

**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:**

[Click here to enter text.](#) To Demolish the Bonnett Street Bath House and replace it with a 24X24 ft. shed type building to store Ocean Rescue four wheelers and other various type of equipment. This building would also accommodate a deck with four showers we would also place four PORT-a-Johns at this location.

**IV. Project Justification:**

This building was constructed in 1983. It had termite damage, rotting walls and decking replaced, and had to have new plumbing installed because sand has 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. The increased usage has taken its toll on this facility.

**V. What Board Goals Does This Project Meet?**

- Fiscally Responsible
- 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 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)

**6** of **6**

**IX. Project Alternatives:** Total Building replacement.

**X. Project Dependency:** Funding.

**XI. Negative Impacts:** Public would lose a full service bath house.

**XII. Other Considerations:** Total renovation of existing building.

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

**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

**XIV. ESTIMATED COSTS**

a. Capital/ One Time Costs	Description of Capital/One Time Costs	Cost (Round to Nearest \$)
	Construction of Beach Access	\$ 100,000 <a href="#">Click here to enter text.</a> <a href="#">Click here to enter text.</a>
	<b>TOTAL Capital (One Time Costs)</b>	\$ 100,000
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
	<a href="#">Click here to enter text.</a>	\$ 3,700
	<a href="#">Click here to enter text.</a>	
	<a href="#">Click here to enter text.</a>	
	<a href="#">Click here to enter text.</a>	
	<b>TOTAL Continuing Annual Operating Costs</b>	\$ 3,700

**XV. Fiscal Year Requested:**

FY 2014-2015

**Priority Recommendation:** (By CIP Committee)