



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(\$6,569.91)	(\$2,189.97)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>(\$6,569.91)</u>	<u>(\$2,189.97)</u>	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes  No

Budget Account No: Fund 0001 Dept 800 Unit 8001 Object 6225  
 Program \_\_\_\_\_

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

C. Departmental Fiscal Review: \_\_\_\_\_ *M 11-6-12*

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development Comments:**

OFMB *Dras 11/13/2012* *Dr. J. [Signature] 11/20/12*  
 Contract Development and Control *11-20-12 B. [Signature]*

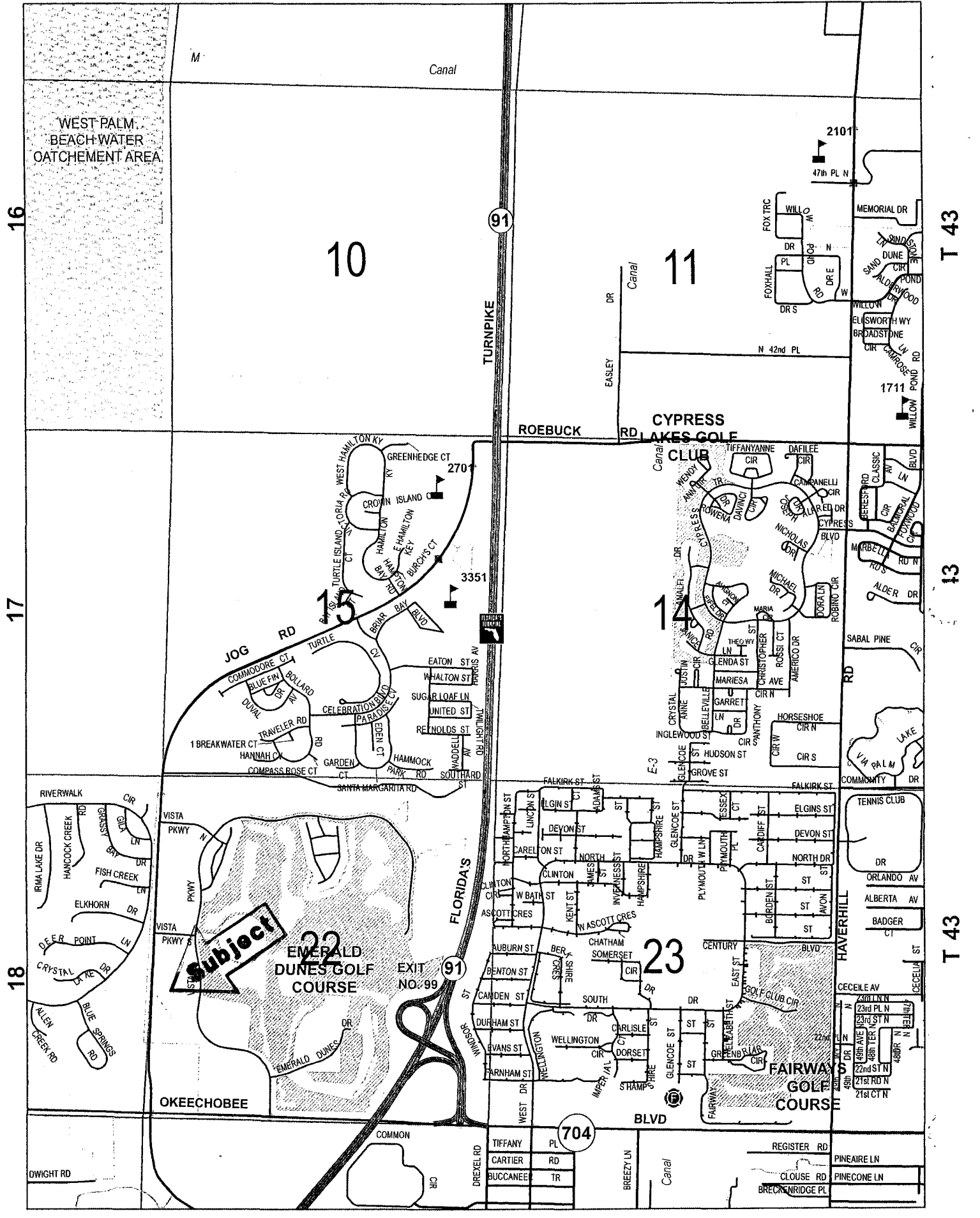
**B. Legal Sufficiency:**

*[Signature]* 11/21/12  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

**This summary is not to be used as a basis for payment.**



# LOCATION MAP



16

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T 43

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T 43



December 4, 2012

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
7006 2760 0004 3173 6808

Facilities Development &  
Operations Department  
Property & Real Estate  
Management Division

Robert Weatherbee  
d/b/a The Sub-Division  
5255 Whitewood Cove South  
Lake Worth, FL 33467

2633 Vista Parkway

Re: **Exercise of Option to Renew Lease Agreement dated January 10, 2006 (R2006-0077) between Palm Beach County and Robert Weatherbee d/b/a The Sub-Division**

West Palm Beach, FL 33411-5605

(561) 233-0217

FAX: (561) 233-0210

www.pbcgov.com/fdo

Dear Mr. Weatherbee:

■  
**Palm Beach County  
Board of County  
Commissioners**

Pursuant to the provisions of Section 1.07 of the above referenced Lease Agreement, as amended, Palm Beach County hereby agrees that the Lease term for the Premises shall be renewed for the second of two (2) available one (1) year renewal periods as requested by Robert Weatherbee d/b/a The Sub-Division, thereby extending the Lease through December 31, 2013.

Shelley Vana, Chair

ATTEST:

Steven L. Abrams, Vice Chairman

Karen T. Marcus

SHARON R. BOCK,  
CLERK & COMPTROLLER

PALM BEACH COUNTY,  
a political subdivision of the State of  
Florida

Paulette Burdick

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
, Chair

Burt Aaronson

APPROVED AS TO FORM  
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND  
CONDITIONS

Jess R. Santamaria

By: [Signature]  
Assistant County Attorney

By: [Signature]  
Department Director

Priscilla A. Taylor

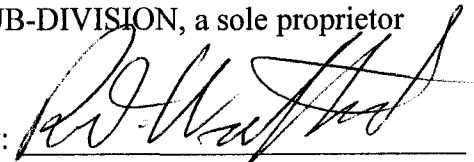
County Administrator

Robert Weisman

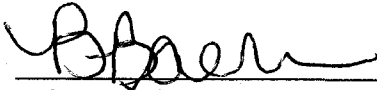
"An Equal Opportunity  
Affirmative Action Employer"

**AGREED TO/  
ACCEPTED BY TENANT:**

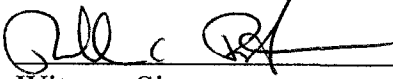
ROBERT WEATHERBEE d/b/a THE  
SUB-DIVISION, a sole proprietor

By:   
Robert Weatherbee

**WITNESSES:**

  
Witness Signature

Bobbie Barlow  
Print Witness Name

  
Witness Signature

Richard C Bogatin  
Print Witness Name

**THE SUB-DIVISION CORP**  
2300 N Jog Rd  
West Palm Beach FL 33411  
561 681 4700

September 18, 2012  
Palm Beach County  
Property and Real Estate Management Division  
Attention: Ross C. Hering, Director  
2633 Vista Parkway  
West Palm Beach, FL 33411

**RE: Request to exercise the final of two 1 year renewal option for the Lease Agreement dated January 10, 2006, as amended, between Palm Beach County and Robert Weatherbee d/b/a The Sub Division, a sole proprietor**

Dear Mr. Hering:

Pursuant to Section 1.07, of the above referenced Lease Agreement, please accept this as my request to exercise my final year of two 1 year renewal options.

Please contact me at 561 681 4701, should you have any questions

Sincerely,



Robert Weatherbee  
D/b/a The Sub Division

cc: County Attorney, Palm Beach County  
Richard C, Bogatin, Property Specialist - PREM

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SEP 18 2012

## BUDGET AVAILABILITY STATEMENT

REQUEST DATE: October 20, 2012    REQUESTED BY: Richard Bogatin    PHONE: 561.233.0214  
 FAX: 561.233.0210

PROJECT TITLE: Vista Center Food Service Opt #2    PROJECT NO.: 2012-5.026

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(\$6,596.91)	(\$2,189.97)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>(\$6,596.91)</u>	<u>(\$2,189.97)</u>	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

*\*\* By signing this BAS your department agrees to these staff costs and your account will be charged upon receipt of this BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed.*

**BUDGET ACCOUNT NUMBER**

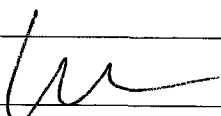
FUND: 0001    DEPT: 800    UNIT: 8001    OBJ: 6225    SUB OBJ:

IS ITEM INCLUDED IN CURRENT BUDGET: YES  NO

**IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check all that apply)**

- Ad Valorem (source/type: \_\_\_\_\_)
- Non-Ad Valorem (source/type: \_\_\_\_\_)
- Grant (source/type: \_\_\_\_\_)
- Park Improvement Fund (source/type: \_\_\_\_\_)
- General Fund     Operating Budget     Federal/Davis Bacon
- \_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_

**SUBJECT TO IG FEE?**     YES     NO

Department: \_\_\_\_\_  
 BAS APPROVED BY:     DATE: 10 26 12

ENCUMBRANCE NUMBER: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/11/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> JOHN KIME AGENCY 12832 US HWY #1 JUNO BEACH, FL 33408	<b>CONTACT NAME:</b> John Kime <b>PHONE (A/C, No, Ext):</b> 561-627-1806 <b>E-MAIL ADDRESS:</b> johnkime@allstate.com	<b>FAX (A/C, No):</b> 561-627-9847
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> The Sub Division Corp. Robert Weatherbee 2300 N Jog Road West Palm Beach FL 33411	<b>INSURER A:</b> Travelers	
	<b>INSURER B:</b> Tapco Underwriting	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSUR LTR	TYPE OF INSURANCE	ADDL/INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			I-660-1A395281-COF-12	05/04/2012	05/04/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Business Personal Property			HISPB-D	07/19/2012	07/19/2013	\$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Palm Beach County Board of County Commissioners is listed as additional Insured

<b>CERTIFICATE HOLDER</b> Palm Beach County Board of County Commissioners c/o Property & Real Estate Management Division 2633 Vista Parkway West Palm Beach, FL 33411-5605 Attn: Director	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**STATEMENT OF EXEMPTION FROM WORKER'S COMPENSATION REQUIREMENT**

TO: Palm Beach County Board of County Commissioners  
Property and Real Estate Management  
Attn: Director  
2633 Vista Parkway  
West Palm Beach, FL 33411

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MAY 06 2011

This will affirm that:

1. We are not engaged in the "construction industry" as defined in FL Chapter 440 and do not employ more than three persons (including Corporate Officers, if any).
2. We do not carry Florida Workers Compensation insurance.
3. Any persons that we may engage to work will have legal status as independent contractors, and not employees.
4. All such independent contractors have been advised that they are not covered for Workers Compensation insurance, and would be responsible for carrying their own such coverage if they desire.
5. If we should fall under Florida's requirement for carrying Workers Compensation insurance, we shall immediately obtain such coverage and provide evidence of it to you.

Accordingly, we hereby apply for exemption from Palm Beach County's requirement for carrying Workers Compensation insurance.

ROBERT WEATHERSBEIE

(Please Print Name)

Robert Weatherbeie Pres.

Signature/Title

4/20/11

Date

THE SUB DIVISION CORP.

Company Name

2300 N JOG RD WPB 33411

Company Street Address/City/State/Zip Code