

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 (<i>Specify</i>)					
Other (<i>Specify</i>)					
Other (<i>Specify</i>)					

PLEASE ATTACH PHOTOS OF SITE TO THIS FORM.

Prepared By: _____

Date: _____

Inspected By (MHC): _____

Date: _____