

# County Option Aerial Photography Program

<b>Date of Report:</b>	00/00/0000	Prepared By: (Preparer's First and Last Name)
County Name:		
County Contact:		

Project Summary

Synopsis of Current Status			
Item #		Yes	No
1	Current Ortho Imagery program in place more than 2 years		
2	Copy of contracted Ortho Imagery Specifications delivered to DOR		
3	Specification meet DOR minimum requirements see <a href="http://dor.myflorida.com/dor/property/aerialsp.pdf">http://dor.myflorida.com/dor/property/aerialsp.pdf</a>		
4	Imagery vendor registered in Florida under 472.F.S.		
5	All work must be performed under the supervision of a Florida licensed Professional Surveyor and Mapper and in accordance with the Minimum Technical Standards defined in Rule 61G17, Florida Administrative Code		
6	Adopt statewide tiling grid		
7	Imagery delivered in Geo Tiff and Sid format		
8	Final deliverable meet USGS metadata requirements		

Notes
<p><b><i>Current Reporting Period Notes:</i></b></p> <ul style="list-style-type: none"> <li>•</li> </ul>

Issues
<p><b><u>Issue:</u></b></p>
<p><b><u>Resolution:</u></b></p>

Project Managers		
Organization	Name	E-mail