

**Capital Improvement Plan
Fiscal Year 2013-2014 through 2017-2018
Project Description**

I. Requesting Department: Public Works

II. Project Title: Town Hall Offices

III. Project Description:

We are proposing to divide the north side of the Administrative Services wing of Town Hall into four offices.

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

Enclosed offices will provide personnel with quiet, private areas in which to conduct their work in this highly trafficked section.

V. What Board Goals Does This Project Meet?

- Business Friendly
- Choose an item.

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

Town Hall – Upstairs – Administrative Services Section

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 type="checkbox"/> | No <input type="checkbox"/> |
| d. Represent a "vision"? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

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

1 of 5

IX. Project Alternatives:

X. Project Dependency:

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
ITEM/PROJECT DESCRIPTION FORM**

- 2 -

XIV. ESTIMATED COSTS

**a. Capital/
One Time Costs**

Description of Capital/One Time Costs

**Cost
(Round to Nearest \$)**

Construction of Town Hall Offices	\$	40,000
		Click here to enter text.
		Click here to enter text.

TOTAL Capital (One Time Costs) \$ 40,000

**b. Continuing Annual
Operating Costs**

Description of Continuing Annual Operating Costs

Click here to enter text.	\$	Click here to enter text.
Click here to enter text.		
Click here to enter text.		
Click here to enter text.		

**TOTAL Continuing Annual Operating Costs \$ Click here to
enter text.**

XV. Fiscal Year Requested:

Priority Recommendation: (By CIP Committee)

FY 2013-2014

**Capital Improvement Plan
Fiscal Year 2013-2014 through 2017-2018
Project Description**

I. Requesting Department: Public Works

II. Project Title: Bonnett Street Bath House Replacement

III. Project Description:

To have the Town engineer evaluate this bath house for its structural integrity and longevity.

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

This building was constructed in 1983 and has since required much maintenance including termite remediation, rotting wall replacement, and deck replacement. Additionally, new plumbing was installed because sand filled in underneath the building to the point where it could not be accessed. This building was designed with very little thought for maintenance of a public facility and the increased usage has taken its toll.

V. What Board Goals Does This Project Meet?

- Livable Neighborhoods
- 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)

2 of 5

IX. Project Alternatives:

Demolish the building and install outside showers and port-a-johns.

X. Project Dependency:

Funding

XI. Negative Impacts:

Public would lose a full service bath house.

XII. Other Considerations:

Totally renovating the building.

XIII. Additional Funding Sources:

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

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

- 2 -

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

\$

15,000

[Click here to
enter text.](#)

[Click here to
enter text.](#)

TOTAL Capital (One Time Costs)

\$

15,000

**b. Continuing Annual
Operating Costs**

Description of Continuing Annual Operating Costs

[Click here to enter text.](#)

\$

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

TOTAL Continuing Annual Operating Costs

\$

XV. Fiscal Year Requested:

FY 2013-2014

Priority Recommendation: (By CIP Committee)

**Capital Improvement Plan
Fiscal Year 2013-2014 through 2017-2018
Project Description**

I. Requesting Department: Public Works

II. Project Title: Stadium Vac Litter Machine

III. Project Description:

This piece of equipment will allow the Town to pick up trash more efficiently than we do now. It is constructed to slide into the rear of one of our Kubota all-terrain vehicles, allowing the operator to drive along the right-of-way collecting trash through a vacuum system.

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

This piece of equipment permits the operator to cover more ground in a day. With our litter gathering program it would also be deployed prior to Town and DOT mowing operations.

V. What Board Goals Does This Project Meet?

- Clean/Green Environment
- Fiscally Responsible
- Choose an item.
- Choose an item.
- Choose an item.
- Choose an item.

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

Along the US Highway 158 and NC 12 and 1243

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)

3 of 5

IX. Project Alternatives:

To continue to collect litter by hand and walking.

X. Project Dependency:

Funding in the 2013-2014 budget

XI. Negative Impacts:

None

XII. Other Considerations:

None

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
ITEM/PROJECT DESCRIPTION FORM**

- 2 -

XIV. ESTIMATED COSTS

**a. Capital/
One Time Costs**

Description of Capital/One Time Costs

**Cost
(Round to Nearest \$)**

Stadium Vac Litter Machine	\$	18,000
		Click here to enter text.
		Click here to enter text.

TOTAL Capital (One Time Costs)	\$	18,000
---------------------------------------	----	--------

**b. Continuing Annual
Operating Costs**

Description of Continuing Annual Operating Costs

Fuel and Maintenance	\$	500
Click here to enter text.		
Click here to enter text.		
Click here to enter text.		

TOTAL Continuing Annual Operating Costs	\$	500
--	----	-----

XV. Fiscal Year Requested:

FY 2013-2014

Priority Recommendation: (By CIP Committee)

**Capital Improvement Plan
Fiscal Year 2013-2014 through 2017-2018
Project Description**

I. Requesting Department: Public Works

II. Project Title: Islington Street Beach
Access Improvement

III. Project Description:

To construct a parking lot at this public beach access. This access already has stairs and 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)

4 of 5

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**

- 2 -

XIV. ESTIMATED COSTS

**a. Capital/
One Time Costs**

Description of Capital/One Time Costs

**Cost
(Round to Nearest \$)**

Parking lot construction	\$	85,000
		Click here to enter text.
		Click here to enter text.

TOTAL Capital (One Time Costs)	\$	85,000
---------------------------------------	----	--------

**b. Continuing Annual
Operating Costs**

Description of Continuing Annual Operating Costs

Click here to enter text.	\$	1,500
Click here to enter text.		
Click here to enter text.		
Click here to enter text.		

TOTAL Continuing Annual Operating Costs	\$	1,500
--	----	-------

XV. Fiscal Year Requested:

FY 2013-2014

Priority Recommendation: (By CIP Committee)

**Capital Improvement Plan
Fiscal Year 2013-2014 through 2017-2018
Project Description**

I. Requesting Department: Public Works

II. Project Title: Jacob Street Beach Access Construction

III. Project Description:

To construct a parking lot and dune walk over.

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)

Jacob 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)

5 of 5

IX. Project Alternatives: To leave it as an open space.

X. Project Dependency: Removal of vegetation and leveling of sand.

XI. Negative Impacts: None.

XII. Other Considerations: None.

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**

- 2 -

XIV. ESTIMATED COSTS

**a. Capital/
One Time Costs**

Description of Capital/One Time Costs

**Cost
(Round to Nearest \$)**

Construction of Beach Access	\$	135,000
		Click here to enter text.
		Click here to enter text.

TOTAL Capital (One Time Costs)	\$	135,000
---------------------------------------	----	---------

**b. Continuing Annual
Operating Costs**

Description of Continuing Annual Operating Costs

Click here to enter text.	\$	1,500
Click here to enter text.		
Click here to enter text.		
Click here to enter text.		

TOTAL Continuing Annual Operating Costs	\$	1,500
--	----	-------

XV. Fiscal Year Requested:

Priority Recommendation: (By CIP Committee)

FY 2014-2015