Dune Stabilization Program

III. Project Description:

The objective of this project is to allocate funds for an expansive dune stabilization program via the establishment of vegetation along the seaward face of the frontal dune.

IV. Project Justification: (What need is being met, how does this project address the need?)

Implementing additional measures to capture blowing sand prior to being deposited onto private property, enhancing the seaward side of the dune structure.

V. What Board Goals Does This Project Meet?

- Supportive Infrastructure
- Choose an item.

VI. Project Location: (Attach a map if applicable)

Within the oceanfront area of the beach nourishment project limits from Bonnett Street to the southern corporate limits.

VII. Department Priority: (Choose One) Does the requested project:

- | | | |
|--|---|-----------------------------|
| a. Correct an unsatisfactory level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Maintain a current level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Increase a level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Represent a "vision"? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

VIII. Departmental Rank: (Prioritize your request in relation to other departmental project request)

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IX. Project Alternatives:

Do Nothing

X. Project Dependency:

Funding

XI. Negative Impacts:

XII. Other Considerations:

Sand Fencing

XIII. Additional Funding Sources:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes No If YES, describe: Dare County annual sandfencing grant

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ITEM/PROJECT DESCRIPTION FORM**

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XIV. ESTIMATED COSTS

a. Capital/ One Time Costs	Description of Capital/One Time Costs	Cost (Round to Nearest \$)
	Vegetative sprigging for 7 miles of oceanfront	\$ 90,000
	TOTAL Capital (One Time Costs)	\$ 90,000
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
	None	\$
	TOTAL Continuing Annual Operating Costs	\$

**XV. Fiscal Year Requested:
FY 2014-2015**

Priority Recommendation: (By CIP Committee)

**Capital Improvement Plan
Fiscal Year 2014-2015 through 2018-2019
Project Description**

I. Requesting Department: Public Works

II. Project Title: Fire Station 16 Facilities Improvements and Repairs

III. Project Description:

In accordance with the architectural and structural evaluation performed by Beacon Architecture & Michael O'steen, P.E., dated March 7, 2014, the following considers a three year phased implementation schedule of the items identified in this report. Year one covers a partial roof replacement, developing compliance with emergency system operations, addressing structural and mechanical repairs, in conjunction with interior improvements. Years 2 and 3 complete the action item list with supplemental repairs and upgrades.

IV. Project Justification: (What need is being met, how does this project address the need?)

These repairs are being proposed in connection with concerns communicated by Fire Department personnel to correct unsatisfactory operating conditions. With implementation of this phased program, these concerns will be addressed, increasing the quality and longevity of this facility by approximately 15 years.

V. What Board Goals Does This Project Meet?

- Supportive Infrastructure
- Fiscally Responsible
- Choose an item.
- Choose an item.
- Choose an item.
- Choose an item.

VI. Project Location: (Attach a map if applicable)

Fire Station 16 – 5314 S. Croatan Hwy.

VII. Department Priority: (Choose One) Does the requested project:

- | | | |
|--|---|-----------------------------|
| a. Correct an unsatisfactory level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Maintain a current level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Increase a level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Represent a "vision"? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

VIII. Departmental Rank: (Prioritize your request in relation to other departmental project request)

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IX. Project Alternatives:

Completion of all items in year 1, do nothing

X. Project Dependency:

Funding

XI. Negative Impacts:

N/A

XII. Other Considerations:

5-yr phased program

XIII. Additional Funding Sources:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes No If YES, describe: [Click here to enter text.](#)

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XIV. ESTIMATED COSTS

a. Capital/ One Time Costs	Description of Capital/One Time Costs	Cost (Round to Nearest \$)
	2014-2015	\$ 89,000
	2015-2016	120,000
	2016-2017	127,000
	TOTAL Capital (One Time Costs)	\$ 336,000
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
	None	\$
	TOTAL Continuing Annual Operating Costs	\$

XV. Fiscal Year Requested:

2014-2015, 2015-2016, and 2016-2017

Priority Recommendation: (By CIP Committee)

**Capital Improvement Plan
Fiscal Year 2014-2015 through 2018-2019
Project Description**

I. Requesting Department: Public Works

II. Project Title: South Nags Head Ditch
Hydraulic Evaluation

III. Project Description:

The objective of this project is to identify and evaluate potential alternatives to relieve the flooding problems in south Nags Head.

IV. Project Justification: (What need is being met, how does this project address the need?)

Public Safety and health issues associated with flooding shall be investigated and reviewed for potential solutions with this evaluation.

V. What Board Goals Does This Project Meet?

- Supportive Infrastructure
- Choose an item.

VI. Project Location: (Attach a map if applicable)

West side of NCSR 1243 spanning from Mile Post 18 to the southern corporate limits

VII. Department Priority: (Choose One) Does the requested project:

- | | | |
|--|---|-----------------------------|
| a. Correct an unsatisfactory level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Maintain a current level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Increase a level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Represent a "vision"? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

VIII. Departmental Rank: (Prioritize your request in relation to other departmental project request)

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IX. Project Alternatives:

Do Nothing

X. Project Dependency:

Funding

XI. Negative Impacts:

XII. Other Considerations:

XIII. Additional Funding Sources:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes No If YES, describe: [Click here to enter text.](#)

**CAPITAL IMPROVEMENT PROGRAM
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XIV. ESTIMATED COSTS

a. Capital/ One Time Costs	Description of Capital/One Time Costs	Cost (Round to Nearest \$)
	Engineering evaluation estimate	\$ 90,000
	TOTAL Capital (One Time Costs)	\$ 90,000
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
	None	\$
	TOTAL Continuing Annual Operating Costs	\$

**XV. Fiscal Year Requested:
FY 2014-2015**

Priority Recommendation: (By CIP Committee)

**Capital Improvement Plan
Fiscal Year 2014-2015 through 2018-2019
Project Description**

I. Requesting Department: Public Works

II. Project Title: Bonnett Street Bath House Replacement

III. Project Description:

The scope of work consists of demolishing the existing Bonnett Street Bath House and replacing with a similar bathroom-only facility, removing the Ocean Rescue operations and storage portions of the structure.

IV. Project Justification: (What need is being met, how does this project address the need?)

This building, constructed in 1983, has required considerable maintenance including termite remediation, rotting wall replacement, deck replacement, and plumbing. Due to its location, recreational amenities, and expansive parking area, this facility has experienced significant usage and subsequent wear and tear over its 30-year service life. Design of this public facility does not appear to have accounted for measures necessary to maintain this facility over this time period. Full replacement may result in a 30 year life expectancy.

V. What Board Goals Does This Project Meet?

- Livable Neighborhoods
- Family Friendly
- Choose an item.
- Choose an item.
- Choose an item.
- Choose an item.

VI. Project Location: (Attach a map if applicable)

2919 South Virginia Dare Trail

VII. Department Priority: (Choose One) Does the requested project:

- | | | |
|--|---|-----------------------------|
| a. Correct an unsatisfactory level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Maintain a current level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| c. Increase a level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Represent a "vision"? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

VIII. Departmental Rank: (Prioritize your request in relation to other departmental project request)

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IX. Project Alternatives:

Implementation of a 3-yr phased improvement program (Priority 9)

X. Project Dependency:

Funding

XI. Negative Impacts:

Ocean Rescue accommodations will be removed

XII. Other Considerations:

Remove the facilities from service and replace with port-a-johns.

XIII. Additional Funding Sources:

**CAPITAL IMPROVEMENT PROGRAM
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Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes No If YES, describe: CAMA and Visitors Bureau Grants

XIV. ESTIMATED COSTS

a. Capital/ One Time Costs	Description of Capital/One Time Costs	Cost (Round to Nearest \$)
	Replacement of beach access building	\$ 155,000
	TOTAL Capital (One Time Costs)	\$ 155,000
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
	Anticipated annual maintenance costs	\$ 3,700
	TOTAL Continuing Annual Operating Costs	\$ 3,700

XV. Fiscal Year Requested:

FY 2014-2015

Priority Recommendation: (By CIP Committee)

**Capital Improvement Plan
Fiscal Year 2014-2015 through 2018-2019
Project Description**

I. Requesting Department: Public Works

II. Project Title: Islington Street Beach
Access Improvement

III. Project Description:

To construct a parking lot at the Islington public beach access. This access already has stairs and a crosswalk across the dunes, which were constructed in 2004.

IV. Project Justification: (What need is being met, how does this project address the need?)

Additional public parking in south Nags Head.

V. What Board Goals Does This Project Meet?

- Livable Neighborhoods
- Choose an item.

VI. Project Location: (Attach a map if applicable)

Islington Street

VII. Department Priority: (Choose One) Does the requested project:

- | | | |
|--|---|-----------------------------|
| a. Correct an unsatisfactory level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Maintain a current level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Increase a level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| d. Represent a "vision"? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

VIII. Departmental Rank: (Prioritize your request in relation to other departmental project request)

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IX. Project Alternatives:

None

X. Project Dependency:

Funding

XI. Negative Impacts:

None

XII. Other Considerations: .

Leave as a pedestrian crossing.

XIII. Additional Funding Sources:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes No If YES, describe: CAMA and Visitors Bureau grants

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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XIV. ESTIMATED COSTS

a. Capital/ One Time Costs	Description of Capital/One Time Costs	Cost (Round to Nearest \$)
	Parking lot construction	\$ 85,000
	TOTAL Capital (One Time Costs)	\$ 85,000
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
		\$ 1,500
	TOTAL Continuing Annual Operating Costs	\$ 1,500

XV. Fiscal Year Requested:

FY 2014-2015

Priority Recommendation: (By CIP Committee)