

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

I. Requesting Department: Public Works

II. Project Title: Public Works Hydraulic Entrance Gate Replacement

III. Project Description:

To replace the old chain driven gate at the entrance to the Nags Head Public Works yard with a new hydraulic gate.

IV. Project Justification:

The automatic gate at Public Works is 18 years old and has become increasingly undependable many times it remains stuck in the closed position and must be opened manually also the cost of maintenance is growing higher annually and parts are becoming obsolete due to their age.

V. What Board Goals Does This Project Meet?

- Supportive Infrastructure
- Choose an item.

VI. Project Location: (Attach a map if applicable) Main drive in gate at public works.

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)

7 of 11

IX. Project Alternatives:

X. Project Dependency:

XI. Negative Impacts: None

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 \$)
		\$ 11,750
	TOTAL Capital (One Time Costs)	\$ 11,750
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: J Pro Truck Diagnostic Tool

III. Project Description:

The J Pro Truck diagnostic tool will allow the Fleet Maintenance Garage to access trouble codes and information necessary to repair medium and large trucks. In addition, the equipment will help diagnose and repair engines, transmissions, and antilock brake systems on Town-owned garbage trucks, dump trucks, roll off truck, knuckle boom trucks, fire trucks, etc.

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

Currently when a big truck goes down for repairs and a diagnosis with a scanner is necessary to make repairs, we have to borrow a scan tool or hire someone to come to properly diagnose the problem so we can get the correct parts to repair the vehicle. This tool will decrease vehicle down time and repair costs.

V. What Board Goals Does This Project Meet?

- Supportive Infrastructure
- Choose an item.

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

N/A

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 checked="" 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)

8 of **11**

IX. Project Alternatives:

Continue as is.

X. Project Dependency:

Funding

XI. Negative Impacts: None

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:

**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 \$)
	J Pro Fully Rugged Fleet Service Kit (Part NRS65175) Includes:	\$ 8,475
	<ul style="list-style-type: none"> • J Pro Heavy Duty Commercial Fleet Diagnostics Software • 15 Months J Pro Next Step Support • Panasonic Toughbook CF-31 With Touchscreen • 9 Pin Cable for Diagnostics • 15 Foot USB Cable • DLA Wireless Adapter • Heavy Duty Carrying Case 	
	TOTAL Capital (One Time Costs)	\$ 8,475
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
	Support (after the 15 months of J Pro Next Step Updates expires) (Part NRS40102-1)	\$ 399
	TOTAL Continuing Annual Operating Costs	\$ 399

**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: Town Park Playground Equipment

III. Project Description:

This project proposes to replace the old playground equipment at Town Park at 415 W. Health Center Drive with new equipment that will meet current standards.

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

The playground equipment is 20 years old. It does not meet current playground equipment safety standards and is becoming increasingly more expensive to maintain.

V. What Board Goals Does This Project Meet?

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

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

Town Park- 415 Health Center Drive

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 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)

9 of 11

IX. Project Alternatives: none

X. Project Dependency:

XI. Negative Impacts: None

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: Recreational equipment grant.

**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 \$)
	Equipment	\$ 85,000
	TOTAL Capital (One Time Costs)	\$ 85,000
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
	Annual Maintenance	\$ 200
	TOTAL Continuing Annual Operating Costs	\$ 200

**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 Improvements

III. Project Description:

The scope of work consists of upgrading the existing Bonnett Street Bath House facility to repair the deteriorated building elements in association with upgrading components to achieve building code compliance.

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

This building, which was 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. It is anticipated the building repairs and upgrades shall extend the service life of this facility by approximately 10-15 years.

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)

10 of 11

IX. Project Alternatives:

Full Building Replacement (Priority 5)

X. Project Dependency:

Funding

XI. Negative Impacts:

Full building code compliance may not be achieved

XII. Other Considerations:

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

XIII. Additional Funding Sources:

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

- 2 -

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 \$)
	2014-2015	\$ 20,000
	2015-2016	\$ 26,000
	2016-2017	\$ 26,000
	TOTAL Capital (One Time Costs)	\$ 72,000
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:

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: Jacob Street Public Beach
Access Parking Lot and Dune Walk Over

III. Project Description:

This project proposes to construct a parking lot and dune walk over at the Jacob Street public beach access.

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

This project would provide additional public parking in south Nags Head.

- V. What Board Goals Does This Project Meet?**
- Livable Neighborhoods
 - Choose an item.
 - Choose an item.
 - Choose an item.
 - Choose an item.
 - Choose an item.

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

Jacob Street Public Beach Access

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 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)

11 of 11

IX. Project Alternatives: Leave the area 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 Outer Banks 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 and Dune Walkover Construction	\$ 135,000
	TOTAL Capital (One Time Costs)	\$ 135,000
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
	Annual Maintenance	\$ 1,500
	TOTAL Continuing Annual Operating Costs	\$ 1,500

XV. Fiscal Year Requested:

FY 2014-2015

Priority Recommendation: (By CIP Committee)