

Site Investigation Report
JGD Associates, Inc.

General Information

Developer/Owner:

Address:

Date:

City/State:

Prepared by:

Site Observations

DESIGN CHARACTERISTICS

Site Dimensions: Front: ; Left: ; Right: ; Rear:

Total square feet: ; Developable Sq. Ft.:

Relative height of Land: (Left front corner = 0)

Right Front: ; Right Rear: ; Left Rear:

General Soil Condition:

Evidence of Rock: Yes: No: Standing Water: Yes: No:

Obstructions which might hinder layout and/or visibility of building or sign:

Obstructions which might hinder traffic flow onto or off the lot:

Existing Drainage Flow: (North to South, NE to SW, etc.):

Drainage into Public Right of Way: Yes: No: or Private Property: Yes: No:

Retention system required: Yes: No:

Retaining Wall Required: Yes: No: Location: Size:

Comment on any Site or Building improvements, signs, utility poles etc. that need to be removed:

Off Site Improvements Required: Yes: No: Explain:

Corner Location: Yes: No:

Width of Front Road: # Lanes on Front Road: Front Road Median: Yes: No:

Width of Side Road: # Lanes on Side Road: Side Road Median: Yes: No:

Interviews

ZONING

Present Zoning Classification: _____

Permitted Uses: Service Station: Yes: No: Convenience Store: Yes: No:

Zoning Permit Required: Yes: No:

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Variance Required: Yes: No: Explain: _____

Rezone: Yes: No: Explain: _____

Special Use Permit Required: Yes: No: Explain:

Special Architectural Limitation: Yes: No: Explain:

Subdivision, replat, parcel map, or lot tie requirements: Yes: No: Explain:

Building Setback Required: Front: Right: Left: Rear:

Setback Variances Required: Yes: No: Explain:

Special Landscaping Required: Yes: No: Type, Amount:

Percentage of area required: _____

Landscape plan required: Yes: No: Sealed: Yes: No:

Screen fence required: Yes: No: Type: Height:

Parking: Number of Stalls Required: _____ Size: _____ Angle: Ratio to building area: _____ sq. ft.

Bypass lane allowed in the front of the building: Yes: No:

Consideration given for car overhang at curb line: Yes: No:

Guard rail required: Yes: No: Type:

Describe all reviews, hearings, and variances required and their respective dates:

Planning: Yes: No: Date: ; Zoning: Yes: No: Date: ;

Arch. Review: Yes: No: Date: ; Other:

Traffic study required: Yes: No: Explain:

Zoning Contact Name:

Zoning Department Address:

SIGNAGE (SEE SITE PLAN FOR APPROXIMATE SIGN LOCATIONS)

High-rise Interstate Sign Allowed: Yes: No:

Lead-in Signs allowed on interstate: Yes: No:

Road Sign Permitted: Yes: No: Maximum Size: Maximum Height:
(show preferred location on site sketch)

Monument Sign required: Yes: No: Maximum Size: Maximum Height:

Setback from Property Line Front: Side: Existing:

Drive Thru Menu Board Permitted: Yes: No:

Separate Sign Permit Required: Yes: No: Freestanding: ; Building: ; Canopy:

Sign Permit Obtained Prior to Building Permit: Yes: No:

Lighted canopy fascia Permitted: Yes: No: Recessed Lighting Required: Yes: No:

Flag Poles Permitted: Yes: No: Max. Pole Height: _____ Max. Flag Size: _____

Total Signage Calculations: _____

Signage Contact Name: _____

Signage Department Address: _____

Permit can be picked up by applicant: Yes: No: If Not By Whom: _____

Licensing required: Yes: No:

BUILDING/ ENGINEERING

Building Code in effect: OBBC: SBC: IBC: UBC:

Special code requirements: Yes: No: Explain: _____

State Approval Process for Modular building? Yes: No: N/A: Info/ Contact: _____

Building Permit Calculation: _____ (\$/Value)

Payable to: _____

Number of sets of plans for permit application: _____

Special fees or assessments: Yes: No: Explain: _____

Environment impact survey required: Yes: No:

Site located in a Flood zone: Yes: No: Explain: _____

Permit can be picked up by applicant: Yes: No: If Not By Whom: _____

Licensing required: Yes: No:

Energy study required for heating, air conditioning, lighting: Yes: No:

Building Contact / Inspector Name: _____

Building Department Address: _____ Phone #: _____

FIRE CODE INFORMATION

Sprinklers Required: Yes: No: Location: _____

Separate sprinkler line required: Yes: No: Size: _____

Ansul System: Yes: No: In what areas: _____

Remote Pulls required: Yes: No:

Petroleum Fire Suppression System Required: Yes: No: Explanation: _____

Special fire department requirements necessary in addition to standard plans [List- i.e. fire stops in attic, fire-rated walls, (interior or exterior) smoke and/or fire alarms, fire lanes in parking lot]: Yes: No:

If constructing a basement is second means of egress necessary: N/A: Yes: No:

Emergency lighting package required: Yes: No:

Fire Department must witness testing of: Yes: No:

Fire Department Contact / Inspector Name: Phone #:

Fire Department Address:

Tank Registration agency:

HEALTH DEPARTMENT

Must plans be submitted to the Health Department for approval? Yes: No:

Organization: Contact Person: Title:

Address: Phone #:

Additional Floor Drains required? Yes: No: Primers required? Yes: No:

What type of waste disposal permitted: Compactor: Bulk Pickup: Front Loader:

Side Loader: Rear Loader:

Must plans be submitted to Health Department for approval: Yes: No:

Number of plans required: Plan review time: Permit cost:

Who has jurisdiction: State: County: City: Other: Explain:

Special Requirements: Yes: No: Attachments: Yes: No:

Drain required in trash area: Yes: No:

On slab buildings, outside freezer permitted: Yes: No:

Additional floor drains required in kitchen: Yes: No: Pending Review: Yes: No:

Additional hand sinks required in kitchen: Yes: No: Pending Review: Yes: No:

Health Department Inspector / Contact Name: Phone #:

Health Department Address:

SANITARY SEWER

Sewer tap permitted: Yes: No: Type of sewer: Combined: Sanitary only:

Who has jurisdiction: State: County: City: Other: Explain:

Location of sanitary sewer:

Size of Line: Depth: Gravity: Forced:

Minimum tap size allowed:

Sewage system adequate for Developer's use: Yes: No: If no, explain minimum upgrade

requirements:

Grease trap required: Yes: No: Inside: # of Gallons: Outside: # of Gallons:

Sewer tap fee: Special assessments: Yes: No: If Yes, Explain:

Present or proposed sewer moratorium: Yes: No: If Yes, Explain:

Fees based on water usage: Yes: No: (If yes, Verify Meter Requirements in Water Section)

Tap to be made by city: Local Plumber: Estimated cost: \$

If sanitary sewer is not available, can we use a septic system: Yes: No: N/A:

Required system/tank capacity: Required leach field area:

Field location restrictions: Yes: No: If Yes, Explain:

Final effluent treatment/disposal required: Yes: No:

Other:

Sanitary Sewer Contact Name : Phone #:

Sanitary Sewer District Address:

WATER

Water available: Yes: No: Location of water line:

Jurisdiction of water line: State: County: City: Other: Explain:

Chemical makeup report or analysis available: Yes: No:

Size of line: Normal static pressure:

Water system adequate for Developers use: Yes: No:

If no, explain minimum upgrade requirements:

Tap fee: Meter fee(1"): (1 ½" Optional):

Special Assessments: Yes: No: If Yes. Explain:

Present or proposed water service moratorium: Yes: No:

Tap made by: Local plumber: Water Company:

Well permitted: Yes: No: N/A:

Has potability test been performed? Yes: No: Cost: \$ Provider:

Minimum distance-well to septic fields (if applicable): N/A:

Can exterior host bibs, landscape sprinklers, or water supplies for coffee, ice, soft drinks, and bun steamers be on a separate meter: Yes: No: If Yes, Explain:

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Back flow prevention valve required: Yes: No:

Water quality control required: Yes: No:

Water Company Contact Name: Phone #:

Water Company Address:

STORM SEWER

Storm sewer available: Yes: No: Surface drainage to street: Yes: No:

Who has jurisdiction: State: County: City: Other: Explain:

Location of storm sewer:

Sewer tap permitted: Yes: No: Tap fee:

Size of line: Depth: Gravity: Forced:

Storm sewer adequate for Developers use: Yes: No:

If no, explain minimum upgrade requirements:

Present or proposed storm sewer moratorium: Yes: No: If Yes, Explain:

Are catch basins or yard inlets required: Yes: No:

Tap to be made by : City: Local Plumber: Estimated Cost: \$

Engineering study for storm water (retention or runoff) required: Yes: No:

Retention/Detention system by required: Yes: No:

Engineer's special plan required for drainage: Yes: No:

Storm Drainage Contact Name: Phone #:

Storm Drainage District address:

OPERATIONAL RESTRICTIONS

Hours of Operation Permitted: Beer/ Wine Sales Permitted: Yes: No: If Yes, Any Restrictions

That Would Apply:

Delivery Hours Restrictions, including trash removal: Yes: No: If Yes, Explain:

Renewal of Conditional Use Required (annually, biennially):

ELECTRICAL

Power Company: Contact Name: Phone #:

Location of electric line: underground Pole approx. distance:

Single Phase 120/240: 3-Phase: Delta: Wye:

Approximate fees for 225 Amp: 400 Amp: 600 Amp:

Any existing/ proposed easements? Yes: No: If Yes, Describe:

How long after application to installation?

GAS SERVICE

Natural Gas Service Available? Yes: No: Nearest tap location:

Any cost for Gas Company to bring line to building? Yes: No: If Yes, Explain:

Gas Company:

Contact Name: Phone #:

How long after application to installation?

TELEPHONE SERVICE

Nearest tap location: # Lines desired:

Any cost for Phone Company to bring line to building? Yes: No: If Yes, Explain:

Phone Company:

Contact Name: Phone #:

How long after application to installation?

PERMITS REQUIRED

Planning: Zoning: Variances: Special Use: Demolition:

Liquor: Signage: DOT: Contact Name: Phone #:

Land Clearing:

Erosion Control: Contact Name: Phone #:

Small Stream Discharge: Wetlands: Army Corps:

Flood proofing: Other: Explain:

ENVIRONMENTAL

The following environmental information is relevant to this site. Describe the following:

Visual Signs of Possible Contamination: Yes: No: Explain:

Above Ground Tanks: Yes: No: ; Sewer/Sumps: Yes: Not: ;

Fill Caps: Yes: No: ; Pipes/Pipeline: Yes: No:

Standing Water: Yes: No: ; Stained Soil: Yes: No: ; Odors: Yes: No: ;

Dumping: Yes: No: Explain:

Closed Wells: Yes: No: ; Drums/Containers: Yes: No: ;

Dead Vegetation: Yes: No: Other:

Prior or Current Site Uses:

Gas Station: Landfill/Dump: Gas/Oil Storage: Home/Business:

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Industrial Chem. Storage: Automotive Service: Dry Cleaners:

Other suspicious uses: Yes: No: Explain:

Evidence of Asbestos Contamination: Yes: No: Explain:

Existing Buildings: Yes: How Many: No: Approximate age in years:

Occupied: Yes: No:

Note: asbestos survey and notice to local/state agency required for any demolition of a building, even if survey is negative. Has agency been contacted: Yes: No: Which:

Adjacent Properties Possible Source of Contamination:

Specify Adjacent Business Type: (gas station, automotive service, dry cleaners, etc.)

Distance from this development:

Who is responsible for Environmental Work: Developer: Yes: No:

Seller/Landlord: Yes: No: ; Other:

Describe Environmental Work:

Caps on costs: Yes: No: Explain:

Environmental Contingencies Needed in Contract Lease: Yes: No: Explain:

Phase I Environmental Assessment Required: Yes: No: Attached: Yes: No:
Order Date: Due Date:

Phase II Environmental Assessment Required: Yes: No: Attached: Yes: No:
Order Date: Due Date: