

Emergency Preparedness Plan for Buckhead Trails II Community Development District

Contact Information

Hurricane Related Web Links

www.myflorida.com
www.petswelcome.com

Manatee County Animal Control

Bradenton (941) 747-8808
941-742-5933
Evening Emergency (941) 745-8559

Florida Division of Emergency Management

2555 Shumard Oak Boulevard, Tallahassee
Phone: (850) 413-9969

Special Needs Application

Information is attached in Exhibit A

FEMA

Ready.gov
Disasterassistance.gov
Phone: (800) 621-3362

NOAA Weather Radio

Frequencies: 162.550

National Weather Service – Tampa Bay

Phone: (813) 645-2323
www.srh.noaa.gov/tbw
www.nhc.noaa.gov/prepare/ready.php

Lakewood Ranch Medical Center

8330 Lakewood Ranch Boulevard,
Lakewood Ranch, FL 34202
941-782-2100

HCA Florida South Shore Hospital

4016 Sun City Center Blvd
Sun City Center, FL 33573
Phone: 813-634-3301

HCA Florida Blake Hospital

2020 59th St W
Bradenton, FL 34209
941-792-6611

The Buckhead Trails II of Community Development District has put together this document to aid the residents in identifying resources and information to assist in preparing for emergencies. The information contained herein is not purported to be exhaustive or up-to-date and is only intended for general educational and information purposes and to increase overall safety awareness. It is not intended to be legal, medical, or other expert advice or services, and should not be used in place of consultation with appropriate professionals. The District does not provide emergency assistance or news updates. The District encourages residents to contact the Manatee County department of Emergency Management at (941) 749-3500 for up-to-date information on emergency planning, additional emergency services contact information, and emergency news.

In no event shall the District, its officers and employees be liable for any liability, loss, injury or risk which is incurred or suffered as a direct or indirect result of the use of any of the material, advice, guidance, whether based on warranty, contract, tort, or any other legal theory and whether or not the District, its officers or employees is advised of the possibility of such damages.

**BUCKHEAD TRAILS II
COMMUNITY DEVELOPMENT
DISTRICT**

EMERGENCY PREPAREDNESS PLAN

**Buckhead Trails II
12713 Wanderlust Place
Parrish, FL 34219**

**Prepared by:
Stantec Consulting Services, Inc.
&
Inframark Community Management
Services**

January 2025

I. INTRODUCTION

This Emergency Preparedness Plan serves as a guideline for the Buckhead Trails II Community Development District ("CDD"). The plan is developed under the direction of the Buckhead Trails II CDD as a service to the Buckhead Trails II community. Responsibilities of the CDD include providing and maintaining public facilities and infrastructure (i.e. roadways, landscaping, street lighting, sewer and wastewater management) whereas the HOA is effective in the management of private property (such as enforcement of deed restrictions).

A. Provide basic information concerning the residential community to include:

1. Name of the residential community, address, telephone number, and email address for responsible person or entity, as applicable:

Buckhead Trails II CDD
2005 Pan Am Circle
Suite 300
Tampa, FL 33607
Phone: (813) 608-8242
Office: (813) 873-7300
Jayna Cooper, District Manager
Jayna.Cooper@Inframark.com

2. The number and type of units in the residential community:

1,021 Single-family units

B. Establish the frequency with which the emergency preparedness plan information will be updated:

The Emergency Preparedness Plan information shall be updated annually and the affected residents will be informed of all relevant information on an annual basis.

II. HAZARD ANALYSIS

A. This section of the plan should describe the hazards that the residential community is vulnerable to, such as hurricanes, tornadoes, flooding, fires, and hazardous material incidents from fixed facilities or transportation accidents.

Buckhead Trails II, like all of west central Florida, is vulnerable to the effects of, but not limited to, hurricanes, tropical storms, storm surges, heavy winds, torrential rains which may result in hazards, i.e. flooding and flying debris. This area is also vulnerable to tornadoes, wildfires, and hazardous materials incidents.

1. Identification of the potential storm surge flooding risk from a tropical storm or hurricane occurrence (as identified by the National Weather Service storm surge model and available from Manatee County Emergency Management):

There is potential storm surge flooding risk from a tropical storm or hurricane. The community was designed to be elevated above the 100 year base flood elevation, established at the time that the community was designed, and the community stormwater ponds were designed to contain the 100 year/24 hour storm event.

2. Proximity of the residential community to a railroad or major transportation artery (to identify possible hazardous material incidents). Contact Manatee County Emergency Management to determine if site is located in a vulnerability zone of an Extremely Hazardous Substance.

The Buckhead Trails II residential community is located on 12713 Wanderlust Place, Parrish, FL 34219. Should a wreck occur on either of these corridors involving a vehicle transporting chemical/hazardous materials it could possibly affect the Buckhead Trails II community.

III. CONCEPTS OF OPERATIONS

A. Residential Preparedness Programs

Identify ways people in the community can pre-plan to help one another during an emergency.

1. Identify plans and procedures to shelter residents:

Residents are advised to evacuate the area if so advised by the Board of County Commissioners through Manatee County Emergency Management.

2. Protection of private property:

It shall be the responsibility of each owner to secure or arrange to have secured their personal property to protect it from hurricane or any storm damage.

The main concern of the CDD will be to prevent damage to the common areas, buildings, and improvements from flying objects stored outside of a dwelling that are not properly secured.

3. Manatee County Office of Emergency Management has prepared an application for the Special Needs assistance. Application is provided for residents to complete and file. See Exhibit A.

B. Utility System Operation and Maintenance during Emergency Conditions

Water transmission system and wastewater collection system services for Buckhead Trails II CDD are provided by Manatee County Utilities.

Manatee County Utilities
Customer Information & Services
(941) 792-8811 (8:00 – 4:30)

Bradenton: (941)932-9400

Sheriff:
600 Highway 301 Boulevard
West Bradenton, Florida
Phone: (941) 747-3011

Fire Protection:
Bradenton Fire department
1010 9th Ave W
Bradenton, FL 34205

Manatee County Switchboard Numbers
Bradenton 941-748-4501

Manatee County Emergency Management:
1112 Manatee Avenue West
Bradenton, FL 34205
Office: (941) 749-3500
Website: https://www.mymanatee.org/departments/public_safety

American Red Cross:
Redcross.org

Stormwater Management:
Buckhead Trails II CDD
2005 Pan Am Circle
Suite 300
Tampa, FL 33607
(813) 873-7300

IV. HURRICANE EVACUATION AND SHELTER INFORMATION

This section identifies the procedures for increasing the residents' awareness of local hurricane evacuation and shelter information.

A. The residential hurricane evacuation and shelter information of the plan must address the following items:

1. Evacuation Routes – ALSO SEE EXHIBITS

- a. Evacuate the area to I-75:
Take Head north on Wanderlust Pl toward Blue Reflection Ave. Turn left onto Blue Reflection Ave. Turn left onto Bending Crk Trl, turn right, Continue onto Buckeye Rd. Turn left onto Carter Rd, Turn right onto 97th St E/Moccasin Wallow Rd. Use the right lane to merge onto Interstate I-75.
- b. Evacuate if I-75 is congested:
- c. Evacuate the area to the Airport:

Head north on Wanderlust Pl toward Blue Reflection Ave
Turn left onto Blue Reflection Ave
Turn left onto Bending Crk Trl
Turn right
Continue onto Buckeye Rd
Turn left onto Carter Rd
Turn right onto 97th St E/Moccasin Wallow Rd
Turn left to merge onto I-75 S toward Naples
Get on I-75 S from Buckeye Rd, Carter Rd and 97th St E/Moccasin Wallow Rd
Follow I-275 N to George J. Bean Inbound Pkwy/George J Bean Pkwy in Tampa. Take exit 39 from I-275 N
Airport/Clearwater.
Take the exit toward Tampa Airport.
Take the ramp toward Economy Parking/Cell Phone Waiting Lot/Post Office.
Take the ramp toward Post Office/Service Road.
Ramp becomes Bessie Coleman Boulevard.
End at [4868-4873] Tampa International Airport, Tampa, Florida 33607.
- a. Parrish Community High School
7505 Fort Hamer Rd,
Parrish, FL 34219

2. Pet Evacuation Shelters:

Manatee County
Division of Animal Services
(941) 742-5933

EXHIBIT A

MEDICAL SPECIAL NEEDS SHELTER

Part of the Special Needs Program of Manatee County

Please read and keep all the information about the medical special needs shelter before filling out this application. Filling out this application does not guarantee access to the medical special needs shelter. Return this form to Manatee County Emergency Management, PO Box 1000, Bradenton, Florida 34206

INFORMATION FOR THE PERSON REQUESTING TRANSPORTATION

First Name _____ MI _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____ Height _____ Weight _____ ☐ Male ☐ Female

Primary Language _____ Email Address _____

Physical Address (include apartment/lot #) _____

Subdivision _____ City _____ Zip Code _____

Primary Phone _____ Secondary Phone or TTY/TDD _____

Residence Type [check one box]:

☐ Single Family Home ☐ Multi-Family Home ☐ Apartment ☐ Mobile Home

Mailing Address: (Please enter **ONLY** if different than your Physical Address)

Mailing Address _____ City _____ Zip Code _____

CAREGIVER INFORMATION: YOU MUST BRING A FULL TIME CAREGIVER TO THE SHELTER

First Name _____ MI _____ Last Name _____

Address (include apartment/lot #) _____

City / State _____ Zip Code _____

Primary Phone _____ Secondary Phone or TTY/TDD _____

☐ Checking this box allows medical information to be shared with this Emergency Contact.

OTHER CONTACT INFORMATION

EMERGENCY CONTACT NAME _____

Address (include apartment/lot #) _____

City / State _____ Zip Code _____

Primary Phone _____ Relationship _____

☐ Checking this box allows medical information to be shared with this Emergency Contact.

ADDITIONAL CONTACT INFORMATION

Physician Name _____ Phone Number _____

Home Health _____ Phone Number _____

Pharmacy _____ Phone Number _____

EVACUATION ASSISTANCE INFORMATION

DO YOU NEED TRANSPORTATION ASSISTANCE TO THE MEDICAL SPECIAL NEEDS SHELTER?

- ☐ YES, I need transportation assistance (bus or Handy Bus)
- ☐ NO, I do not need transportation assistance. I have my own transportation.

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS?

- | | |
|---|--|
| <input type="checkbox"/> Blind / Low vision | <input type="checkbox"/> Catheters |
| <input type="checkbox"/> Deaf / Hard of hearing | <input type="checkbox"/> Colostomy |
| <input type="checkbox"/> Speech impediment | <input type="checkbox"/> Feeding tube |
| <input type="checkbox"/> Physical disability (Please Explain) _____ | <input type="checkbox"/> Do Not Resuscitate (DNR) |
| <input type="checkbox"/> Bedridden | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Unable to get up or down from a cot | <input type="checkbox"/> Needs help walking |
| <input type="checkbox"/> Mentally / Memory impaired | <input type="checkbox"/> Uses a walker or cane |
| <input type="checkbox"/> Dementia / Alzheimer's | <input type="checkbox"/> Uses a standard wheelchair |
| <input type="checkbox"/> Anxiety or Obsessive Compulsive Disorder (OCD) | <input type="checkbox"/> Uses a motorized wheelchair |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Uses a motorized scooter |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Oxygen Dependent: Check all that apply and supply detailed information (O2 type, Liters, Flow, O2 company and contact info) |
| <input type="checkbox"/> Requires constant skilled nursing care (e.g., open wounds or dressing changes) | <input type="checkbox"/> 24 Hour _____ |
| <input type="checkbox"/> I.V.s | <input type="checkbox"/> Only overnight _____ |
| <input type="checkbox"/> Central Venous Line | <input type="checkbox"/> Nebulizer _____ |
| <input type="checkbox"/> Assistance with medication | <input type="checkbox"/> CPAP _____ |
| <input type="checkbox"/> Assistance needed with insulin | <input type="checkbox"/> Ventilator _____ |
| <input type="checkbox"/> Requires refrigerated medications | <input type="checkbox"/> Other, please list _____ |
| <input type="checkbox"/> Autism | |
| <input type="checkbox"/> Suction machine | |

DO YOU HAVE A SERVICE ANIMAL?

- ☐ YES Type of Animal _____ Type of service provided _____
- ☐ NO

ADDITIONAL INFORMATION

How many people will be sheltering with you? _____

Are you able to get on a bus using the steps? ☐ YES ☐ NO

Are you able to get on a bus using the lift? ☐ YES ☐ NO

Please include any additional information that may be helpful:

- ☐ I authorize emergency response personnel to enter my home for search and rescue operations.

SIGNATURE OF INDIVIDUAL REQUESTING ASSISTANCE (OR LEGAL GUARDIAN)

DATE

NAME OF PERSON FILLING OUT THIS FORM (if not the individual) _____

PHONE _____

TRANSPORTATION REQUEST

Part of the Special Needs Program of Manatee County

Use this form to request bus or Handy Bus transportation to a general shelter, should county evacuation orders be given. You **MUST** pre-register for evacuation transportation assistance.

Things to know about the Transportation Assistance option:

- This is a free service to Manatee County residents
- Transportation is provided by bus or Handy Bus
- You must pre-register well in advance of an emergency
- Transportation will only go to a general population shelter
- General population shelters are located in public schools
- Keep in mind the closest shelter to your location may not be the one that is open during an emergency
- You must bring all your personal supplies with you to the general shelter, such as bedding, clothing, medication, or other supplies (note that there may not be any help available to carry these items so you will need to be able to carry your items on the bus)
- Basic meals and water will be provided at the general shelter
- Shelter life is very basic
- Shelters are set up with sleeping arrangements in a large room, such as the gymnasium, and there is not a lot of privacy
- You may not be able to access electrical outlets to charge your cell phone or other electronic devices
- The transportation will also take you home after the evacuation order has been lifted

Return this form to:
Manatee County Emergency Management
PO Box 1000
Bradenton, Florida 34206

TRANSPORTATION REQUEST

Part of the Special Needs Program of Manatee County

Use this form to request bus transportation to a general shelter, should county evacuation orders be given.
You MUST pre-register for evacuation transportation assistance.

Return this form to Manatee County Emergency Management, PO Box 1000, Bradenton, Florida 34206

INFORMATION FOR THE PERSON REQUESTING TRANSPORTATION

First Name _____ MI _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____ ☐ Male ☐ Female

Email Address _____

Physical Address (include apartment/lot #) _____

Subdivision _____ City _____ Zip Code _____

Primary Phone _____ Secondary Phone or TTY/TDD _____

Residence Type [check one box]:

☐ Single Family Home ☐ Multi-Family Home ☐ Apartment ☐ Mobile Home

Mailing Address: (Please enter **ONLY** if different than your Physical Address)

Mailing Address _____ City _____ Zip Code _____

DO YOU HAVE A SERVICE ANIMAL?

☐ YES Type of Animal _____ Type of service provided _____

☐ NO

ADDITIONAL INFORMATION

How many people will be sheltering with you? _____

Are you able to get on a bus using the steps? ☐ YES ☐ NO

If not, are you able to get on a bus using the lift? ☐ YES ☐ NO

Do you use a wheelchair? ☐ YES ☐ NO

Please include any additional information that may be helpful:

☐ I authorize emergency response personnel to enter my home for search and rescue operations.

SIGNATURE OF INDIVIDUAL REQUESTING ASSISTANCE (OR LEGAL GUARDIAN)

DATE

NAME OF PERSON FILLING OUT THIS FORM (if not the individual) _____ PHONE _____

Buckhead Trails II CDD Aerial Map

