



SITE CONDITIONSDescribe 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 | <input type="checkbox"/> | Y | <input type="checkbox"/> | N | | <input type="checkbox"/> | Y | <input type="checkbox"/> | N | |
| Major Highway | <input type="checkbox"/> | Y | <input type="checkbox"/> | N | | <input type="checkbox"/> | Y | <input type="checkbox"/> | N | |
| Airport | <input type="checkbox"/> | Y | <input type="checkbox"/> | N | | <input type="checkbox"/> | Y | <input type="checkbox"/> | N | |
| Industrial Area | <input type="checkbox"/> | Y | <input type="checkbox"/> | N | | <input type="checkbox"/> | Y | <input type="checkbox"/> | N | |
| Landfill | <input type="checkbox"/> | Y | <input type="checkbox"/> | N | | <input type="checkbox"/> | Y | <input type="checkbox"/> | N | |
| Utility Substation | <input type="checkbox"/> | Y | <input type="checkbox"/> | N | | <input type="checkbox"/> | Y | <input type="checkbox"/> | N | |

NEIGHBORHOOD SERVICES: Must provide a photo of the business/service along with a map evidencing the distance

| 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 AND MAP OF SITE TO THIS FORM

Prepared By: _____

Date: _____

Inspected By (MHC): _____

Date: _____