**DEPARTMENT OF THE NAVY**
U.S. NAVAL SUPPORT ACTIVITY
PSC 817 BOX 1
FPO AE 09622-0001

NAVSUPPACT NAPLES INST 11011.1F
N4
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NAVSUPPACT NAPLES INSTRUCTION 11011.1F

From: Commanding Officer, U.S. Naval Support Activity, Naples, Italy

Subj: USE, OCCUPANCY, AND RELINQUISHMENT BY THE U.S. NAVY OF PROPERTIES IN WHICH THE UNITED STATES GOVERNMENT HOLDS TEMPORARY INTEREST

Ref: (a) NAVFACENGCOMINST 11011.21 (Series)

Encl: (1) NAVSUPPACT Naples Request for Facility Alteration of a Leased Property
(2) NAVSUPPACT Naples PWD Review of Request for Facility Alteration of a Leased Property

1. Purpose. This instruction sets forth the policy regarding the use, occupancy, and termination of properties in which the U.S. Government holds temporary interest.

2. Cancellation. NAVSUPPACT Naples Instruction 11011.1E.

3. Background. Reference (a) provides policies and procedures for the leasing of property in foreign countries. Most Naval shore facilities or real estate possessions in the Naples area are held by the U.S. Government through a lease, license, permit, or by virtue of a treaty agreement. In such cases, the U.S. Government's interest is of a temporary nature and the title to the property remains with the owner or grantor.

a. Per all terms and conditions of a lease, license, or permit, and per Italian real estate law, the U.S. Government is obligated to maintain the property and return it to the owner, upon expiration/termination of the tenancy, in the same condition as when received, less normal wear and tear.

b. Normally, during the tenancy of facilities or real estate possessions, the U.S. Government has the right to attach fixtures, erect additions, structures, etc., upon the leased, licensed, or permitted premises. These alterations may or may not remain the property of the U.S. Government and may or may not be removed or disposed of prior to termination of the tenancy. Removal of such alterations shall be determined by and per the lease, license, or permit and may or may not create an obligation to repair the damages or restore the premises to its condition at the time of possession. Cases of repair/restoration normally involve the expenditure of appropriated funds.

c. Failure to comply with all the terms and conditions of a lease, license, permit, or agreement for temporary possession in the relinquishment of said premises, can result in heavy losses to the U.S. Government through claims for damage or restoration.

4. Action. All Commanders, Commanding Officers, Officers in Charge, heads of activities, commands, and offices supported by the U.S. Naval Support Activity, Naples, Italy (NAVSUPPACT Naples) are to carefully note the above. Furthermore, in order to ensure compliance with all terms and conditions of the leases, licenses, and permits, note the following:

a. Alterations. All alterations shall be done per all terms and conditions of the lease, license, permit, or agreement and per Italian real estate law; furthermore, no alteration of any kind, regardless of whether financed by appropriated or non-appropriated funds, will be made without written consent by the NAVSUPPACT Naples Public Works Officer. All requests for alteration must use enclosure (1) as a coversheet, and will be reviewed by the Public Works Department using enclosure (2). This NAVSUPPACT NAPLES INST 11011.1F prohibition includes but is not limited to wiring, plumbing, partitioning, or installation of equipment.

b. Expiration/Termination. Upon expiration/termination of a lease, license, or permit, the vacating of said premises shall be accomplished with due care to prevent unnecessary damage to plastered walls, gouging and marring of the floors, or damage to permanently installed fixtures. All U.S. Government improvements attached to said premises shall be removed per the terms and conditions of said agreement and Italian real estate law, and with the written consent of the NAVSUPPACT Naples Public Works Officer, who will determine if it is in the best interest of the U.S. Government to remove said improvement, abandon in place, or negotiate a settlement in lieu of repairs/restorations with the owner of said premises. Leased, licensed, and permitted premises shall be vacated in sufficient time to permit repairs to damages or restoration of said premises prior to the expiration/termination of said premises, or allow sufficient time for negotiations of a lump sum payment in lieu of repairs/restoration.

R. B. RABUSE

Distribution:
NAVSUPPACT NAPLES INST 5216.4Y
Lists: I through III
Electronic via NAVSUPPACT Naples Web site
https://www.cnic.navy.mil/Naples/Departments/Administration/Instructions/index.htm

**NAVSUPPACT NAPLES REQUEST FOR FACILITY ALTERATION OF A LEASED PROPERTY**

**PART I:** Administrative Data **Request Date:** _____

**Requesting Activity:** _____ **MAXIMO WO#:** _____

**Project Title:** _____

**Location (Be Specific):** _____

**Activity POC:** _____ **POC Phone:** _____

**Brief Project Scope:** _____

_____

**Desired Method of Execution** (Circle One):

| | | |
|---|---|---|
| PWD | *In-House* | *Contractor* |
| Activity | *In-House* | *Contractor* |

**PART II:** Real Estate Action Determination

| | YES | NO |
|---|---|---|
| 1) Does this project impact the exterior of the facility? | [ ] | [ ] |
| If yes, explain: _____ | | |
| 2) Does this project change the facility usage code? | [ ] | [ ] |
| If yes, explain: _____ | | |
| 3) Does this project impact existing infrastructure: | | |
| Electrical Infrastructure? | [ ] | [ ] |
| Mechanical Infrastructure? | [ ] | [ ] |
| Communications Infrastructure? | [ ] | [ ] |
| Other Infrastructure? | [ ] | [ ] |
| For any yes, explain: _____ | | |
| 4) Will this project impact Lesser OWNED Furniture/Equipment? | [ ] | [ ] |
| If yes, please attach a list of impacted Lesser OWNED furniture. | | |

**PART III:** Activity Performed Work Only

| | Init. |
|---|---|
| The project package submitted for approval with this request for facility alteration is both accurate and complete. | _____ |
| I have included with this project package, all required work permits in accordance with current installation / regional instructions. | _____ |
| My activity will assume complete financial liability for all work completed which is not included within the approved project package. Including, but not limited to removal and restoration costs. | _____ |
| My activity will assume complete financial responsibility for all maintenance and restoration costs associated with this request. | _____ |
| My activity will bear full responsibility for removal of all construction related waste generated by this request. | _____ |

**NAVSUPPACT NAPLES PWD REVIEW OF REQUEST FOR FACILITY ALTERATION OF A LEASED PROPERTY**

**PART I:** Administrative Data **Request Date:** _____

**Requesting Activity:** _____ **MAXIMO WO#:** _____

**Project Title:** _____

**Location (Be Specific):** _____

**Activity POC:** _____ **POC Phone:** _____

**PART II:** Real Estate Action Determination (Review)

| | YES | NO |
|---|---|---|
| 1) Are items 1 through 4 of request sheet marked **NO**? | [ ] | [ ] |

**PART III:** Activity Performed Work Only (Review)

| | YES | NO |
|---|---|---|
| 1) Has Activity POC initialed all five boxes? | [ ] | [ ] |
| 2) Are all required signatures for work permits included? | [ ] | [ ] |
| 3) Are both 1) and 2) marked YES? | [ ] | [ ] |

**PART IV:** FMS Evaluation

*If Part III, item 3) is marked **NO**,* then:

- Return to Activity POC for completion of requirements. Have Activity POC re-submit request with new request date and completed items.

*If Part III, item 3) is marked **YES** and Part II, item 1) is marked **NO**,* then:

- Recommended Method of Execution: _____
- Forward to PWO/DPWO, for Work Permit approval only.

*If Part III, item 3) and Part II, item 1) are both marked **YES**,* then:

- Recommended Method of Execution: _____
- Forward to PWO / DPWO, for approval.

**PART V:** PWO / DPWO Evaluation

*If Part II, item 1) is marked **NO**,* then:

- Review / Approve Work Permit Request.
- Forward to NAVFAC EURAFSWA RECO to initiate Real Estate Action.

*If Part II, item 1) is marked **YES**,* then:

- Review / Approve Facility Alteration Request.

**Signature of PWO / DPWO:** _____ **Date:** _____

**Work Permit:** **APPROVED** / **DENIED**

**Alteration Request:** **APPROVED** / **RECOMMENDED** / **DENIED**

**Approved Method of Execution:** _____

Additional Comments: _____