TOWN OF WELAKA SPECIAL-CALLED EMERGENCY TOWN COUNCIL MEETING AGENDA

August 29, 2023, at 10:00 AM Honorable Willie Washington, Jr. Town Council Room 400 4th Avenue, Welaka, FL 32193

(This meeting will be broadcasted, for view only, on the Town of Welaka's Facebook Page)

- 1. Call to Order
- 2. Pledge of Allegiance & Invocation
- 3. Roll Call by Welaka Town Clerk
- 4. Approval of Current Agenda
- 5. **RESOLUTION 2023-08: Declaring a local State of Emergency due to Hurricane Idalia**
- 6. **ZONING BOARD MATTERS:**
 - a. Accepting Marianne Milledge's resignation from the Welaka Zoning Board
 - b. Appointing Pamela Washington to the Welaka Zoning Board as a new member
 - c. Appointing Jennifer Burres to the Welaka Zoning Board as a new member
- 7. Adjourn

RESOLUTION NO. 2023-08

A RESOLUTION FOR THE TOWN OF WELAKA, FLORIDA DECLARING A LOCAL STATE OF EMERGENCY DUE TO HURRICANE IDALIA THAT HAS POTENTIAL OF PRODUCING SEVERE WEATHER, SURGE, AND HIGH WIND THROUGHOUT THE TOWN AND THE COUNTY.

WHEREAS, Putnam County, Florida has adopted a Declaration of a State of Emergency in accordance with the County Emergency Management Plan and the Town of Welaka is a participant in said County Emergency Management Plan; and

WHEREAS, the Mayor or his Designee, shall function as the Town Coordinating Officer responsible for communicating and coordinating with the County Emergency Operations Center for all requests for assistance through the appropriate Emergency Support Function as outlined in the County Emergency Management Plan; and

WHEREAS, the Town desires to be in a position to maximize all resources that may be available to prepare for and respond to this event in a coordinate fashion; and

WHEREAS, all Town Assets and Personnel are hereby ordered to be placed at the disposal of the Mayor to prepare for and respond to this storm event; and

WHEREAS, any Town regulations prescribing procedures for the conduct of Town business, if strict compliance would hinder necessary action in coping with emergency are hereby suspended; suspension of such procedures shall be at the direction of the Mayor and shall be subject to an accounting of the actions taken and the resources expended following the event; and

WHEREAS, the Town desires to insure that all possible efforts are being made to protect human life and property and shall work with the County and the State of Florida in accordance with the County's Emergency Management Plan when activated by the County.

NOW, THEREFORE, IT IS HEREBY RESOLVED this 29th day of, August, 2023, that:

Meghan E. Allmon, Town Clerk

- **1.** A State of Emergency be declared locally for the Town of Welaka, Putnam County, Florida, and that said declaration serves to accept and adopt the County's Declaration of a Local State of Emergency and the implementation of the County's Emergency Management Plan.
- **2.** The Mayor and/or his designee are authorized to take all action necessary and appropriate to secure resources to protect human life and property and to utilize all lawful authority granted to the Town under State laws as necessary to accomplish the same.
- **3.** This Declaration is effective through the 4th of **September**, **2023** and may be extended in seven-day increments if the State of Emergency for the County and the State of Florida are still in place, upon prior written notice to the Town Council of the need for the extension.

APPROVED AND ADOPTED by the Town Council for the Town of Welaka, Florida at its Emergency Meeting assembled this **29**th day of **August**, **2023**.

ATTEST:		TOWN OF WELAKA, FLORIDA
	<u> </u>	

Jamie D. Watts, Mayor

Town Clerk

From: Marianne Milledge <mspeas@bellsouth.net>

Sent: Tuesday, August 22, 2023 2:53 PM **To:** Town Clerk; David Jeltes; Jamie Watts

Subject: Resigning

Good afternoon Megan,

I have been struggling with this decision and I have decided to resign from the zoning board effective today August 22, 2023.

Sincerely,

Marianne Milledge

Sent from my iPad



Town of Welaka BOARD VOLUNTEER APPLICATION

CODE ENFORCEMENT BOARD

ZONING BOARD

TREE BOARD

Please circle the Board you are interested in volunteering for. You may choose more than one.

Personal Contact Information
Date: 8-2423 Name: Pamela D. Waskington Current Address: 996 Elm Street / PD Byt 249 Welcka, FC 32193 Phone - Home: 386) 467-3169 Cell: 386) 546-6324 Email Address: Pamuloshing to 9170 gmail. com
Emergency Contact Information
Name: Cyntha Washing Relationship with Volunteer: Sister in (aw) Phone: Home: Cell: 376) 539-0305
Education: Patterson High School-Graduated High School 1979 Patterson Georgia

Employment History (Current employer or previously retired from, if applicable):
Patrom County Board of County Commission Taketa FL - Zoning Specialist 29 kers Retired
Planning + Development Services
Which Council Member recommended you for this position? Kathy Washington
Special training, skills, hobbies: Motorgoles, Slingshot, Volunteering my Church
Groups, clubs, organizational memberships: Member of Newsains Haul Church 745 Lawrence St Seville, For
Do you have a Driver's License? Yes No

References:

Please list 3 people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to You	Phone	Length of Relationship
Pastor Jarvis F.W	Grandestastor (386)546-195	6 10 Years
Paster Karl A. A.	ggg Paston (384 328-689	V 15 Years Plus
Lea Wadeson	Friend / Cuwul	ho	29 Years Plus
		(316)329-03	76

Please read the following before signing this Application:

Privacy Practice Statement: We protect your personal information and adhere to all legislative requirements with respect to privacy. We do not rent, sell, or trade our lists of volunteers. We use your personal information to keep informed and up to date activities of the organization and its specific programs including, but not limited to; opportunities to volunteer, upcoming events, educational opportunities, and seasonal greeting.

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the

selection process, including on this application for a volunteer position and in interviews that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified. I understand that misrepresentations or omissions may cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer.

Signature:

Date: 8-24



Town of Welaka Board Volunteer Application

ZONING BOARD

Please circle the Board you are interested in volunteering for: (you may choose more than one)

Personal Contact Information
Date: Aug 13 2023 Name: lnufer Burres Current Address: 458 River Hill Dr Welaka Fl 3219 Phone - Home: NIA Cell: 9045890612 Email Address: Lennifer burres@gmail: Com.
Emergency Contact Information
Name: <u>Dmald Burres</u> Relationship with Volunteer: <u>Father</u> Phone: Home: <u>NIA</u> Cell: <u>904 669 5840</u>
Education: Firefighter Paramedic, Numerous FEMA Courses.
Employment History (Current employer or previously retired from, if applicable): **FUTOM COUNTY FINE RESCUE **TOTAL PROPERTY OF THE PROPERTY
Special training, skills, hobbies: FEMA Incolnt, Command & National Response

Which Council Member recommended you for this position?
Groups, clubs, organizational memberships: Women in Fire, North East Florida association of Realton Local 3579 Fire Union, South point Community Christian
Do you have a Driver's License? Yes No
References:
Please list 3 people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.
Name/Organization Relationship to You Phone Length of Relationship Putnam County Five Persone Captain 904-591-0482 3415 Bridge City Real Estate Manager 904347-9203 5 years Finell Harper Business 813-380-1986 7, years Menton
Please read the following before signing this Application:

Privacy Practice Statement: We protect your personal information and adhere to all legislative requirements with respect to privacy. We do not rent, sell, or trade our lists of volunteers. We use your personal information to keep informed and up to date activities of the organization and its specific programs including, but not limited to; opportunities to volunteer, upcoming events, educational opportunities, and seasonal greeting.

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified. I understand that misrepresentations or omissions may cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer.