

INITIAL SITE ASSESSMENT FORM

DEVELOPMENT NAME		DEVELOPMETN TYPE	STRUCTURE TYPE			
OWNERSHIP ENTITY	CONTACT PERSON	PHONE NUMBER	EMAIL ADDRESS			
SITE LOCATION (ADDRESS)	COUNTY	GPS COORDINATES	SCATTERED SITES			
			Number of Sites:			
<u> </u>			<u> </u>			

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). Discu	uss
the suitability of the site for the proposed/existing development.	
MHC USE ONLY	

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SITE CONDITIONS											
SITE CONDITIONS Describe any existing structures (shack, schoolhouse, mobile home, barn, etc) or improvements on/near the site.											
Describe any existing struc	tures (snack, st	liooiiiouse	, mobile nome, burn, etc	./ or improvements on	/fiedi tile site.						
Are any structures on or a	diacent to the r	ronosed o	levelonment in noor/dil	anidated condition that	t will remain after com	nletion of the proposed	I development? If				
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.											
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Will the development involve rehabilitation, relocation, or demolition of any structure? If yes, please explain.											
MHC USE ONLY											
SITE CHARACTERISTI	CS										
			If yes, how many								
Site is near or contains the	e following:		miles away?	Noise Pollution?		MHC Use Only					
Railroad Tracks	Υ	N		Y N							
Major Highway	Υ	N		Y N							
Airport	Υ	N		Y N							
Industrial Area	Y	N		Y N							
Landfill	Y	N		Y N							
Utility Substation	Y	N		Y N							
,	-										
NEIGHBORHOOD SEF	RVICES										
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											
Trospitar or Wiedicar Ciline											
OTHER SERVICES											
Type of Service			Within 1/2 Mile	Within 1 Mile	Within 2 Miles	Within 3 Miles	MHC Use Only				
			vvitiiii 1/2 iviile	within 1 wille	Within 2 Miles	Within 5 Miles	IVITIC OSE OTITY				
Shopping Facilities											
Schools	ullat a a		-								
Parks and Recreational Fac	inties		-								
Police Station			-		<u> </u>						
Fire Station											
Public Transportation											
Houses of Worship											
Other (Specify)											
Other (Specify)											
Other (Specify)											
PLEASE ATTACH PHOT	OS OF SITE	TO THIS I	ORM.								
Prepared By:					Date:						
_				<u></u>		<u></u>					
Inspected By (MHC):					Date:						

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