

INITIAL SITE ASSESSMENT FORM

| DEVELOPMENT NAME | | DEVELOPMENT TYPE | STRUCTURE TYPE |
|-------------------------|----------------|------------------|---------------------------------------|
| | | | |
| OWNERSHIP ENTITY | CONTACT PERSON | PHONE NUMBER | EMAIL ADDRESS |
| | | | |
| SITE LOCATION (ADDRESS) | COUNTY | GPS COORDINATES | SCATTERED SITES |
| | | | Number of Sites: <input type="text"/> |

DIRECTIONS TO THE SITE

Provide detailed directions to the proposed site from Jackson, Mississippi. Please note that the site must be clearly marked and all boundaries of the physical site must be identified.

NEIGHBORHOOD

Describe the neighborhood where the site is located, noting other types of developments in the immediate area (*e.g. residential, commercial, industrial*). Discuss the suitability of the site for the proposed/existing development.

MHC USE ONLY

SITE CONDITIONS

Describe any existing structures (*shack, schoolhouse, mobile home, barn, etc*) or improvements on/near the site.

Are any structures on or adjacent to the proposed development in poor/dilapidated condition that will remain after completion of the proposed development? If yes, please explain.

Will the development involve rehabilitation, relocation, or demolition of any structure? If yes, please explain.

MHC USE ONLY

SITE CHARACTERISTICS

| Site is near or contains the following: | | | If yes, how many miles away? | Noise Pollution? | MHC Use Only |
|---|---|---|------------------------------|------------------|--------------|
| Railroad Tracks | Y | N | | Y N | |
| Major Highway | Y | N | | Y N | |
| Airport | Y | N | | Y N | |
| Industrial Area | Y | N | | Y N | |
| Landfill | Y | N | | Y N | |
| Utility Substation | Y | N | | Y N | |

NEIGHBORHOOD SERVICES

| Type of Service | Within 1/2 Mile | Within 1 Mile | Within 2 Miles | Within 3 Miles | MHC Use Only |
|----------------------------|-----------------|---------------|----------------|----------------|--------------|
| Grocery Store | | | | | |
| Pharmacy | | | | | |
| Bank or Credit Union | | | | | |
| Hospital or Medical Clinic | | | | | |

OTHER SERVICES

| Type of Service | Within 1/2 Mile | Within 1 Mile | Within 2 Miles | Within 3 Miles | MHC Use Only |
|-----------------------------------|-----------------|---------------|----------------|----------------|--------------|
| Shopping Facilities | | | | | |
| Schools | | | | | |
| Parks and Recreational Facilities | | | | | |
| Police Station | | | | | |
| Fire Station | | | | | |
| Public Transportation | | | | | |
| Houses of Worship | | | | | |
| Other (Specify) | | | | | |
| Other (Specify) | | | | | |
| Other (Specify) | | | | | |

PLEASE ATTACH PHOTOS OF SITE TO THIS FORM.

Prepared By: _____

Date: _____

Inspected By (MHC): _____

Date: _____