

**FINAL REPORT**

MACON COUNTY MASTER FACILITY PLAN  
Space Needs Assessment  
Facility Assessment  
Master Plan Recommendations

Macon County,  
Franklin  
North Carolina

November 21<sup>st</sup>, 2019



**MOSELEY**ARCHITECTS

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## MACON COUNTY MASTER FACILITY PLAN

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## I. EXECUTIVE SUMMARY

Moseley Architects was retained by Macon County in November of 2018 to perform a detailed building assessment and master planning service for County facilities. The goal is to provide an orderly and objective assessment of department space needs, both current and projected over the next 20 years. This effort required audits of individual facilities, numerous interviews with department personnel, a general review of existing facility standards, observation of existing business practices, and access to various reports and findings / best practices to serve the citizens of Macon County in the most efficient and safe manner.

County Administration along with the heads of each County department provided valuable input and insight into the current function and future needs of Macon County services.

The Moseley Architects planning team consisted of the following team members: Dan Mace, partner-in-charge; Bryan Payne, project manager; Jay Maddocks, Project Designer; Todd Davis, Criminal Justice Specialist; Justin Carlson, Mechanical and Plumbing engineer; Steven Cooke, structural engineer; and William Cary, Electrical Engineer.

Specific work tasks included the following:

- BUILDING ASSESSMENTS – visit and document conditions at 26 buildings throughout the county and provide recommendations for re-use, renovation, and/or demolition.
- GROWTH PROJECTIONS – research and identify anticipated growth for all stakeholder groups over the next 20 years, both census, and growth and organizational trends.
- MANAGEMENT REVIEW – prepare findings, solicit and review comments from stakeholder planning committee, create detailed space needs for departmental requirements.
- DETAILED PROGRAM, SCHEMATICS, COST ESTIMATES – prepare based upon information and review comments, individual program documents of space needs, iterate these program needs into visual schematic plans, and prepare total project cost estimates for each facility type identified, recommend potential phasing options.

- MASTER PLANNING RECOMMENDATIONS – Indicate departments to be co-located, provide for consolidated County facilities where appropriate, identify future opportunities for existing facilities.
- FINAL REPORT – combine all data and findings into a master report and present to the Commissioners for their use and consideration.

The findings of this report are summarized as follows:

Macon County is well positioned to consolidate and rework several existing properties to ensure efficient ongoing operations. The current state of County facilities includes several departments spread across multiple buildings. Consolidated facilities would allow the County to rework existing properties for ongoing use, rather than purchasing additional land. In many cases, we have identified opportunities for collaboration and sharing of existing spaces to foster best use of County resources.

Several of the existing facilities across the County suffer from inefficient systems, poor layouts, and insufficient accessibility. In many buildings, such issues can be addressed and allow continued operation. Others are candidates for replacement or removal. Individual building conditions are addressed in the assessment section of this report.

The projects outlined below are broken down into three tiers of importance with Tier I projects being the highest priority for the County.

#### TIER I PROJECTS:

- **New Justice Center:** Consisting of a new Courthouse, New Detention Center and Sheriff's Office co-located on the same site. Intended to reduce inefficiencies present in all existing facilities and to replace inadequate and unsuitable facilities. A new complex would address issues facing modern court facilities such as enhanced security, controlling prisoner movement, and enhancing the safety and efficiency of staff that the existing facility can no longer adequately provide. The new detention component is recommended to reduce risk currently posed to detention officers due to non-compliance issues and to provide enough beds for all classifications of inmates for the next 20 years. Additionally, construction of a new courthouse will allow the County to eliminate the leased space currently used for the Superior Court Judge's Office.

The project can be built in phases over the course of a few years with the New Courthouse being Phase I; the New Detention Center as Phase II; and the New Sheriff's Office being Phase III. The new courthouse is the highest priority in order to free up space in the existing courthouse for other County departments.

- **Renovation of Existing Courthouse, Courthouse Annex and SCC Annex Buildings:** Major renovation to these three existing buildings to allow for consolidation of several County departments including Planning & Permitting, Environmental Health, Board of Elections, Mapping/GIS, Register of Deeds, Tax Office, Information Technology and County Administration. Intended to update, modernize and re-purpose a significant downtown building and allows the County to maintain a presence there. Provides for future growth and expansion of the departments and frees up space in the DSS building for growth.

The proposed renovation to the existing courthouse cannot occur until the proposed new courthouse is constructed.

#### TIER II PROJECTS:

- **National Guard Armory Building Renovation:** A renovation project to the existing facility would allow the Housing Department to be relocated to an improved facility. The existing building is large enough to allow space for Southwestern Community College's Public Safety Training Center to be co-located at this site.

The proposed renovation to the Armory Building has no other project dependencies.

- **DHHS Building Renovation:** A renovation project to the existing facility would allow for the growth and expansion needs of the Health Department and would allow for the Dental Clinic to be relocated to the DHHS Building; thereby eliminating the leased space the clinic currently operates out of.

The proposed renovation to the DHHS building cannot occur until the proposed renovation to the existing courthouse is constructed.

#### TIER III PROJECTS:

- **New Emergency Management Headquarters:** New facility to house E-911 Communications Center, Emergency Management Administration, Radio Maintenance, Addressing, Fire Marshal and Fire Services. Intended to replace inadequate and unsuitable facilities and allow for future growth and expansion of these programs. A new facility would address issues present in the existing facilities and provide for a modern, code-compliant and hardened infrastructure for critical communication systems. This project would allow the existing Barrett Building to become a fully functional back-up site for the E-911 communications center.

- **Senior Services Center Renovation (Option A):** A renovation project to the existing facility to address parking & transit needs. Some accessibility issues were noted in the facility and should be addressed. Recommend the renovation include space for the Veteran Affairs Department to be relocated to this facility so that all senior community services can be consolidated and co-located at a single site.
- **New Senior Services Center (Option B):** Consisting of approximately 25,600 square feet of new construction to house both the Senior Services Department and the Veterans Affairs Department on a co-located site. Advantage of building new construction would be the ability to address accessibility concerns for clientele served by this facility; and the ability to properly plan for growth and expansion of the programs and services provided.
- **New Nantahala Library/ Community Center:** New facility intended to replace the existing inadequate library and provide a new facility so that County services can be properly extended to the Nantahala Community.



## II. STAKEHOLDER GROUPS

Macon County facilities currently house stakeholder departments in facilities across the County. These groups include departments which all North Carolina counties are mandated to provide, State entities requiring space be provided by the County, and additional County support departments

### **Mandated Stakeholders:**

- E-911 Communications
- Board of Elections
- County Manager/Board of Commissioners
- Public Health Department
- Planning, Permitting and Development Services
- Department of Social Services
- Fire Marshal/Emergency Management
- Public Library
- Register of Deeds
- Sheriff's Office (Administration, Civil, Detention, Enforcement, and Investigation Divisions)
- Tax Department

### **State Entity Stakeholders:**

- Adult Probation
- Clerk of Court
- Cooperative Extension
- District Attorney
- District Court District 30
- Guardian ad Litem
- Juvenile Court Counselor
- Soil and Water
- Superior Court District 30A

### **Additional services:**

- Behavioral Health (Division of the Health Department)
- Development Services (Facilities Division)
- Emergency Medical Services
- Finance
- Recreation & Parks

- Senior Services
- Information Technology
- Veterans Affairs
- Mapping/ GIS
- Maintenance
- Housing
- Transit Services

### III. BUILDING ASSESSMENTS

Moseley Architects conducted walk-throughs of 26 facilities through the course of this study to assess existing conditions.

These assessments represent on-site observations with additional information building system histories provided by the County. No environmental assessment or testing was conducted to assess hazardous materials. No geotechnical exploration was conducted. Unknown conditions may still be present in areas not accessible to the assessment team.

Individual building assessment forms for each facility are included in the following pages. These forms were authored by the walk-through team comprised of Chris Steude (Architectural), Justin Carlson (Mechanical and Plumbing), and William Cary (Electrical), with additional security electronics input from John Edmund.

Buildings assessed in this study are as follows:

- SCC Annex Building
- Courthouse Annex Building
- Courthouse
- Department of Health & Humans Services
- Macon County Law Enforcement Center
- Maintenance Shed
- Transit Building
- Animal Shelter
- Environmental Resource Center
- Landfill Administration Building
- Yellow Building (Sheriff's Administration & DMV)
- Barrett Building
- Old Murphy Road (Housing Department)
- Thomas Heights (Cooperative Extension & Soil and Water)
- Senior Services Center
- Robert C. Carpenter Recreation Center
- Nantahala Recreation Park
- Business Incubator Building
- Franklin Library
- Nantahala Library
- Highlands Library
- Hyatt Road EMS

- Highlands EMS
- Nantahala EMS
- National Guard Armory Building
- Dental Clinic (Leased Space)

Facilities not assessed in this study are as follows:

- Buildings and other structures at the landfill not specifically mentioned
- Superior Court Judge leased space
- Leased storage space
- County land without substantial structures

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## ARCHITECTURAL ASSESSMENT

**Facility Name:** Courthouse & SCC Annex

**Departments Served:** SCC, DWS, Tax, Administration, Finance, HR, Economic Development

**Address:** 63 W. Main St, Franklin, NC

**Constructed:** 1952, 1990

**Size and Configuration:** Approximately 5,880 sf and 4830 sf

**Building Description:** The SCC Annex and Courthouse Annex house programs for the Southwestern Community College, along with offices for Tax, Finance, Administration, HR, and Economic Development in Macon County.



Fig. 1 – Overview of facility

## **BUILDING SITE**

**Area:** 0.74 acres

**Grade:** The site slopes significantly. The grade drops from the Courthouse toward the annex.

**Environmental Issues:** None noted

**Parking:** Number of spaces is insufficient. Parking is shared, thus limiting amount of spaces with minimal room for expansion.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Load bearing concrete masonry units.

**Roof Structure:** Ballasted roof system over SCC Annex, metal roof over Courthouse Annex.

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** Cracking in slab at vault.

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Toilets are accessible

**Means of Egress:** Exits marked clearly. Building is not sprinklered. Single interior stair. Exterior doors are heavy. Exterior stair is not up to current code. "Emergency Exit" with drop-off should be labeled as "Not an Exit".

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** Insufficient insulation. Air seepage through exterior door.

## OCCUPANCY/USE

**Shared Office Space:** Server Room gets too hot. Program and layout are okay for offices. SCC Annex is in good condition layout wise. Tax Office gets too warm.

**Storage:** Storage is insufficient.

**Noise:** Tax office gets noisy.

**Access to Light:** Good for offices and generally good throughout.

**Functional Security:** Entry into building is secure with access controls and lobby screening area. Buzzer for administration.

**Other Comments:**

## INTERIOR FINISHES

**Condition of Carpet:** Good condition

**Condition of Tile Floors:** Good condition

**Condition of Other Flooring:** VCT in average condition.

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint – painted plaster.

**Condition of Ceilings:** Good condition – ACT ceilings.

**Other Comments:** Casework in fair condition, chipped in bathrooms.



Fig. 2 – Overview of facility



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## ARCHITECTURAL ASSESSMENT

**Facility Name:** Courthouse

**Departments Served:** Civil Process, BOE, Mapping & Register of Deeds, IT, DPS, DA, Clerk of Court

**Address:** 5 W. Main St, Franklin, NC

**Constructed:** 1972, 1982

**Size and Configuration:** approximately 42,726 sf

**Building Description:** Four story brick exterior building with CMU and Steel structure housing courts, civil, mapping, BoE, probation, register of deeds, and IT.



Fig. 1 – Overview of facility

### BUILDING SITE

**Area:** 1.61 acres

**Grade:** Multiple stories with entry. The site slopes down from North to South along the front entry.

**Environmental Issues:** Collapsed sewage line in basement.

**Parking:** While there is dedicated parking, the number of spaces is insufficient.

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## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Basement

**Vertical Supports:** Load bearing concrete masonry units, metal deck, concrete frame/ steel

**Roof Structure:** Ballasted roof system/ asphalt roof

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** Stress cracks forming from earthquakes at both courtrooms.

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:** Ambulatory stalls only. Drinking fountains not accessible. Improper panic hardware at exterior doors. Push buttons operating but noisy.

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Not matching modern styles.

**Means of Egress:** Exits marked clearly. Not sprinklered. Large shutters present. FP on floor slab and beams.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** No issues noted.

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## OCCUPANCY/USE

**Shared Office Space:** Possibly relocated IT and RoD elsewhere. Current space is inadequate for combining office and storage. Layouts are confusing with improper mixing of populations.

**Storage:** Storage is insufficient.

**Noise:** Poor. Single corridor for all spaces. Inadequate separation.

**Access to Light:** Poor. No access to light – windows primarily in corridors. Poor circulation.

**Functional Security:** Entry into building is secure. Too many unsecured (4) entrances. A lot of exposed CR tech. Expensive courtroom is underused. Screening at courtrooms only.

**Other Comments:** 15-20 boxes offsite.

## INTERIOR FINISHES

**Condition of Carpet:** Dated – Average condition

**Condition of Tile Floors:** Average condition

**Condition of Other Flooring:** Terrazzo corridors showing wear and cracking. VCT in poor condition

**Condition of Wall Finishes:** Poor condition, some areas show marks/scuffs on wall paint. Areas of exposed brick in good condition. Several cracks.

**Condition of Ceilings:** Good condition

**Other Comments:** Casework in fair condition. Paint damage on back door.



Fig. 2 – Lack of storage

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## ARCHITECTURAL ASSESSMENT

**Facility Name:** Department of Health & Human Services

**Departments Served:** Building Inspections, Health Department, DSS

**Address:** 1830 Lakeside Dr, Franklin, NC

**Constructed:** 2000

**Size and Configuration:** Approximately 37,816 sf

**Building Description:** The Department of Health & Human Services serves functions such as labs, community preparedness, dental health, WIC, school health, and family outreach.



Fig. 1 – Overview of facility

## BUILDING SITE

**Area:** 185.14 acres

**Grade:** Flat pad, does not allow for significant expansion. Relatively flat grade.

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient but does not allow for future expansion on site.

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## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Pre-engineered metal building.

**Roof Structure:** Metal roof with metal panels.

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:** Most toilets are accessible. Curb cut not coordinated with parking for handicap space.  
Need push button (H side).

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

### **Restrooms:**

**Means of Egress:** Exits marked clearly. Building is sprinklered. Need revised panic hardware and new eyewash station.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** Condensation at lobby. Roof leaks throughout. Classroom WC leak.

**Other Comments:** Weed liner at gravel torn. Operable lobby windows malfunctioning.

## OCCUPANCY/USE

**Shared Office Space:** Overcrowding in general. Cleanliness is an issue with current space. Not enough area for future expansion.

**Storage:** Storage is insufficient.

**Noise:** Generally good.

**Access to Light:** Below average for offices and break room. Many interior spaces without access to natural light.

**Functional Security:** Entry into building is secure. Cameras at entrances. Several modifications for functional security have been made in interior.

**Other Comments:** Sink backups, tie in with jail

## INTERIOR FINISHES

**Condition of Carpet:** Good condition

**Condition of Tile Floors:** Good condition

**Condition of Other Flooring:** Walk off mats, VCT in average condition.

**Condition of Wall Finishes:** Painted GWB, worn in areas. Cracks in some areas.

**Condition of Ceilings:** ACT - Poor condition in areas, signs of water damage.

**Other Comments:**



Fig. 2 – Overview of storage



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## ARCHITECTURAL ASSESSMENT

**Facility Name:** Macon County Law Enforcement Center

**Departments Served:** Jail, Sheriff

**Address:** 1820 Lakeside Dr, Franklin, NC

**Constructed:** 2000

**Size and Configuration:** approximately 25,546 sf

**Building Description:** The Macon County Detention Center, built in 2000, is a 75 bed facility for holding sentenced and unsentenced individuals who have less than a year to serve or are awaiting sentencing.



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** N/A

**Grade:** Relatively flat. Limited future expansion.

**Environmental Issues:** None noted

**Parking:** Parking shared with DSS. Sally-port doubles as delivery space. Enclosed secure parking needed and impound lot is too small.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Load bearing concrete masonry units.

**Roof Structure:** Assume metal deck, ballasted roof system

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** Cracks at elevator equipment room, Dorm 1, Dorm 2

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:** Drinking fountains not detention standard. Primarily dorms, thus accessibility is sufficient in housing units.

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

### **Restrooms:**

**Means of Egress:** Exits marked clearly. Sprinklers only in dorms. Stairs pose staff danger. Recreation yards are being used for egress. Stairway door malfunctioning.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** Roof replaced recently (~2 years) over meeting space. Grade level leak bleeding through women's / lockdown. Skylights leaking as well.

**Other Comments:** Plexi-glass windows improperly cleaned/ treated and are scratched.

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## OCCUPANCY/USE

**Shared Office Space:** Inadequate space for program requirements.

**Storage:** Storage is insufficient.

**Noise:** Typical for detention center.

**Access to Light:** Poor access to light. Lighting recently replaced in housing units.

**Functional Security:** Access controls and cameras present, although no screening. Secondary entrance (patrol) not secure. Electrical locks. Insufficient lobby security.

**Other Comments:** Sliding door issues. Administration in lobby unprotected. Kitchen is inadequate.

## INTERIOR FINISHES

**Condition of Carpet:** Poor condition

**Condition of Tile Floors:** Average condition

**Condition of Other Flooring:** LVT in booking, poor condition

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint.

**Condition of Ceilings:** Poor condition, water damage in areas.

**Other Comments:** Booking needs higher counter.



Fig. 2 – Ceiling damage from water intrusion.

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## ARCHITECTURAL ASSESSMENT

**Facility Name:** Maintenance Shed

**Departments Served:** Macon County Garage/ Maintenance Facility

**Address:** 1377 Lakeside Dr, Franklin, NC

**Constructed:** 2003

**Size and Configuration:** Approximately 12,264 sf

**Building Description:** Garage storage and maintenance facility for Macon County.



Fig. 1 – Overview of facility

### BUILDING SITE

**Area:** N/A

**Grade:** The site is relatively flat.

**Environmental Issues:** Site is used primarily as maintenance and storage for vehicles.

**Parking:** Number of spaces is sufficient. Overall parking could be improved.

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## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Pre-engineered metal building

**Roof Structure:** Low slope membrane roof

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:** Drinking fountains are currently blocked partially by casework. Not accessible.

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Main restroom is accessible, facility in garage is not.

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** As observed, space is sufficient for current purpose but minimal area for expansion.

**Storage:** Storage is sufficient for current purpose, but inadequate for future growth. Growth and added work load due to age of structures and equipment expected.

**Noise:** Generally loud throughout facility.

**Access to Light:** Poor access to light.

**Functional Security:** Entry into building is secure.

**Other Comments:**

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## INTERIOR FINISHES

**Condition of Carpet:** None Observed

**Condition of Tile Floors:** Average condition

**Condition of Other Flooring:** VCT in poor condition.

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint. Some areas with stains/ paint damage.

**Condition of Ceilings:** Good condition – ACT ceilings.

**Other Comments:** Casework in poor condition, breakroom has newer casework.



Fig. 2 – Excess clutter blocking drinking fountains



Fig. 3 – Interior of garage



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## ARCHITECTURAL ASSESSMENT

**Facility Name:** Transit Building

**Departments Served:** Transit

**Address:** 36 Pannell Ln, Franklin, NC

**Constructed:** 2003

**Size and Configuration:** approximately 1,920 sf

**Building Description:** Pre-engineered metal building with metal and stone exterior housing the Transit Department in Macon County.



Fig. 1 – Overview of facility

### BUILDING SITE

**Area:** N/A

**Grade:** The site is relatively flat.

**Environmental Issues:** None noted

**Parking:** Number of spaces is inadequate. Space for bus/ van turnaround required.

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## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Pre-engineered metal building

**Roof Structure:** Standing Seam Metal

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:** No drinking fountain observed. No pipe protection on TLT sinks. Storage impedes clearances. Staff and public share toilets.

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Clearances impeded by storage.

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** Condensation drains at Mechanical Room.

**Other Comments:** Downspouts lead to drain that is covered by dirt and gravel.

## OCCUPANCY/USE

**Shared Office Space:** Need larger waiting area and conference space. Staff offices are split up with public areas creating inefficiencies. Need better staff and waiting area separation. Circulation is limited. Thermal comfort is poor.

**Storage:** Storage is insufficient for training. Staff lockers crowd break room.

**Noise:** Poor, separation of staff and waiting area would help.

**Access to Light:** Good

**Functional Security:** Access controls into building along with cameras. A dedicated review station should be required.

**Other Comments:** This building serves a high number of citizens with mobility issues. It is insufficient for this use at its current state.

## INTERIOR FINISHES

**Condition of Carpet:** Good condition

**Condition of Tile Floors:** None Observed

**Condition of Other Flooring:** VCT in poor condition – stains from water pipes in TLTs.

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint.

**Condition of Ceilings:** Good condition

**Other Comments:** Casework in fair condition. Black residue observed in mechanical closet.



Fig. 2 – Downspout draining covered by dirt/ gravel

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## ARCHITECTURAL ASSESSMENT

**Facility Name:** Animal Shelter

**Departments Served:** Health Department

**Address:** 1377 Lakeside Drive, Franklin, NC

**Constructed:** 2009

**Size and Configuration:** Approximately 4,680 sf

**Building Description:** CMU single story structure with asphalt roof housing Animal Shelter.



Fig. 1 – Building overview

### **BUILDING SITE**

**Area:**

**Grade:** The site is relatively flat.

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Load bearing concrete masonry units

**Roof Structure:** Sloped shingle roof

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Two restrooms, both accessible

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** Training room is too small to accommodate all staff. Office spaces are good but do not allow for staff expansion. Communication Floor is sufficient size for current needs and future growth.

**Storage:** Storage is insufficient. Climate controlled storage needed. More interior/exterior storage required.

**Noise:** Excessive noise and poor acoustics.

**Access to Light:** Sufficient natural light into space.

**Functional Security:** Currently zero access controls. Access controls desired along with air quality improvement and fire detection system.

**Other Comments:** stone beds at front of the building spilling into storm drain.

## INTERIOR FINISHES

**Condition of Carpet:** N/A

**Condition of Tile Floors:** N/A

**Condition of Other Flooring:** Concrete floor in average condition, VCT in poor condition.

**Condition of Wall Finishes:** Painted CMU, Good condition

**Condition of Ceilings:** Poor condition, peeling paint on GWB ceiling.

**Other Comments:** Poor ventilation in kennels, excessive noise and poor acoustics. Inadequate storage both inside and outdoors. Insufficient staff workspace. Harsh smells throughout. Door deteriorating in puppy room.



Fig. 1 – Gypsum ceiling peeling

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## ARCHITECTURAL ASSESSMENT

**Facility Name:** Environmental Resource Center

**Departments Served:** Environmental Resources/ Landfill; Training space for all county departments

**Address:** 109 Sierra Dr, Franklin, NC

**Constructed:** 1973, 1996

**Size and Configuration:** approximately 2,316 sf

**Building Description:** Exterior wood siding on wooden stud construction housing the ERC in Macon County.



Fig. 1 – Overview of facility

### BUILDING SITE

**Area:** 1.66 acres

**Grade:** The site is relatively flat, although it begins to taper down away from the rear of the building.

**Environmental Issues:** Adjacent to Macon County landfill.

**Parking:** Number of spaces is limited, insufficient for expansion.

# MOSELEYARCHITECTS

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Wood studs

**Roof Structure:** Wood truss

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:** Drinking fountains not observed

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

### **Restrooms:**

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** Office space is minimal and inadequate for future expansion needs if required. Large conference/ classroom provides ample space for continued use.

**Storage:** Storage is insufficient.

**Noise:** Generally good.

**Access to Light:** Generally dark throughout, access to natural light could be improved.

**Functional Security:** Although this is a low risk facility, some access controls and monitoring would be beneficial to ensure adherence to the operation of the Environmental Resource Center policies.

**Other Comments:** None

## INTERIOR FINISHES

**Condition of Carpet:** Good condition

**Condition of Tile Floors:** None Observed

**Condition of Other Flooring:** VCT in restrooms dated and poor condition.

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint.

**Condition of Ceilings:** Good condition

**Other Comments:** None

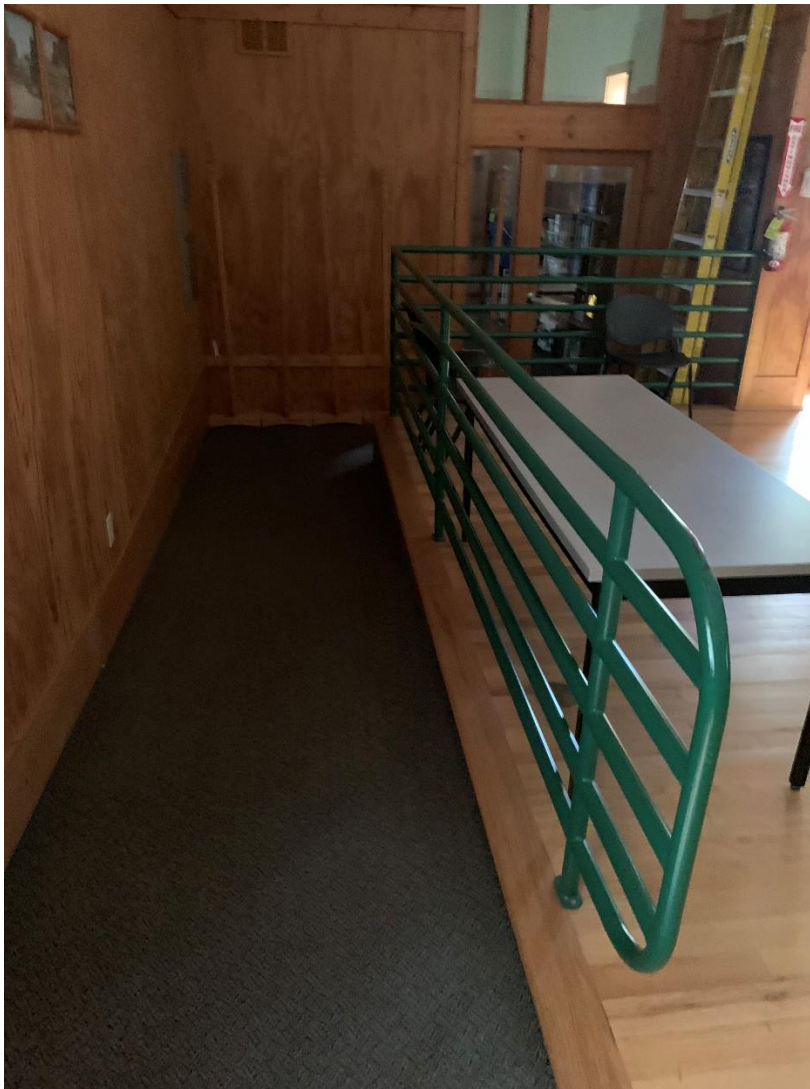


Fig. 2 – Overview of facility

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Landfill Administration Building

**Departments Served:** Landfill

**Address:** 109 Sierra Dr, Franklin, NC

**Constructed:** 2010

**Size and Configuration:** approximately 3,530 sf

**Building Description:** This facility houses the Macon County Solid Waste Management offices



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 1.66 acres

**Grade:** The site slopes backwards from the street.

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Basement foundation

**Vertical Supports:** Wood studs and concrete masonry units

**Roof Structure:** Wood truss and metal roof

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:** Drinking fountains not observed

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Not accessible

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** Space is too small for expansion.

**Storage:** Storage is insufficient. Numerous areas with files and paperwork with inadequate space to store.

**Noise:** Generally good. Some roof noise during storms.

**Access to Light:** Good for offices and break room.

**Functional Security:** Entry into building is not secure. Functional security is minimal at this location.

**Other Comments:** Waiting area is small

## INTERIOR FINISHES

**Condition of Carpet:** Average condition – worn areas

**Condition of Tile Floors:** Good condition

**Condition of Other Flooring:** VCT/ Laminate floors in good condition.

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint.

**Condition of Ceilings:** Good condition

**Other Comments:** Casework in fair condition.



Fig. 2 – Crack along entry stair

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Yellow Building

**Departments Served:** Macon County Sheriff Administration, DMV

**Address:** 18 Patton Avenue, Franklin, NC

**Constructed:** 2006

**Size and Configuration:** approximately 3,520 sf

**Building Description:** Wooden frame and exterior panel building converted from a condominium into office space.



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 0.37 acres

**Grade:** The site slopes from the back toward the front and away from the building at a steep grade

**Environmental Issues:** None noted

**Parking:** Number of spaces is insufficient

### **HISTORICAL ASSESSMENT**

There is no historical significance to the site.

# MOSELEYARCHITECTS

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Wood studs

**Roof Structure:** Wood truss

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:** None Observed , inadequate toilet count

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Compliant

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** Possibly inadequate insulation

**Leaks/Flooding:** None Observed

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** Layout and space is inefficient to provide for future growth.

**Storage:** Storage is insufficient for current designated purposes.

**Noise:** Generally good.

**Access to Light:** Need more at public entry.

**Functional Security:** Entry into building is secure. Reception feature minimal protection. Cameras provided for DMV space. Public window now protected, should require panic button.

## INTERIOR FINISHES

**Condition of Carpet:** Good condition

**Condition of Tile Floors:** Good condition

**Condition of Other Flooring:** None observed

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint.

# MOSELEYARCHITECTS

**Condition of Ceilings:** Poor condition, water condensation collecting and dripping on ACT causing damage

**Other Comments:** Casework in fair condition. Interior thermal comfort poor, possibly inadequate insulation. Creaky floors.



Fig. 2 – Overview of facility

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Barrett Building

**Departments Served:** 911 Dispatch, Veterans Administration, Emergency Management

**Address:** 104 E Main St, Franklin, NC

**Constructed:** 1935, Renovated in 1975

**Size and Configuration:** approximately 10,396 sf

**Building Description:** CMU structure and brick exterior multi-level building housing VA, EM, and 911 dispatch in downtown Franklin, originally built as a Post Office.



Fig. 1 – Overview of facility

### BUILDING SITE

**Area:** .31 acres

**Grade:** The site slopes backwards from the street, with the main entrance a few feet above grade. The rear parking lot has a steep grade.

**Environmental Issues:** None noted

**Parking:** Parking lot is steep, dedicated parking with insufficient parking space count

# MOSELEYARCHITECTS

## HISTORICAL ASSESSMENT

This building is not in the Historic Registry but may qualify for inclusion.

## STRUCTURE

**Foundation Type:** Concrete slab with basement

**Vertical Supports:** Load bearing concrete masonry units.

**Roof Structure:** Low slope membrane roof

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Not up to current ADA

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** Training room is too small to accommodate all staff. Office spaces are good but do not allow for staff expansion. Communication Floor is sufficient size for current needs and future growth.

**Storage:** Storage is insufficient. Large shelf storage for plans, maps, etc needed. Organized key storage area for multiple vehicles and equipment needed.

**Noise:** Noise levels are good.

**Access to Light:** Good for offices, most have windows. Basement area lacking sufficient natural light.

**Functional Security:** Access controls present in building. Cameras within building and on exterior.

**Other Comments:** stone beds at front of the building spilling into storm drain.

## INTERIOR FINISHES

**Condition of Carpet:** Poor condition

**Condition of Tile Floors:** Average condition

**Condition of Other Flooring:** VCT in average condition, concrete floors in good condition

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint. Some areas in unoccupied spaces are peeling

**Condition of Ceilings:** Good condition, ACT in 911 dispatch

**Other Comments:** Casework in fair condition. Several additions have been made to building. Includes elevator.



Fig. 2 – Deterioration of interior stair

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Old Murphy Rd

**Departments Served:** Housing Department

**Address:** 1419 Old Murphy Rd, Franklin, NC

**Constructed:** 1961, 1981

**Size and Configuration:** approximately 2,400 sf and 3,200 sf

**Building Description:** CMU and wood structures housing the Department of housing in Macon County



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 2.0 acres

**Grade:** The site slopes down towards the street from the two primary structures.

**Environmental Issues:** Possible lead paint on storage building.

**Parking:** There are no specific designated parking spaces. There is sufficient space to park adjacent to the primary structures.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Load bearing concrete masonry units.

**Roof Structure:** Wood truss

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** Excessive deterioration throughout

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Not ADA compliant

**Means of Egress:** Exits not marked clearly and numerous egress code violations.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** Observed in several areas

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** Office spaces are poor and do not allow for staff expansion. Facility is not suitable for current purpose.

**Storage:** Storage is insufficient.

**Noise:** Generally poor. Noise during storms.

**Access to Light:** Poor throughout entire facility

**Functional Security:** Entry into building is not secure. Cameras/ additional security measures throughout facility were not observed.

**Other Comments:**

## INTERIOR FINISHES

**Condition of Carpet:** None Observed

**Condition of Tile Floors:** Poor condition

**Condition of Other Flooring:** Poor condition

**Condition of Wall Finishes:** Poor condition

**Condition of Ceilings:** Painted plywood ceilings in poor condition.

**Other Comments:** Casework in poor condition. Excessive deterioration throughout facility.



Fig. 2 – Overview of facility



Fig. 3 – Excessive deterioration

# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Thomas Heights

**Departments Served:** Soil and Water, Cooperative Extension

**Address:** 189 Thomas Heights Rd, Franklin, NC

**Constructed:** 1980/ 1990

**Size and Configuration:** approximately 7,536 sf

**Building Description:** Wood stud and truss construction with stone and wooden siding exterior housing Cooperative Extension, Soil & Water, and Farm Services.



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 8.66 acres

**Grade:** The site slopes down from the front of the building towards Thomas Heights Rd.

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Wood studs

**Roof Structure:** Wood truss

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Not compliant with current standards

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** Exterior wood showing rot/ deterioration.

## OCCUPANCY/USE

**Shared Office Space:** Office spaces are good but do not allow for staff expansion. With future growth plans, current organization is not efficient.

**Storage:** Storage is insufficient throughout and available storage areas are undesirable due to poor conditions and deterioration.

**Noise:** Generally poor, inadequate separations throughout.

**Access to Light:** Good for offices and break room.

**Functional Security:** Entry into building is secure. Front entry secured with card access.

## INTERIOR FINISHES

**Condition of Carpet:** Good condition

**Condition of Tile Floors:** None observed

**Condition of Other Flooring:** VCT in poor condition

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint.

**Condition of Ceilings:** Good condition

**Other Comments:** Casework in fair condition. Paint damage on doors.



Fig. 2 – Interior conference/ meeting area



Fig. 3 – Deterioration of siding



# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Senior Services

**Departments Served:** Senior Services

**Address:** 108 Wayah St, Franklin, NC

**Constructed:** 1977, 1997

**Size and Configuration:** approximately 15,998 sf

**Building Description:** Exterior brick and asphalt shingle roof containing the Department of Senior Services in Macon County.



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 1.66 acres

**Grade:** The site slopes down at the back drive. Difficult to navigate for elderly. There is conflict for deliveries between meals and transit.

**Environmental Issues:** None noted

**Parking:** Number of spaces is inadequate. Poor connection between handicap parking and front entry.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Tube steel.

**Roof Structure:** Assumed metal structure, some gutters missing seal.

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Toilets could use improvement. Some still existing from library phase.

**Means of Egress:** Exits marked clearly. Elevator has constant issues. Handrails are not compliant.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** Current office space is insufficient.

**Storage:** Storage is insufficient.

**Noise:** Generally good. Pool table adjacent to yoga space is conflict.

**Access to Light:** Need better connection to adult daycare. Thermal comfort is acceptable in main spaces, offices are too hot.

**Functional Security:** Access controls into adult daycare. Camera placement needs adjustment. Entrances need better camera coverage.

**Other Comments:** Dividers missing at men's urinals, poorly designed and low privacy. More lobby seating required to provide waiting area for transit.

## INTERIOR FINISHES

**Condition of Carpet:** Average condition

**Condition of Tile Floors:** Good condition

**Condition of Other Flooring:** VCT in good condition

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint.

**Condition of Ceilings:** Good condition

**Other Comments:** Casework in fair condition.



Fig. 2 – Overview of facility

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Robert C. Carpenter Recreation Center

**Departments Served:** Recreation & Maintenance

**Address:** 1288 Georgia Rd, Franklin, NC

**Constructed:** 1977

**Size and Configuration:** approximately 16,208 sf

**Building Description:** Concrete masonry load bearing walls with exterior brick and ballasted roof system



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 37.56 acres

**Grade:** The site is relatively flat

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient.

# MOSELEYARCHITECTS

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** slab on grade

**Vertical Supports:** Load bearing concrete masonry units.

**Roof Structure:** Ballasted roof system

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:**

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** Leak observed above ceiling in several locations

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** Office space is currently sufficient although minimal area available for expansion.

**Storage:** Storage is currently sufficient.

**Noise:** Generally good. Some roof noise during storms.

**Access to Light:** Generally good throughout.

**Functional Security:** Entry into building is not access controlled. Security cameras throughout, although need additional in gymnasium.

**Other Comments:**

## INTERIOR FINISHES

**Condition of Carpet:** None Observed

**Condition of Tile Floors:** Good condition

**Condition of Other Flooring:** Good condition

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint.

**Condition of Ceilings:** Good condition

**Other Comments:** Casework in poor condition.



Fig. 2 – Ballast Roof System

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Nantahala Recreation Park

**Departments Served:** Recreation & Maintenance

**Address:** 2341 Junaluska Rd, Tipton, NC

**Constructed:** approximately 2001

**Size and Configuration:** approximately 1,800 sf

**Building Description:** Load bearing CMU and brick building primarily used for storage and maintenance at the Nantahala Recreation Park.



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 27.20 acres

**Grade:** The site is relatively flat towards the entry, including the recreation field, but begins to slope quickly towards the back of the site.

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient.

# MOSELEYARCHITECTS

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** slab on grade

**Vertical Supports:** Load bearing concrete masonry units.

**Roof Structure:** Metal roof

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** Foundation crack

## ACCESSIBILITY

### Toilets/Sinks

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### Drinking Fountains

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

### Restrooms:

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** N/A

**Storage:** Storage is insufficient for growth. Currently at capacity.

**Noise:** Generally good.

**Access to Light:** Poor access to light in majority of spaces.

**Functional Security:** No access controls or additional security.

**Other Comments:**

## INTERIOR FINISHES

**Condition of Carpet:** None Observed

**Condition of Tile Floors:** Good condition

**Condition of Other Flooring:** Exposed concrete floors in poor condition

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint.

**Condition of Ceilings:** Popcorn ceilings throughout dated.

**Other Comments:** Numerous areas showing damage and wear.



Fig. 2 – Crack in Slab on Grade

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Business Incubator

**Departments Served:** Macon County Business Development

**Address:** 183 Industrial Park Rd, Franklin, NC

**Constructed:** 1984

**Size and Configuration:** approximately 17,560 sf

**Building Description:** Pre-engineered metal building with exterior corrugated metal and brick finishes containing the Macon County Business Development department.



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 2.72 acres

**Grade:** The site is relatively flat.

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient.

# MOSELEYARCHITECTS

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** slab on grade

**Vertical Supports:** Pre-engineered metal building columns

**Roof Structure:** Low slope membrane roof

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** Possible foundation settling

## ACCESSIBILITY

### Toilets/Sinks

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### Drinking Fountains

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Not up to current ADA code.

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** Leak/ Condensation above ceiling in numerous areas.

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** Insufficient space for current needs and expansion. Numerous offices are shared.

**Storage:** Storage is sufficient for current purposes.

**Noise:** Poor acoustics. No acoustical treatment provided currently.

**Access to Light:** Good for offices. Average access to light for majority of building.

**Functional Security:** There are presently no access controls or extra security measures in this building.

**Other Comments:**

## INTERIOR FINISHES

**Condition of Carpet:** Average condition – showing wear.

**Condition of Tile Floors:** Poor condition

**Condition of Other Flooring:** Sealed concrete floors in good condition. VCT in poor condition and dated.

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint.

**Condition of Ceilings:** Poor condition, numerous areas showing water damage from condensation buildup above ceiling.

**Other Comments:** Exterior is showing a lot of wear. Materials are worn and dated, windows are sagging in areas. Exterior doors are worn. Water runoff around building is eroding soil and exposing slab.



Fig. 2 – Leak above ceiling

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Franklin Library

**Departments Served:** Library

**Address:** 149 Siler Farm Rd, Franklin, NC

**Constructed:** 2006

**Size and Configuration:** approximately 30,196 sf

**Building Description:** Exterior stone and stucco on CMU with interior steel and timber structure housing the Macon County Public Library



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 5.0 acres

**Grade:** The site slopes backwards from the street, with the building sitting several feet below the grade of the road. Additional wooded site area to the west falls a further 16-20 feet from the building level.

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient. Parking should be set back from the building by at least 50'.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Load bearing concrete masonry unit exterior wall and interior steel columns

**Roof Structure:** Metal and membrane roof

**Lateral Structure (Shear Walls/ Bracing):** Concrete masonry units

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** ADA Compliant

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** Office spaces are good but do not allow for staff expansion.

**Storage:** Storage is currently sufficient.

**Noise:** Generally good.

**Access to Light:** Generally good throughout.

**Functional Security:** Entry into building is not secured. Cameras were not observed.

**Other Comments:**

## INTERIOR FINISHES

**Condition of Carpet:** Good condition

**Condition of Tile Floors:** Good condition

**Condition of Other Flooring:** VCT dated but in good condition

**Condition of Wall Finishes:** Poor condition, numerous scuffs and damaged areas

**Condition of Ceilings:** Good condition

**Other Comments:** Casework in fair condition.



Fig. 2 – Timber frame interior

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Nantahala Library

**Departments Served:** Library, School

**Address:** 128 Nantahala School Rd, Topton, NC

**Constructed:** 1988

**Size and Configuration:** approximately 1,728 sf

**Building Description:** Prefabricated modular building on masonry block piers with concrete footings below.



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 6.29 acres

**Grade:** The site is relatively flat

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Load bearing concrete masonry piers with concrete footings (assumed)

**Vertical Supports:** Prefabricated modular building

**Roof Structure:** Metal roof

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Toilet is ADA compliant

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** Exterior showing signs of rust and deterioration

## OCCUPANCY/USE

**Shared Office Space:** Limited office space, does not allow for expansion as currently situated.

**Storage:** Storage is insufficient for library. Does not allow for expansion.

**Noise:** Generally good.

**Access to Light:** Poor access to light throughout.

**Functional Security:** None Observed

**Other Comments:**

## INTERIOR FINISHES

**Condition of Carpet:** Good condition

**Condition of Tile Floors:** Good condition

**Condition of Other Flooring:** None Observed

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint.

**Condition of Ceilings:** Good condition

**Other Comments:**



Fig. 2 – Accessible Ramp

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Highlands Library

**Departments Served:** Hudson Library Owned

**Address:** 554 Main St, Highlands, NC

**Constructed:** 1985

**Size and Configuration:** approximately 6,300 sf

**Building Description:** Primarily wooden structure with exterior wood paneling and asphalt shingle roof remodeled in 2012.



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 1.10 acres

**Grade:** The site is relatively flat.

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Wood studs and load bearing concrete masonry units

**Roof Structure:** Wood Truss & asphalt shingle

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** ADA compliant

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** Wood exterior showing signs of deterioration

## OCCUPANCY/USE

**Shared Office Space:** Office spaces are good but do not allow for staff expansion.

**Storage:** Storage is sufficient.

**Noise:** Generally good.

**Access to Light:** Good for offices and break room. Communications floor meets consistent levels for screen visibility.

**Functional Security:** Entry into building is not secured. Main entry includes screening upon entry/exit.

**Other Comments:**

## INTERIOR FINISHES

**Condition of Carpet:** Good condition

**Condition of Tile Floors:** Good condition

**Condition of Other Flooring:** All flooring in good condition

**Condition of Wall Finishes:** Good condition

**Condition of Ceilings:** Good condition

**Other Comments:** Casework in fair condition. Paint damage on back door. Exterior wood paneling in poor condition



Fig. 2 – Deterioration of wood siding

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Hyatt Road EMS

**Departments Served:** EMS

**Address:** 125 Hyatt Rd, Franklin, NC

**Constructed:** 1988

**Size and Configuration:** approximately 4,952 sf

**Building Description:** Single story metal structure adjacent to three bay vehicle storage building for the Macon County EMS



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 3.64 acres

**Grade:** The site is relatively flat

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient.

# MOSELEYARCHITECTS

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Steel columns

**Roof Structure:** Metal roof

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:** Drinking fountains not observed

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Not ADA compliant

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** Observed in several locations

**Leaks/Flooding:** None Observed

**Other Comments:** Rust/ Corrosion issues on exterior metal panels. Overhead doors showing damage on exterior.

## OCCUPANCY/USE

**Shared Office Space:** Training room is too small to accommodate all staff. Office spaces are good but do not allow for staff expansion.

**Storage:** Storage is insufficient for training. Staff lounge cramped and insufficient for expansion. Overall facility is dated.

**Noise:** Generally good.

**Access to Light:** Generally good light levels throughout.

**Functional Security:** Entry into building is secure. Secondary entry door equipped with card access.

**Other Comments:**

## INTERIOR FINISHES

**Condition of Carpet:** Good condition

**Condition of Tile Floors:** Good condition

**Condition of Other Flooring:** VCT in poor condition

**Condition of Wall Finishes:** Poor condition.

**Condition of Ceilings:** Poor condition

**Other Comments:** Casework in poor condition and dated. Door frames in poor condition.



Fig. 2 – Exterior rust/ corrosion

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Highlands EMS

**Departments Served:** EMS

**Address:** 312 Oak St, Highlands, NC

**Constructed:** 1980

**Size and Configuration:** approximately 3,840 sf

**Building Description:** CMU and brick structure on a basement foundation housing the Highlands EMS and State Trooper.



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 5.0 acres

**Grade:** The site slopes drastically away from the building.

**Environmental Issues:** None noted

**Parking:** Number of spaces is insufficient. The parking in front is limited and on a steep grade.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Basement

**Vertical Supports:** Load bearing concrete masonry units.

**Roof Structure:** Wood truss

**Lateral Structure (Shear Walls/ Bracing):** Concrete masonry units

**Structural Concerns:** Radon mitigation system

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** Not ADA Compliant

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** Water intrusion in basement noted

**Other Comments:** Exterior walkway deteriorating

## OCCUPANCY/USE

**Shared Office Space:** Office space is minimal and cramped. Not feasible for future expansion.

**Storage:** Storage is insufficient for training. Three bays in basement limited in future expansion. Cramped storage and common areas.

**Noise:** Generally good.

**Access to Light:** Poor

**Functional Security:** Entry into building is secure. All entry doors are secured with card access.

**Other Comments:** Deterioration evident in many areas

## INTERIOR FINISHES

**Condition of Carpet:** Poor condition

**Condition of Tile Floors:** Good condition

**Condition of Other Flooring:** VCT in poor condition

**Condition of Wall Finishes:** Poor condition, numerous areas with wear and scuffs

**Condition of Ceilings:** Below average condition

**Other Comments:** Paint damage on doors.

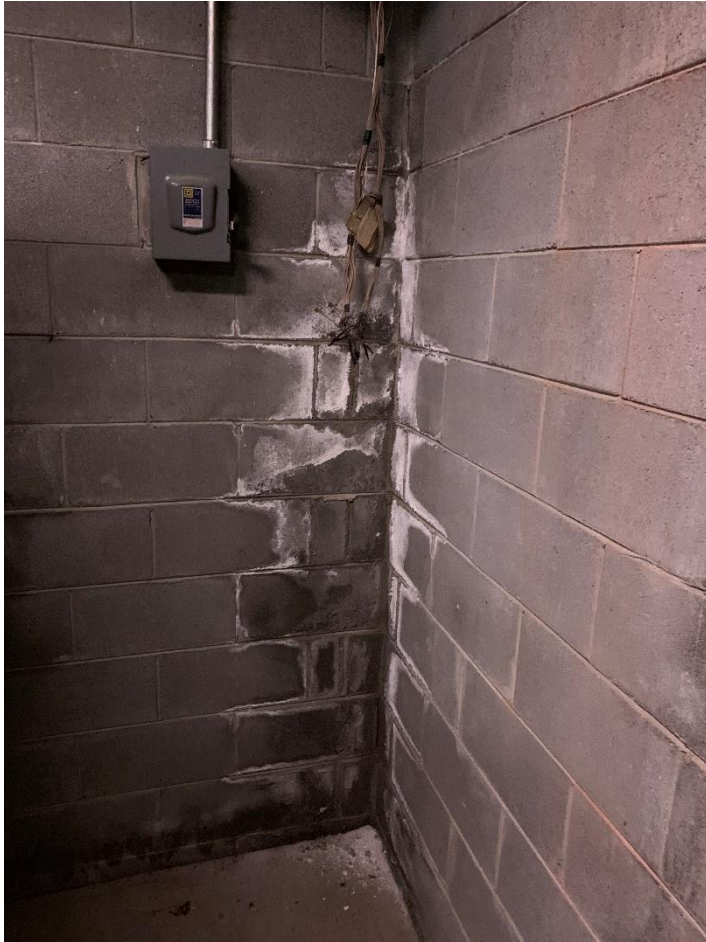


Fig. 2 – Water intrusion into basement

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Nantahala EMS

**Departments Served:** Emergency Services, Law Enforcement

**Address:** 1096 Junaluska Rd, Tipton, NC

**Constructed:** 2002

**Size and Configuration:** approximately 2,100 sf

**Building Description:** Pre-engineered metal building with corrugated metal panel exterior.



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 2.0 acres

**Grade:** The site is relatively flat until approximately 20' from the rear of the building, which becomes a wooded area sloping away from the building.

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** slab on grade

**Vertical Supports:** Pre-engineered metal building

**Roof Structure:** Metal roof

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** ADA compliant

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** Yes

**Air Infiltration:** None Observed

**Leaks/Flooding:** Yes

**Other Comments:** Exterior penetrations are not sealed properly.

## OCCUPANCY/USE

**Shared Office Space:** Minimal shared office space, insufficient area to expand.

**Storage:** Storage is insufficient for training.

**Noise:** Generally good, although no acoustical treatment provided.

**Access to Light:** Poor for offices and break room. Poor in most other spaces observed.

**Functional Security:** Entry into building is secure. Entry doors are secured with keypad access although not monitored/recorded locally by camera.

## INTERIOR FINISHES

**Condition of Carpet:** Good condition

**Condition of Tile Floors:** Not Observed

**Condition of Other Flooring:** Sealed concrete floors in good condition

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint.

**Condition of Ceilings:** Poor condition

**Other Comments:** Excess deterioration to insulation in garage bays



Fig. 2 – Window condensation

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** National Guard Armory Building

**Departments Served:** North Carolina National Guard

**Address:** 192 Industrial Park Rd, Franklin, NC

**Constructed:** 1986

**Size and Configuration:** 15,812 sf

**Building Description:** CMU and brick exterior building with metal roof structure currently housing the North Carolina National Guard Armory.



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 5.38 Acres

**Grade:** The site is relatively flat

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient. Good access for deliveries. Approximately 40 parking spaces.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Load bearing concrete masonry units.

**Roof Structure:** Low-slope membrane roof over metal joists

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:**

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:**

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** No offices are currently shared, but no space is available for future staff currently. This will change depending on space needs after the Armory is vacated.

**Storage:** Storage is sufficient. Multiple large storage areas available.

**Noise:** Generally poor, no acoustical treatment.

**Access to Light:** Other than offices spaces, poor access to natural light.

**Functional Security:** There is no access control into the building. There are interior security cameras.

**Other Comments:** None.

## INTERIOR FINISHES

**Condition of Carpet:** Average condition

**Condition of Tile Floors:** Good condition

**Condition of Other Flooring:** Sealed concrete floor in good condition, VCT in poor condition

**Condition of Wall Finishes:** Good condition, though some areas show marks/scuffs on wall paint. Painted CMU Walls throughout.

**Condition of Ceilings:** Dated, average condition

**Other Comments:** None.



Fig. 2 – Deterioration in Armory Garage

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# MOSELEYARCHITECTS

## ARCHITECTURAL ASSESSMENT

**Facility Name:** Dental Clinic Leased Space

**Departments Served:** Health Department

**Address:** 108 Macon Center Dr, Franklin, NC

**Constructed:** 2009

**Size and Configuration:** approximately 2,000 sf

**Building Description:** Brick and metal exterior building currently leased by the Macon County Dental Clinic.



Fig. 1 – Overview of facility

### **BUILDING SITE**

**Area:** 1.99 acres

**Grade:** The site is relatively flat.

**Environmental Issues:** None noted

**Parking:** Number of spaces is sufficient.

## HISTORICAL ASSESSMENT

There is no historical significance to the site.

## STRUCTURE

**Foundation Type:** Slab on grade

**Vertical Supports:** Metal columns assumed

**Roof Structure:** Low slope metal roof

**Lateral Structure (Shear Walls/ Bracing):**

**Structural Concerns:** None observed

## ACCESSIBILITY

### **Toilets/Sinks**

Ambulatory Stalls     Transfer Stalls     Pipe Guards at sinks

### **Drinking Fountains**

Dual Height     Barrier-Free     Meets toe clearance     Meets knee clearance

**Comments:** Drinking fountains not observed

## LIFE SAFETY and CODE ISSUES

Fire Protection System     Fire Extinguishers present

**Restrooms:** ADA compliant

**Means of Egress:** Exits marked clearly.

## BUILDING ENVELOPE

**Window Condensation:** None Observed

**Air Infiltration:** None Observed

**Leaks/Flooding:** None Observed

**Other Comments:** No issues noted.

## OCCUPANCY/USE

**Shared Office Space:** There is not a lot of office overlap as most spaces are designated for treatment specific areas. The single office is inadequate for future expansion or repurposing the space.

**Storage:** Storage is sufficient for current use but may be inadequate with repurposing in mind.

**Noise:** Generally good.

**Access to Light:** Generally poor, low light levels in back of space.

**Functional Security:** Entry into building is not secure. There is no screening or cameras observed in the space.

**Other Comments:** The space is currently serving as a Dental Clinic.

## INTERIOR FINISHES

**Condition of Carpet:** None observed

**Condition of Tile Floors:** None observed

**Condition of Other Flooring:** VCT in good condition

**Condition of Wall Finishes:** Good condition, minor scuffs.

**Condition of Ceilings:** Good condition

**Other Comments:** Casework in fair condition.



Fig. 2 – Exterior Materials

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## MECHANICAL ASSESSMENT

Facility Name: Courthouse Annex

### Heating and Cooling Systems

<u>Cooling</u> gas packaged DX <input checked="" type="checkbox"/> CHW <input type="checkbox"/>	<u>Heating</u> Heat Pump <input checked="" type="checkbox"/> Hot Water <input type="checkbox"/> Gas (Furnace) <input checked="" type="checkbox"/> Electric <input type="checkbox"/>	<u>Unit Type</u> Packaged <input checked="" type="checkbox"/> Split System <input checked="" type="checkbox"/>	Similar Units (qty): 5-split systems, 4- Age (years): 1-20+ Condition: <input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor Manufacturer: Varies, Goodman, Trane, Bryant
--	---	--	--

Comments: Age varies 1-20 years, one ductless split serves data room. The has packaged units serve classrooms.

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 20+ Comments:  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments:

### Controls

Building Automation System  Vendor/Manufacturer: Varies Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 20 Condition:  Good  Fair  Poor  
Comments: most are digital

### Pumps

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Comments:  
Similar Units (qty): NA

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): 20+ Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): 20+ Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Uses corridor and door grilles for return air path. One unit has internally lined duct, remaining appears to be externally lined.

**Diffusers/Grilles**

Types

Ceiling/Surface Mounted      Age Est (years): 20+      Condition:  Good  Fair  Poor

2'x2' Lay-in      Age Est (years):      Condition:  Good  Fair  Poor

Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Sidewall type, and served by trunk line above corridor, minor 2x2 grille (lay-in)

**VAV Terminal Units (Boxes)**

Types

Single Duct      Age Est (years):      Condition:  Good  Fair  Poor

Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

Ceiling Mounted      Age Est (years):      Condition:  Good  Fair  Poor

In-Line      Age Est (years):      Condition:  Good  Fair  Poor

Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty):

**Unit Heaters**

Types

Electric      Age Est (years): 20+      Condition:  Good  Fair  Poor

Gas      Age Est (years):      Condition:  Good  Fair  Poor

Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): Several wall mounted and baseboard electric, some ceiling mounted at entries

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: Courthouse

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): Approx 20
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): Varies, New to 15+
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input checked="" type="checkbox"/>		Manufacturer: Varies, primarily Trane
	Electric <input type="checkbox"/>		

Comments:

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 15 Comments: Same exterior refrigerant piping has sheetmetal cover  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments:

### Controls

Building Automation System  Vendor/Manufacturer: Reliable Age Estimate (years): 5  
 Thermostat  Programmable Age Estimate (years): Condition:  Good  Fair  Poor  
Comments: Operation problems, using some duct mounted sensors for control

### Pumps

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Comments:  
Similar Units (qty): NA

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Ducts in mechanical room are ductboard

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 20+      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years):      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years):      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years): 20      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty):

**Unit Heaters**

Types

- Electric      Age Est (years): 40      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): Elec baseboard radicut heater in restrooms. Wall mounted heaters in entry areas and stairwells

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: DHHS

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 6
DX <input checked="" type="checkbox"/>	Heat Pump <input type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): 20
CHW <input checked="" type="checkbox"/>	Hot Water <input checked="" type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer:
	Electric <input type="checkbox"/>		

Comments: VAV 4-piper AHHS (6) serve VAV boxes with perimeter heat

Chiller Information: Carrier, 20 years old

Boiler Information: Teledyne-Laars: 850 MBH (original). Duct heaters (electric) added later as one AHH has no pre-heat

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 20 Comments:  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket: ASJ  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): 20 Comments: Piping and jacket in good overall condition, aluminum or stainless steel jacket

### Controls

Building Automation System  Vendor/Manufacturer: Schenider Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 20 Condition:  Good  Fair  Poor  
Comments: In process of converting controls to Schneider

### Pumps

<input checked="" type="checkbox"/> In-line Type	<input checked="" type="checkbox"/> Chilled Water	Qty: 1	Age Est (years): 5	Condition: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<input type="checkbox"/> End Suction	<input checked="" type="checkbox"/> Hot Water	Qty: 1	Age Est (years): 8	Condition: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<input type="checkbox"/> Other Type	Manufacturer:	Comments: On starters		

Similar Units (qty):

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): 20 Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): 20 Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments:

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 20      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years): 20      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years): 20      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years): 20      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty):

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 20      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Each toilet room has roof mounted fan.

Similar Units (qty):

**Unit Heaters**

Types

- Electric      Age Est (years):      Condition:  Good  Fair  Poor
- Gas      Age Est (years): 20      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty):

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: Detention Center

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 9
DX <input checked="" type="checkbox"/>	Heat Pump <input type="checkbox"/>	Packaged <input checked="" type="checkbox"/>	Age (years): 2-10
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input checked="" type="checkbox"/>		Manufacturer: Varies (Trane, Carrier, Lennox, etc.)
	Electric <input type="checkbox"/>		

Comments: 9 gas packaged units, one ductless split

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years):                      Comments:  
Heating Hot Water/Chilled Water (circle one) Material type:                      Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years):                      Comments: NA

### Controls

Building Automation System  Vendor/Manufacturer: Varies                      Age Estimate (years): 5-15 (estimate)  
 Thermostat  Programmable                      Age Estimate (years):                      Condition:  Good  Fair  Poor  
Comments: Return air temp control

### Pumps

In-line Type     Chilled Water    Qty:    Age Est (years):                      Condition:  Good  Fair  Poor  
 End Suction     Hot Water            Qty:    Age Est (years):                      Condition:  Good  Fair  Poor  
 Other Type    Manufacturer:                      Comments:  
Similar Units (qty): NA

### Ductwork

Galvanized Steel  Internally Lined    Age Est (years): 18                      Condition:  Good  Fair  Poor  
 Other  External Wrap    Age Est (years):                      Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Some external ductwork on roof serves cell to day room areas, external mastic

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 18      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years): 18      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Security type in secure areas

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 18      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments: downblast type throughout

Similar Units (qty):

**Unit Heaters**

Types

- Electric      Age Est (years): 18      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Reznor, serves dryer room

Similar Units (qty):

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

Some control system (supply and exhaust) original to building



## MECHANICAL ASSESSMENT

Facility Name: Maintenance Shed

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	<u>Similar Units (qty):</u>
DX <input checked="" type="checkbox"/>	Heat Pump <input type="checkbox"/>	Packaged <input checked="" type="checkbox"/>	Age (years): varies
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input checked="" type="checkbox"/>		Manufacturer: Frigidaire
	Electric <input type="checkbox"/>		

Comments: miscellaneous room AC serve show areas, Two split system with gas furnace serve show and office, shop is 15 years old, office is 1-2 years old

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years):                      Comments:  
Heating Hot Water/Chilled Water (circle one) Material type:                      Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years):                      Comments:

### Controls

Building Automation System  Vendor/Manufacturer: varies                      Age Estimate (years):  
 Thermostat  Programmable                      Age Estimate (years): 15                      Condition:  Good  Fair  Poor  
Comments:

### Pumps

In-line Type     Chilled Water    Qty:    Age Est (years):                      Condition:  Good  Fair  Poor  
 End Suction     Hot Water            Qty:    Age Est (years):                      Condition:  Good  Fair  Poor  
 Other Type    Manufacturer:                      Comments: NA  
Similar Units (qty):

### Ductwork

Galvanized Steel  Internally Lined    Age Est (years): 15                      Condition:  Good  Fair  Poor  
 Other  External Wrap    Age Est (years):                      Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments:

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 15      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years):      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments: NA

Similar Units (qty):

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 15      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Some need service, noisy

Similar Units (qty):

**Unit Heaters**

Types

- Electric      Age Est (years): 5      Condition:  Good  Fair  Poor
- Gas      Age Est (years): 15      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments: radiant throughout

Similar Units (qty): most all shop areas have radiant gas heaters

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

Shop area sidewall prop (15 years old fair cond) fans

Shop has dust collector system

Shop has room AC, poor condition in general

## MECHANICAL ASSESSMENT

Facility Name: Transit Building

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty):
DX <input checked="" type="checkbox"/>	Heat Pump <input type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): 16
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input checked="" type="checkbox"/>		Manufacturer: Bryant
	Electric <input type="checkbox"/>		

Comments: Outdoor syst needs equipment pad

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years):                      Comments:  
Heating Hot Water/Chilled Water (circle one) Material type:                      Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years):                      Comments:

### Controls

Building Automation System  Vendor/Manufacturer: Totaline                      Age Estimate (years):  
 Thermostat  Programmable                      Age Estimate (years): 16                      Condition:  Good  Fair  Poor  
Comments:

### Pumps

In-line Type     Chilled Water    Qty:    Age Est (years):                      Condition:  Good  Fair  Poor  
 End Suction     Hot Water            Qty:    Age Est (years):                      Condition:  Good  Fair  Poor  
 Other Type    Manufacturer:                      Comments:  
Similar Units (qty): NA

### Ductwork

Galvanized Steel  Internally Lined    Age Est (years): 16                      Condition:  Good  Fair  Poor  
 Other  External Wrap    Age Est (years):                      Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Duct board, return is ducted to main mech room exterior wall. Individual spaces have no return grilles

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 16      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years): 16      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 16      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Switched with space light

Similar Units (qty): 2

**Unit Heaters**

Types

- Electric      Age Est (years): 16      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Wall mounted in toilet rooms

Similar Units (qty):

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: Animal Control

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 2
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): 5-9
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer: Carrier
	Electric <input checked="" type="checkbox"/>		

Comments: Electric reheat coil, 2015 in animal holding area

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 9 Comments:  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments:

### Controls

Building Automation System  Vendor/Manufacturer: Carrier Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 9 Condition:  Good  Fair  Poor  
Comments:

### Pumps

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Comments:  
Similar Units (qty): NA

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): 9 Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments:

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 9      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years):      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 9      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): 2

**Unit Heaters**

Types

- Electric      Age Est (years):      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty):

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: Environmental Resource Center

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 1
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): 10
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer: Bryant 4-ton
	Electric <input type="checkbox"/>		

Comments: Indoor unit concealed above high ceiling

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 15 Comments:  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments:

### Controls

Building Automation System  Vendor/Manufacturer: Honeywell Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 10 Condition:  Good  Fair  Poor  
Comments:

### Pumps

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Comments:  
Similar Units (qty): NA

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Concealed above high ceiling

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 15      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years): 15      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 15      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty):

**Unit Heaters**

Types

- Electric      Age Est (years):      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**



## MECHANICAL ASSESSMENT

Facility Name: **Solid Waste Management**

### **Heating and Cooling Systems**

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 2
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): 7 and 12 years old
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer: Trane, Payne
	Electric <input type="checkbox"/>		

Comments: 1 ½ and 2 ton units, outdoor units are older than outdoor units

Chiller Information:

Boiler Information:

### **Piping and Insulation**

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 12 Comments:  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments:

### **Controls**

Building Automation System  Vendor/Manufacturer: varies Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 12 Condition:  Good  Fair  Poor  
Comments: Trane, Honeywell, one digital, one mechanical

### **Pumps**

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Comments:  
Similar Units (qty): NA

### **Ductwork**

Galvanized Steel  Internally Lined Age Est (years): Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): 12 Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Duct board construction

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 15      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years):      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Some are older floor mounted residential type

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years):      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): None for existing restroom

**Unit Heaters**

Types

- Electric      Age Est (years): 10      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Wall mounted, serves toilet room

Similar Units (qty):

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: Yellow Building

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	<u>Similar Units (qty):</u> 6
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/> (2)	Packaged <input type="checkbox"/>	Age (years): 12
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input checked="" type="checkbox"/> (4)		Manufacturer: Trane and Bryant
	Electric <input type="checkbox"/>		

Comments: Two units are heat pumps, 4 are DX cool → gas heat

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 12 Comments:  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments:

### Controls

Building Automation System  Vendor/Manufacturer: Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 12 Condition:  Good  Fair  Poor  
Comments: Honeywell, Totaline manufacturers

### Pumps

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Comments:  
Similar Units (qty): NA

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): 12 Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Duct board

### Diffusers/Grilles

Types

- Ceiling/Surface Mounted      Age Est (years): 10      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years): 10      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 12      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments: switched with space light

Similar Units (qty): Typical of several units throughout

**Unit Heaters**

Types

- Electric      Age Est (years):      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Kitchen and Other Exhaust**

Comments: NA

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: **Barrett Building**

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty):
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): 8-18, varies
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer: American Standard, Carrier
	Electric <input type="checkbox"/>		

Comments: Data room has dedicated unit (1-2 year old Mitsubishi)

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): varies Comments: Insulation has haps on suction line  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments: Exterior deteriorating

### Controls

Building Automation System  Vendor/Manufacturer: Varies Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 30 Condition:  Good  Fair  Poor  
Comments: American Standard, Carrier, Trane

### Pumps

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Comments:  
Similar Units (qty): NA

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): 15 Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): 15 Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Duct board on 3<sup>rd</sup> floor internally lined galvanized on 1<sup>st</sup> and 2<sup>nd</sup>. No duct smoke detector on 7 ½ ton unit.

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years):      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years): 30      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 15      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): 6

**Unit Heaters**

Types

- Electric      Age Est (years):      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: **Old Murphy Road – Housing Department**

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 2
DX <input checked="" type="checkbox"/>	Heat Pump <input type="checkbox"/>	Packaged <input checked="" type="checkbox"/>	Age (years): 30, 10 (est)
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input type="checkbox"/>	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer: Friedrich and Whirlpool
	Electric <input type="checkbox"/>		

Comments: Room AC

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years):                      Comments:  
Heating Hot Water/Chilled Water (circle one) Material type:                      Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years):                      Comments: NA

### Controls

Building Automation System  Vendor/Manufacturer:                      Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years):                      Condition:  Good  Fair  Poor  
Comments: NA

### Pumps

In-line Type     Chilled Water    Qty:    Age Est (years):                      Condition:  Good  Fair  Poor  
 End Suction     Hot Water            Qty:    Age Est (years):                      Condition:  Good  Fair  Poor  
 Other Type    Manufacturer:                      Comments: NA  
Similar Units (qty):

### Ductwork

Galvanized Steel  Internally Lined Age Est (years):                      Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years):                      Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: NA

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years):      Condition: Good Fair Poor
- 2'x2' Lay-in      Age Est (years):      Condition: Good Fair Poor
- Duct Mounted      Age Est (years):      Condition: Good Fair Poor

Comments: NA

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition: Good Fair Poor
- Single Duct with Hot Water      Age Est (years):      Condition: Good Fair Poor
- Fan Powered      Age Est (years):      Condition: Good Fair Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 5      Condition: Good Fair Poor
- In-Line      Age Est (years):      Condition: Good Fair Poor
- Rooftop      Age Est (years):      Condition: Good Fair Poor

Comments: in-line type that is secured to wall

Similar Units (qty):

**Unit Heaters**

Types

- Electric      Age Est (years): 20      Condition: Good Fair Poor
- Gas      Age Est (years):      Condition: Good Fair Poor
- Hot Water      Age Est (years):      Condition: Good Fair Poor

Comments: Serves toilet room, wall mounted, serves open office area

Similar Units (qty):

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**



## MECHANICAL ASSESSMENT

Facility Name: Thomas Heights

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 6
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): Varies, 5-20+
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer: Trane, Carrier, Bryant
	Electric <input type="checkbox"/>		

Comments: Data room has ductless split (estimated 5 years old)

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 5-20+ Comments: Age varies  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments:

### Controls

Building Automation System  Vendor/Manufacturer: varies Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 10 Condition:  Good  Fair  Poor  
Comments: Time clock shuts off ventilation air when unoccupied

### Pumps

<input type="checkbox"/> In-line Type	<input type="checkbox"/> Chilled Water	Qty:	Age Est (years):	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<input type="checkbox"/> End Suction	<input type="checkbox"/> Hot Water	Qty:	Age Est (years):	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<input type="checkbox"/> Other Type	Manufacturer:		Comments: NA	

Similar Units (qty):

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): 30 Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Duct smoke detectors on return air ducts

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 30      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years):      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 30      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty):

**Unit Heaters**

Types

- Electric      Age Est (years): 20      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments: serves mechanical / electrical room

Similar Units (qty):

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: Senior Services

### Heating and Cooling Systems

Cooling                      Heating                      Unit Type                      Similar Units (qty): 9  
DX                       Heat Pump                       Packaged                       Age (years): 2-20+  
CHW                       Hot Water                       Split System                       Condition:  Good  Fair  Poor  
Carrier                      Gas (Furnace)                       Manufacturer: Varies: Trane, Lennox, Bryant,  
Electric

Comments: Dining has humidity control, some units have supply air smoke detector

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant     Armaflex     UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor    Exterior -  Good  Fair  Poor  
Age Estimate (Years): 2-20+                      Comments:  
Heating Hot Water/Chilled Water (circle one) Material type:                      Jacket:  
Condition: Interior-  Good  Fair  Poor    Exterior-  Good  Fair  Poor  
Age Estimate (Years):                      Comments:

### Controls

Building Automation System     Vendor/Manufacturer: Varies                      Age Estimate (years):  
 Thermostat  Programmable    Age Estimate (years): 2-20                      Condition:  Good  Fair  Poor  
Comments: Type varies, manufacturer varies, some are mechanical type

### Pumps

In-line Type     Chilled Water    Qty:    Age Est (years):                      Condition:  Good  Fair  Poor  
 End Suction     Hot Water    Qty:    Age Est (years):                      Condition:  Good  Fair  Poor  
 Other Type    Manufacturer:                      Comments:  
Similar Units (qty): NA

### Ductwork

Galvanized Steel  Internally Lined    Age Est (years):                      Condition:  Good  Fair  Poor  
 Other  External Wrap    Age Est (years):                      Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Duct board construction. Return is ducted with sidewall grilles near mechanical rooms

**Diffusers/Grilles**

Types

Ceiling/Surface Mounted      Age Est (years): 20      Condition:  Good  Fair  Poor

2'x2' Lay-in      Age Est (years):      Condition:  Good  Fair  Poor

Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

Single Duct      Age Est (years):      Condition:  Good  Fair  Poor

Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

Ceiling Mounted      Age Est (years):      Condition:  Good  Fair  Poor

In-Line      Age Est (years): 20      Condition:  Good  Fair  Poor

Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty):

**Unit Heaters**

Types

Electric      Age Est (years):      Condition:  Good  Fair  Poor

Gas      Age Est (years):      Condition:  Good  Fair  Poor

Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments: NA

Similar Units (qty):

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: Robert C. Carpenter Recreational Center

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty):
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/>	Packaged <input checked="" type="checkbox"/>	Age (years): Varies
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input checked="" type="checkbox"/>		Manufacturer: Trane, Lennox
	Electric <input type="checkbox"/>		

Comments: Gym served by pkg heat pumps (older units), other areas served by split system

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years):                      Comments:  
Heating Hot Water/Chilled Water (circle one) Material type:                      Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years):                      Comments:

### Controls

Building Automation System  Vendor/Manufacturer:                      Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 10 Condition:  Good  Fair  Poor  
Comments: Some are programmable, must installed in central location

### Pumps

In-line Type     Chilled Water    Qty:    Age Est (years):                      Condition:  Good  Fair  Poor  
 End Suction     Hot Water            Qty:    Age Est (years):                      Condition:  Good  Fair  Poor  
 Other Type    Manufacturer:                      Comments:  
Similar Units (qty): NA

### Ductwork

Galvanized Steel  Internally Lined Age Est (years):                      Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years):                      Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum mix  
Comments: Gym has newer ducts.

**Diffusers/Grilles**

Types

- |  |                     |   |
|--|---------------------|---|
| <input type="checkbox"/> Ceiling/Surface Mounted | Age Est (years):    | Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor            |
| <input checked="" type="checkbox"/> 2'x2' Lay-in | Age Est (years): 10 | Condition: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| <input type="checkbox"/> Duct Mounted            | Age Est (years):    | Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor            |

Comments:

**VAV Terminal Units (Boxes)**

Types

- |   |                  |  |
|---|------------------|--|
| <input type="checkbox"/> Single Duct                | Age Est (years): | Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| <input type="checkbox"/> Single Duct with Hot Water | Age Est (years): | Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| <input type="checkbox"/> Fan Powered                | Age Est (years): | Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

- |   |                     |   |
|---|---------------------|---|
| <input type="checkbox"/> Ceiling Mounted    | Age Est (years):    | Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor            |
| <input type="checkbox"/> In-Line            | Age Est (years):    | Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor            |
| <input checked="" type="checkbox"/> Rooftop | Age Est (years): 20 | Condition: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor |

Comments:

Similar Units (qty):

**Unit Heaters**

Types

- |                                    |                  |  |
|------------------------------------|------------------|--|
| <input type="checkbox"/> Electric  | Age Est (years): | Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| <input type="checkbox"/> Gas       | Age Est (years): | Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| <input type="checkbox"/> Hot Water | Age Est (years): | Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

Comments:

Similar Units (qty):

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: Nantahala Recreation Park

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	<u>Similar Units (qty):</u>
DX <input type="checkbox"/>	Heat Pump <input type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years):
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input type="checkbox"/>	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer:
	Electric <input type="checkbox"/>		

Comments: Room air conditioner only within small office, fair condition by Frigidaire

Chiller Information:

Boiler Information:

### Piping and Insulation NA

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years):                      Comments:  
Heating Hot Water/Chilled Water (circle one) Material type:                      Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years):                      Comments:

### Controls

Building Automation System  Vendor/Manufacturer:                      Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years):                      Condition:  Good  Fair  Poor  
Comments: On board dial type

### Pumps

<input type="checkbox"/> In-line Type	<input type="checkbox"/> Chilled Water	Qty:	Age Est (years):	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<input type="checkbox"/> End Suction	<input type="checkbox"/> Hot Water	Qty:	Age Est (years):	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<input type="checkbox"/> Other Type	Manufacturer:		Comments: NA	

Similar Units (qty):

### Ductwork

Galvanized Steel  Internally Lined Age Est (years):                      Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years):                      Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: NA

**Diffusers/Grilles**

Types

Ceiling/Surface Mounted      Age Est (years):      Condition: Good Fair Poor

2'x2' Lay-in      Age Est (years):      Condition: Good Fair Poor

Duct Mounted      Age Est (years):      Condition: Good Fair Poor

Comments: NA

**VAV Terminal Units (Boxes)**

Types

Single Duct      Age Est (years):      Condition: Good Fair Poor

Single Duct with Hot Water      Age Est (years):      Condition: Good Fair Poor

Fan Powered      Age Est (years):      Condition: Good Fair Poor

Comments: NA

Similar Units (qty):

**Restroom Exhaust**

Types

Ceiling Mounted      Age Est (years): 20      Condition: Good Fair Poor

In-Line      Age Est (years):      Condition: Good Fair Poor

Rooftop      Age Est (years):      Condition: Good Fair Poor

Comments:

Similar Units (qty): 2

**Unit Heaters**

Types

Electric      Age Est (years): 20      Condition: Good Fair Poor

Gas      Age Est (years):      Condition: Good Fair Poor

Hot Water      Age Est (years):      Condition: Good Fair Poor

Comments: on board t-stat control

Similar Units (qty): 2 in kitchen, wall mounted, 2 in toilet rooms

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**



## MECHANICAL ASSESSMENT

Facility Name: **Business Incubator**

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 7
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): 10,6,6,6,25,varies
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer: Bryant, Carrier
	Electric <input type="checkbox"/>		

Comments:

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 10 Comments:  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments: Sheetmetal covers for exterior piping

### Controls

Building Automation System  Vendor/Manufacturer: Honeywell Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 10 Condition:  Good  Fair  Poor  
Comments:

### Pumps

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Comments: NA  
Similar Units (qty):

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Some duct board, returns to sidewall grilles in mechanical rooms (which are plenums)

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 25      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years): 25      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments: NA

Similar Units (qty):

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 30      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): 2

**Unit Heaters**

Types

- Electric      Age Est (years): 30      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Markel units serve large open area, hung from structure. Bathrooms have wall mounted models

Similar Units (qty): 4

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: Franklin Library

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 10-12
DX <input checked="" type="checkbox"/>	Heat Pump <input type="checkbox"/>	Packaged <input checked="" type="checkbox"/>	Age (years): 10
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input checked="" type="checkbox"/>		Manufacturer: York
	Electric <input type="checkbox"/>		

Comments: Small ductless split serves data closet

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years):                      Comments:  
Heating Hot Water/Chilled Water (circle one) Material type:                      Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): 10                      Comments: fair condition for ductless split

### Controls

Building Automation System  Vendor/Manufacturer: Reliable                      Age Estimate (years): 10  
 Thermostat  Programmable                      Age Estimate (years):                      Condition:  Good  Fair  Poor  
Comments:

### Pumps

<input type="checkbox"/> In-line Type	<input type="checkbox"/> Chilled Water	Qty:	Age Est (years):	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<input type="checkbox"/> End Suction	<input type="checkbox"/> Hot Water	Qty:	Age Est (years):	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<input type="checkbox"/> Other Type	Manufacturer:		Comments:	

Similar Units (qty): NA

### Ductwork

Galvanized Steel  Internally Lined                      Age Est (years): 10                      Condition:  Good  Fair  Poor  
 Other  External Wrap                      Age Est (years):                      Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments:

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 10      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years): 5-10      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 10      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Type for restrooms

Similar Units (qty): 2

**Unit Heaters**

Types

- Electric      Age Est (years):      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: Nantahala School Library

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 2
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/>	Packaged <input checked="" type="checkbox"/>	Age (years): 20
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input type="checkbox"/>	Condition: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer: Bard
	Electric <input type="checkbox"/>		

Comments: Wall mounted Heat Pumps (2)

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years):                      Comments:  
Heating Hot Water/Chilled Water (circle one) Material type:                      Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years):                      Comments: NA

### Controls

Building Automation System  Vendor/Manufacturer:                      Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years):20 Condition:  Good  Fair  Poor  
Comments: Newer BAS sensors

### Pumps

<input type="checkbox"/> In-line Type	<input type="checkbox"/> Chilled Water	Qty:	Age Est (years):	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<input type="checkbox"/> End Suction	<input type="checkbox"/> Hot Water	Qty:	Age Est (years):	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<input type="checkbox"/> Other Type	Manufacturer:		Comments: NA	

Similar Units (qty):

### Ductwork concealed

Galvanized Steel  Internally Lined Age Est (years):                      Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years):                      Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments:

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 20      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years):      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments: NA

Similar Units (qty):

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 20      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Interlock with lights

Similar Units (qty): 1

**Unit Heaters**

Types

- Electric      Age Est (years):      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments: NA

Similar Units (qty):

**Kitchen and Other Exhaust**

Comments: NA

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: Highlands Library

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	<u>Similar Units (qty):</u> 5
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): 3,10,15,20 and 20
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer: Lennox (5 ton, 3 years old) Trane
	Electric <input type="checkbox"/>		(3 and 1 ½ ton, 20 years old) Bryant (4 ton, 10 years) Bryant (4 ton, 15 years)

Comments: Outdoor manufacturer noted, indoor unit manufacturer varies

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 15-20 Comments:  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments:

### Controls

Building Automation System  Vendor/Manufacturer: Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 10 Condition:  Good  Fair  Poor  
Comments:

### Pumps

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Comments: NA  
Similar Units (qty):

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): 20 Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments:

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 20      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years): 20      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments: NA

Similar Units (qty):

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 15      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): 2

**Unit Heaters**

Types

- Electric      Age Est (years):      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments: NA

Similar Units (qty):

**Kitchen and Other Exhaust**

Comments: NA

**Other Equipment:**



## MECHANICAL ASSESSMENT

Facility Name: Hyatt Road EMS

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 2
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): 1,13,30
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer: Trane, Carrier
	Electric <input type="checkbox"/>		

Comments: One new unit, one original (30) indoor and 13 year old outdoor unit

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 30 and 1 Comments:  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments:

### Controls

Building Automation System  Vendor/Manufacturer: Honeywell Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 10 Condition:  Good  Fair  Poor  
Comments:

### Pumps

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Comments:  
Similar Units (qty): NA

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): 15 Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Return is through transfer grilles and open plenum in mechanical rooms

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 20      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years): 20      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments: NA

Similar Units (qty):

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 15      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): 2

**Unit Heaters**

Types

- Electric      Age Est (years):      Condition:  Good  Fair  Poor
- Gas      Age Est (years): 15      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Lennox gas unit heaters

Similar Units (qty):

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**

Vehicle bays have prop type exhaust fan in good condition

## MECHANICAL ASSESSMENT

Facility Name: **Highlands EMS**

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 2
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): 5
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer: Bryant (2 ½ tons)
	Electric <input type="checkbox"/>		

Comments: One unit having issues, Bryant outdoor units and Carrier indoor units

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 20 Comments:  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments:

### Controls

Building Automation System  Vendor/Manufacturer: Age Estimate (years): 10  
 Thermostat  Programmable Age Estimate (years): 10 Condition:  Good  Fair  Poor  
Comments:

### Pumps

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Comments:  
Similar Units (qty): NA

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): 20 Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments:

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 20      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years):      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Floor mounted

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty): NA

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 25+      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Interlocked with lights

Similar Units (qty):

**Unit Heaters**

Types

- Electric      Age Est (years):      Condition:  Good  Fair  Poor
- Gas      Age Est (years): 15      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Rinnai, 24 mBH

Similar Units (qty): 3

**Kitchen and Other Exhaust**

Comments: Residential Range Hood, fair condition

**Other Equipment:**

## MECHANICAL ASSESSMENT

Facility Name: Nantahala EMS

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 1
DX <input checked="" type="checkbox"/>	Heat Pump <input type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): 2002 (17)
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input checked="" type="checkbox"/>		Manufacturer: Ruud 3 ½ ton
	Electric <input type="checkbox"/>		

Comments: LP tank, LP gas heat, tank in fair condition, approx. 15' in length

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 17 Comments:  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments:

### Controls

Building Automation System  Vendor/Manufacturer: Ruud Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 17 Condition:  Good  Fair  Poor  
Comments:

### Pumps

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Comments: NA  
Similar Units (qty):

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): 17 Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): 17 Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Duct board and flexible duct runouts

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 17      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years): 17      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments: filtered return grilles

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments: NA

Similar Units (qty):

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 17      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Broan mfg.

Similar Units (qty): 2

**Unit Heaters**

Types

- Electric      Age Est (years): 17      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Armstrong manufacturer

Similar Units (qty): 3

**Kitchen and Other Exhaust**

Comments: NA

**Other Equipment:**

Small DX room air conditioner, est 10 years old

## MECHANICAL ASSESSMENT

Facility Name: Armory

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	<u>Similar Units (qty):</u>
DX <input checked="" type="checkbox"/>	Heat Pump <input type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): 15
CHW <input type="checkbox"/>	Hot Water <input checked="" type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer: Goodman
	Electric <input type="checkbox"/>		

Comments:

Chiller Information:

Boiler Information: Weil-McLain, 750 mBH, gas, 30 years old, fair

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 15 Comments:

Heating Hot Water/Chilled Water (circle one) Material type: fiberglass Jacket: ASJ with mastic  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): 30 Comments:

### Controls

Building Automation System  Vendor/Manufacturer: Honeywell Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 10-30 Condition:  Good  Fair  Poor  
Comments: Radiator have hot water heat and basic thermostat control. Dx cool units have digital t-stats (10 years old)

### Pumps

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: 1 Age Est (years): 20 Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Taco Comments:  
Similar Units (qty):

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): 30 Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments:

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years): 30      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years):      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments: NA

Similar Units (qty):

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years):      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

Similar Units (qty):

**Unit Heaters**

Types

- Electric      Age Est (years):      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years): 30      Condition:  Good  Fair  Poor

Comments: Serves gym

Similar Units (qty): 2

**Kitchen and Other Exhaust**

Comments: Kitchen hood by Captive Aire

**Other Equipment:**

Perimeter served by radiant heaters approx. 30 years old in fair-good condition

DX units have hot water reheat coils



## MECHANICAL ASSESSMENT

Facility Name: Dental Clinic Leased Space

### Heating and Cooling Systems

<u>Cooling</u>	<u>Heating</u>	<u>Unit Type</u>	Similar Units (qty): 1
DX <input checked="" type="checkbox"/>	Heat Pump <input checked="" type="checkbox"/>	Packaged <input type="checkbox"/>	Age (years): 12
CHW <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Split System <input checked="" type="checkbox"/>	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Gas (Furnace) <input type="checkbox"/>		Manufacturer: Haier (5 tons)
	Electric <input type="checkbox"/>		

Comments:

Chiller Information:

Boiler Information:

### Piping and Insulation

Refrigerant  Armaflex  UV protected/Jacketed (exterior)   
Condition: Interior -  Good  Fair  Poor Exterior -  Good  Fair  Poor  
Age Estimate (Years): 12 Comments:  
Heating Hot Water/Chilled Water (circle one) Material type: Jacket:  
Condition: Interior-  Good  Fair  Poor Exterior-  Good  Fair  Poor  
Age Estimate (Years): Comments:

### Controls

Building Automation System  Vendor/Manufacturer: Honeywell Age Estimate (years):  
 Thermostat  Programmable Age Estimate (years): 12 Condition:  Good  Fair  Poor  
Comments:

### Pumps

In-line Type  Chilled Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 End Suction  Hot Water Qty: Age Est (years): Condition:  Good  Fair  Poor  
 Other Type Manufacturer: Comments: NA  
Similar Units (qty):

### Ductwork

Galvanized Steel  Internally Lined Age Est (years): Condition:  Good  Fair  Poor  
 Other  External Wrap Age Est (years): 12 Condition:  Good  Fair  Poor  
Return Air Type (Circle one): Ducted/Plenum  
Comments: Duct board with flex duct runouts

**Diffusers/Grilles**

Types

- Ceiling/Surface Mounted      Age Est (years):      Condition:  Good  Fair  Poor
- 2'x2' Lay-in      Age Est (years): 12      Condition:  Good  Fair  Poor
- Duct Mounted      Age Est (years):      Condition:  Good  Fair  Poor

Comments:

**VAV Terminal Units (Boxes)**

Types

- Single Duct      Age Est (years):      Condition:  Good  Fair  Poor
- Single Duct with Hot Water      Age Est (years):      Condition:  Good  Fair  Poor
- Fan Powered      Age Est (years):      Condition:  Good  Fair  Poor

Comments: NA

Similar Units (qty):

**Restroom Exhaust**

Types

- Ceiling Mounted      Age Est (years): 12      Condition:  Good  Fair  Poor
- In-Line      Age Est (years):      Condition:  Good  Fair  Poor
- Rooftop      Age Est (years):      Condition:  Good  Fair  Poor

Comments: Switched with lights

Similar Units (qty): 2

**Unit Heaters**

Types

- Electric      Age Est (years):      Condition:  Good  Fair  Poor
- Gas      Age Est (years):      Condition:  Good  Fair  Poor
- Hot Water      Age Est (years):      Condition:  Good  Fair  Poor

Comments: NA

Similar Units (qty):

**Kitchen and Other Exhaust**

Comments: NA

**Other Equipment:**

## PLUMBING ASSESSMENT

Facility Name: Courthouse Annex

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): 40+ Condition:  Good  Fair  Poor

Floor Mounted  Enameled  Molded Stone  Other

Similar Units (qty):

Notes: Faucet integral to sink

### SHOWER

Age Estimate (years): Condition:  Good  Fair  Poor

Similar Units (qty):

Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): 15 Condition:  Good  Fair  Poor

Halsey-Taylor  Single

Other  Refrigerated

Similar Units (qty):

Comments: Elkay

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 10 Condition:  Good  Fair  Poor

Floor Mounted  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): Several per floor

Comments: Small number of tank type, most are flush valves

### URINALS

Wall Mounted  Tank Type Age Est (years): 10 Condition:  Good  Fair  Poor

Other Mounting  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): 1 per floor

Comments:

**LAVATORIES**

Wall Mounted White Vitreous China Age Est (years): 10 Condition: Good Fair Poor  
Counter Mount Manual Faucet - Single Lever Knobs Dual Handles (Hot & Cold)  
Other: Metered Faucet  
Similar Units (qty): several per floor  
Comments: Mostly dual handles, some single lever

**SINKS**

Breakroom Stainless Single Bowl Age Est (years): Condition: Good Fair Poor  
Laundry Tub Polymer Double Bowl  
Similar Units (qty):  
Comments: NA

**WATER PIPING**

Material Joints

Copper Soldered Age Est (years): 20-50 Condition: Good Fair Poor  
Galvanized Threaded Comments: Main line is steel and original. Main branches/transitions to copper to serve building.  
Other Welded

**WATER PIPING INSULATION**

Material/Service Jacketing

Fiberglass Ins. All-Service Jacket Age Est (years): 20+ Condition: Good Fair Poor  
Other Ins. Aluminum/Stainless  
Domestic Cold Other:  
Domestic Hot Comments:

**WATER HEATERS**

Types

Electric Capacity (gallons): Tank Type Age Est (years):  
Gas KW: Instantaneous Condition: Good Fair Poor  
Other MBH: Manufacturer:  
Expansion Tank - Same age and condition as water heater? Y N  
Recirc Pump - Same age and condition as water heater? Y N  
Comments: Could not be located, likely above ceiling

**GAS PIPING**

Material Joints

Copper Soldered Age Est (years): 20+ Condition: Good Fair Poor  
Black Steel Threaded Comments: Other Welded

## PLUMBING ASSESSMENT

Facility Name: Courthouse

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): 40+ Condition:  Good  Fair  Poor  
Floor Mounted  Enameled  Molded Stone  Other   
Similar Units (qty): 4  
Notes:

### SHOWER

Age Estimate (years): Condition:  Good  Fair  Poor  
Similar Units (qty):  
Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): 15 Condition:  Good  Fair  Poor  
 Halsey-Taylor  Single  
 Other  Refrigerated  
Similar Units (qty): 8  
Comments: recessed wall unit

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 30 Condition:  Good  Fair  Poor  
 Floor Mounted  Flush Valve (manual)  
 White Vitreous China  Flush Valve (sensor)  
Similar Units (qty): throughout facility similar  
Comments: Flush valve in public areas

### URINALS

Wall Mounted  Tank Type Age Est (years): 20+ Condition:  Good  Fair  Poor  
 Other Mounting  Flush Valve (manual)  
 White Vitreous China  Flush Valve (sensor)  
Similar Units (qty): similar throughout  
Comments: mix of manual and sensor operated valves

## **LAVATORIES**

Wall Mounted    White Vitreous China   Age Est (years): 40   Condition:  Good  Fair  Poor  
 Counter Mount    Manual Faucet -  Single Lever  Knobs  Dual Handles (Hot & Cold)  
 Other:                       Metered Faucet  
Similar Units (qty): numerous  
Comments:

## **SINKS**

Breakroom    Stainless    Single Bowl   Age Est (years): 30   Condition:  Good  Fair  Poor  
 Laundry Tub    Polymer  Double Bowl  
Similar Units (qty):  
Comments:

## **WATER PIPING**

### Material Joints

Copper                       Soldered   Age Est (years): 40+   Condition:  Good  Fair  Poor  
 Galvanized                       Threaded   Comments:  
 Other    Welded

## **WATER PIPING INSULATION**

### Material/Service Jacketing

Fiberglass Ins.    All-Service Jacket   Age Est (years): 40+   Condition:  Good  Fair  Poor  
 Other Ins.                       Aluminum/Stainless  
 Domestic Cold    Other:  
 Domestic Hot                      Comments:

## **WATER HEATERS**

### Types

Electric                      Capacity (gallons): 80                       Tank Type                      Age Est (years): 20  
 Gas                              KW: 4.5     Instantaneous                      Condition:  Good  Fair  Poor  
 Other MBH:    Manufacturer: Envirotemp  
 Expansion Tank - Same age and condition as water heater?  Y  N  
 Recirc Pump - Same age and condition as water heater?  Y  N  
Comments: first floor has 40 gal elec, 4.5 kW, est at 5 years old. (Reliance)

## **GAS PIPING**

### Material Joints

Copper                       Soldered   Age Est (years): 5-15   Condition:  Good  Fair  Poor  
 Black Steel                       Threaded   Comments: some stainless braided with yellow PVC cover within mech rooms  
 Other    Welded

## PLUMBING ASSESSMENT

Facility Name: DHHS

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): 20 Condition:  Good  Fair  Poor

Floor Mounted  Enameled  Molded Stone  Other

Similar Units (qty):

Notes:

### SHOWER

Age Estimate (years): 20 Condition:  Good  Fair  Poor

Similar Units (qty): 1

Notes:

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): 10 Condition:  Good  Fair  Poor

Halsey-Taylor  Single

Other  Refrigerated

Similar Units (qty): throughout

Comments:

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 20 Condition:  Good  Fair  Poor

Floor Mounted  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): throughout

Comments:

### URINALS

Wall Mounted  Tank Type Age Est (years): 20 Condition:  Good  Fair  Poor

Other Mounting  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): throughout

Comments:

**LAVATORIES**

Wall Mounted White Vitreous China Age Est (years): 20 Condition: Good Fair Poor  
Counter Mount Manual Faucet - Single Lever Knobs Dual Handles (Hot & Cold)  
Other: Metered Faucet  
Similar Units (qty): throughout facility  
Comments:

**SINKS**

Breakroom Stainless Single Bowl Age Est (years): 20 Condition: Good Fair Poor  
Laundry Tub Polymer Double Bowl  
Similar Units (qty): 1  
Comments: Wall mounted porcelain sink adj to shower (single bowl). Breakroom double bowl stainless

**WATER PIPING**

Material Joints

Copper Soldered Age Est (years): 20 Condition: Good Fair Poor  
Galvanized Threaded Comments:  
Other Welded

**WATER PIPING INSULATION**

Material/Service Jacketing

Fiberglass Ins. All-Service Jacket Age Est (years): 20 Condition: Good Fair Poor  
Other Ins. Aluminum/Stainless  
Domestic Cold Other:  
Domestic Hot Comments:

**WATER HEATERS**

Types

Electric Capacity (gallons): 80 Tank Type Age Est (years): 5  
Gas KW: Instantaneous Condition: Good Fair Poor  
Other MBH: 180 MBH Manufacturer: Bradford white  
Expansion Tank - Same age and condition as water heater? Y N  
Recirc Pump - Same age and condition as water heater? Y N  
Comments:

**GAS PIPING**

Material Joints

Copper Soldered Age Est (years): Condition: Good Fair Poor  
Black Steel Threaded Comments: Wet pipe sprinkler (original 20 years old)  
Other Welded



## PLUMBING ASSESSMENT

Facility Name: Detention Center

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): 18 Condition:  Good  Fair  Poor  
Floor Mounted  Enameled  Molded Stone  Other   
Similar Units (qty): 2  
Notes:

### SHOWER

Age Estimate (years): 10 Condition:  Good  Fair  Poor  
Similar Units (qty): similar throughout  
Notes: s/s detention fixture with push button operation

### WATER FOUNTAIN

#### Manufacturer

Oasis  Hi-Low Age Est (years): 15 Condition:  Good  Fair  Poor  
 Halsey-Taylor  Single  
 Other  Refrigerated  
Similar Units (qty): numerous throughout  
Comments: Elkay

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 18 Condition:  Good  Fair  Poor  
 Floor Mounted  Flush Valve (manual)  
 White Vitreous China  Flush Valve (sensor)  
Similar Units (qty): throughout  
Comments: county stainless steel fixtures with push button controls, manual shut off (no controls)

### Water Closets

Wall Mounted  Tank Type Age Est (years): Condition:  Good  Fair  Poor  
 Other Mounting  Flush Valve (manual)  
 White Vitreous China  Flush Valve (sensor)  
Similar Units (qty): several in lobby area (2)  
Comments:

**LAVATORIES**

Wall Mounted White Vitreous China Age Est (years): 18 Condition: Good Fair Poor  
Counter Mount Manual Faucet - Single Lever Knobs Dual Handles (Hot & Cold)  
Other: Metered Faucet  
Similar Units (qty): several throughout  
Comments:

**SINKS**

Breakroom Stainless Single Bowl Age Est (years): 10 Condition: Good Fair Poor  
Laundry Tub Polymer Double Bowl  
Similar Units (qty): 1  
Comments: Adjacent to laundry room and breakroom

**WATER PIPING**

Material Joints

Copper Soldered Age Est (years): 18 Condition: Good Fair Poor  
Galvanized Threaded Comments:  
Other Welded

**WATER PIPING INSULATION**

Material/Service Jacketing

Fiberglass Ins. All-Service Jacket Age Est (years): 18 Condition: Good Fair Poor  
Other Ins. Aluminum/Stainless  
Domestic Cold Other:  
Domestic Hot Comments: armaflex

**WATER HEATERS**

Types

Electric Capacity (gallons): 125 Tank Type Age Est (years): 1  
Gas KW: 750 Instantaneous Condition: Good Fair Poor  
Other MBH: Manufacturer:  
Expansion Tank - Same age and condition as water heater? Y N  
Recirc Pump - Same age and condition as water heater? Y N  
Comments:

**GAS PIPING**

Material Joints

Copper Soldered Age Est (years): 18 Condition: Good Fair Poor  
Black Steel Threaded Comments: waste goes to new grinder system, stored w/ DHHS to lift station  
Other Welded

## PLUMBING ASSESSMENT

Facility Name: Maintenance shed

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): 15 Condition:  Good  Fair  Poor

Floor Mounted  Enameled  Molded Stone  Other

Similar Units (qty): 2

Notes:

### SHOWER

Age Estimate (years): 15 Condition:  Good  Fair  Poor

Similar Units (qty): 2

Notes:

### WATER FOUNTAIN

#### Manufacturer

Oasis  Hi-Low Age Est (years): Condition:  Good  Fair  Poor

Halsey-Taylor  Single

Other  Refrigerated

Similar Units (qty):

Comments: Sunroc mfg

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 15 Condition:  Good  Fair  Poor

Floor Mounted  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): numerous throughout

Comments:

### URINALS

Wall Mounted  Tank Type Age Est (years): 15 Condition:  Good  Fair  Poor

Other Mounting  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty):

Comments:

**LAVATORIES**

Wall Mounted    White Vitreous China   Age Est (years): 15   Condition:  Good  Fair  Poor  
 Counter Mount    Manual Faucet -  Single Lever    Knobs    Dual Handles (Hot & Cold)  
 Other:                     Metered Faucet  
Similar Units (qty): numerous throughout  
Comments:

**SINKS**

Breakroom     Stainless    Single Bowl   Age Est (years): 15   Condition:  Good  Fair  Poor  
 Laundry Tub     Polymer    Double Bowl  
Similar Units (qty):  
Comments: Wall mtd in shop area, white vitreous china. Breakroom has single bowl stainless

**WATER PIPING**

Material Joints

Copper             Soldered   Age Est (years): 15   Condition:  Good  Fair  Poor  
 Galvanized     Threaded   Comments:  
 Other    Welded

**WATER PIPING INSULATION**

Material/Service Jacketing

Fiberglass Ins.    All-Service Jacket   Age Est (years): 15   Condition:  Good  Fair  Poor  
 Other Ins.         Aluminum/Stainless  
 Domestic Cold    Other:  
 Domestic Hot                    Comments: observed piping is uninsulated

**WATER HEATERS**

Types

Electric            Capacity (gallons): 40     Tank Type    Age Est (years): 15  
 Gas                    KW: 4                             Instantaneous    Condition:  Good  Fair  Poor  
 Other MBH:                            Manufacturer:  
 Expansion Tank - Same age and condition as water heater?  Y  N  
 Recirc Pump - Same age and condition as water heater?  Y  N  
Comments: Shop are DHW heater, above toilet room, capacities are estimated. Office area has gas fired 80 gallon Lochinvar in good condition

**GAS PIPING**

**Material Joints**

Copper      Soldered    Age Est (years): 15    Condition: Good Fair Poor

Black Steel    Threaded    Comments:

Other    Welded

Other- shop area has eyewashes in fair and good condition

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## PLUMBING ASSESSMENT

Facility Name: Transit Building

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): Condition:  Good  Fair  Poor

Floor Mounted  Enameled  Molded Stone  Other

Similar Units (qty):

Notes:

### SHOWER

Age Estimate (years): Condition:  Good  Fair  Poor

Similar Units (qty):

Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): Condition:  Good  Fair  Poor

Halsey-Taylor  Single

Other  Refrigerated

Similar Units (qty):

Comments: NA

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 16 Condition:  Good  Fair  Poor

Floor Mounted  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): 2

Comments:

### URINALS

Wall Mounted  Tank Type Age Est (years): Condition:  Good  Fair  Poor

Other Mounting  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty):

Comments: NA

## **LAVATORIES**

Wall Mounted  White Vitreous China Age Est (years): 16 Condition:  Good  Fair  Poor

Counter Mount  Manual Faucet -  Single Lever  Knobs  Dual Handles (Hot & Cold)

Other:  Metered Faucet

Similar Units (qty): 2

Comments:

## **SINKS**

Breakroom  Stainless  Single Bowl Age Est (years): 16 Condition:  Good  Fair  Poor

Laundry Tub  Polymer  Double Bowl

Similar Units (qty):

Comments:

## **WATER PIPING**

### Material Joints

Copper  Soldered Age Est (years): 16 Condition:  Good  Fair  Poor

Galvanized  Threaded Comments: Some piping is PVC at water heater

Other  Welded

## **WATER PIPING INSULATION**

### Material/Service Jacketing

Fiberglass Ins.  All-Service Jacket Age Est (years): Condition:  Good  Fair  Poor

Other Ins.  Aluminum/Stainless

Domestic Cold  Other:

Domestic Hot Comments: none (exposed) appears insulated

## **WATER HEATERS**

### Types

Electric Capacity (gallons): 20  Tank Type Age Est (years): 16

Gas KW: 2  Instantaneous Condition:  Good  Fair  Poor

Other MBH: Manufacturer: Unknown

Expansion Tank - Same age and condition as water heater?  Y  N

Recirc Pump - Same age and condition as water heater?  Y  N

Comments: Labels cannot be read, capacity, kw, are estimated

## **GAS PIPING**

### Material Joints

Copper  Soldered Age Est (years): 16 Condition:  Good  Fair  Poor

Black Steel  Threaded Comments:

Other  Welded



## PLUMBING ASSESSMENT

Facility Name: Animal Control

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years):                      Condition:  Good  Fair  Poor  
Floor Mounted  Enameled  Molded Stone  Other   
Similar Units (qty): 1  
Notes:

### SHOWER

Age Estimate (years):                      Condition:  Good  Fair  Poor  
Similar Units (qty):  
Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis                       Hi-Low                      Age Est (years):                      Condition:  Good  Fair  Poor  
 Halsey-Taylor  Single  
 Other  Refrigerated  
Similar Units (qty):  
Comments: NA

### WATER CLOSETS

Wall Mounted  Tank Type                      Age Est (years): 9                      Condition:  Good  Fair  Poor  
 Floor Mounted  Flush Valve (manual)  
 White Vitreous China                       Flush Valve (sensor)  
Similar Units (qty):  
Comments:

### Bath Tubs

Wall Mounted  Tank Type                      Age Est (years): 9                      Condition:  Good  Fair  Poor  
 Other Mounting                       Flush Valve (manual)  
 White Vitreous China                       Flush Valve (sensor)  
Similar Units (qty):  
Comments:

**LAVATORIES**

Wall Mounted White Vitreous China Age Est (years): 9 Condition: Good Fair Poor  
Counter Mount Manual Faucet - Single Lever Knobs Dual Handles (Hot & Cold)  
Other: Metered Faucet  
Similar Units (qty): throughout  
Comments:

**SINKS**

Breakroom Stainless Single Bowl Age Est (years): Condition: Good Fair Poor  
Laundry Tub Polymer Double Bowl  
Similar Units (qty): 3  
Comments: fair condition

**WATER PIPING**

Material Joints

Copper Soldered Age Est (years): 9 Condition: Good Fair Poor  
Galvanized Threaded Comments: PVC  
Other Welded

**WATER PIPING INSULATION**

Material/Service Jacketing

Fiberglass Ins. All-Service Jacket Age Est (years): 9 Condition: Good Fair Poor  
Other Ins. Aluminum/Stainless  
Domestic Cold Other: Armaflex  
Domestic Hot Comments:

**WATER HEATERS**

Types

Electric Capacity (gallons): 20 Tank Type Age Est (years): 5  
Gas KW: 5 (estimated) Instantaneous Condition: Good Fair Poor  
Other MBH: Manufacturer: Bradford White  
Expansion Tank - Same age and condition as water heater? Y N  
Recirc Pump - Same age and condition as water heater? Y N  
Comments: Capacity and KW estimated, label cannot be viewed

**GAS PIPING**

Material Joints

Copper Soldered Age Est (years): Condition: Good Fair Poor  
Black Steel Threaded Comments:  
Other Welded

## PLUMBING ASSESSMENT

Facility Name: Environmental Resource Center

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years):                      Condition:  Good  Fair  Poor  
Floor Mounted  Enameled  Molded Stone  Other   
Similar Units (qty):  
Notes: NA

### SHOWER

Age Estimate (years):                      Condition:  Good  Fair  Poor  
Similar Units (qty):  
Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis                       Hi-Low                      Age Est (years):                      Condition:  Good  Fair  Poor  
 Halsey-Taylor  Single  
 Other  Refrigerated  
Similar Units (qty):  
Comments: NA

### WATER CLOSETS

Wall Mounted     Tank Type                      Age Est (years):                      Condition:  Good  Fair  Poor  
 Floor Mounted     Flush Valve (manual)  
 White Vitreous China     Flush Valve (sensor)  
Similar Units (qty): 2  
Comments:

### URINALS

Wall Mounted     Tank Type                      Age Est (years):                      Condition:  Good  Fair  Poor  
 Other Mounting  Flush Valve (manual)  
 White Vitreous China     Flush Valve (sensor)  
Similar Units (qty):  
Comments:

## **LAVATORIES**

Wall Mounted  White Vitreous China Age Est (years): 15 Condition:  Good  Fair  Poor

Counter Mount  Manual Faucet -  Single Lever  Knobs  Dual Handles (Hot & Cold)

Other:  Metered Faucet

Similar Units (qty): 2

Comments:

## **SINKS**

Breakroom  Stainless  Single Bowl Age Est (years): Condition:  Good  Fair  Poor

Laundry Tub  Polymer  Double Bowl

Similar Units (qty):

Comments:

## **WATER PIPING**

### Material Joints

Copper  Soldered Age Est (years): 15 Condition:  Good  Fair  Poor

Galvanized  Threaded Comments: PVC

Other  Welded

## **WATER PIPING INSULATION**

### Material/Service Jacketing

Fiberglass Ins.  All-Service Jacket Age Est (years): Condition:  Good  Fair  Poor

Other Ins.  Aluminum/Stainless

Domestic Cold  Other: None

Domestic Hot Comments:

## **WATER HEATERS**

### Types

Electric Capacity (gallons): 10  Tank Type Age Est (years): 5

Gas KW: 4  Instantaneous Condition:  Good  Fair  Poor

Other MBH: Manufacturer:

Expansion Tank - Same age and condition as water heater?  Y  N

Recirc Pump - Same age and condition as water heater?  Y  N

Comments: label cannot be read, size and kW are estimated

## **GAS PIPING**

### Material Joints

Copper  Soldered Age Est (years): 15 Condition:  Good  Fair  Poor

Black Steel  Threaded Comments: Formerly served indoor AHM, abandoned in place.

Other  Welded

## PLUMBING ASSESSMENT

Facility Name: Landfill Administration Building

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years):                      Condition:  Good  Fair  Poor  
Floor Mounted  Enameled  Molded Stone  Other   
Similar Units (qty):  
Notes: NA

### SHOWER

Age Estimate (years):                      Condition:  Good  Fair  Poor  
Similar Units (qty):  
Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis                       Hi-Low                      Age Est (years):                      Condition:  Good  Fair  Poor  
 Halsey-Taylor  Single  
 Other  Refrigerated  
Similar Units (qty):  
Comments: NA

### WATER CLOSETS

Wall Mounted     Tank Type                      Age Est (years): 15                      Condition:  Good  Fair  Poor  
 Floor Mounted     Flush Valve (manual)  
 White Vitreous China     Flush Valve (sensor)  
Similar Units (qty): 2  
Comments:

### URINALS

Wall Mounted     Tank Type                      Age Est (years):                      Condition:  Good  Fair  Poor  
 Other Mounting  Flush Valve (manual)  
 White Vitreous China     Flush Valve (sensor)  
Similar Units (qty):  
Comments: NA

**LAVATORIES**

Wall Mounted White Vitreous China Age Est (years): 10 Condition: Good Fair Poor  
Counter Mount Manual Faucet - Single Lever Knobs Dual Handles (Hot & Cold)  
Other: Metered Faucet  
Similar Units (qty): 2  
Comments:

**SINKS**

Breakroom Stainless Single Bowl Age Est (years): 20 Condition: Good Fair Poor  
Laundry Tub Polymer Double Bowl  
Similar Units (qty):  
Comments: manual valve, lever operated

**WATER PIPING**

Material Joints

Copper Soldered Age Est (years): 20+ Condition: Good Fair Poor  
Galvanized Threaded Comments:  
Other Welded

**WATER PIPING INSULATION**

Material/Service Jacketing

Fiberglass Ins. All-Service Jacket Age Est (years): Condition: Good Fair Poor  
Other Ins. Aluminum/Stainless  
Domestic Cold Other:  
Domestic Hot Comments: None on domestic water piping (visible in crawl space)

**WATER HEATERS**

Types

Electric Capacity (gallons): 19 Tank Type Age Est (years): 2  
Gas KW: 1.5 Instantaneous Condition: Good Fair Poor  
Other MBH: Manufacturer: AO Smith  
Expansion Tank - Same age and condition as water heater? Y N  
Recirc Pump - Same age and condition as water heater? Y N  
Comments:

**GAS PIPING**

Material Joints

Copper Soldered Age Est (years): Condition: Good Fair Poor  
Black Steel Threaded Comments: NA  
Other Welded

## PLUMBING ASSESSMENT

Facility Name: Yellow Building

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years):                      Condition:  Good  Fair  Poor  
Floor Mounted  Enameled  Molded Stone  Other   
Similar Units (qty):  
Notes: None

### SHOWER

Age Estimate (years):                      Condition:  Good  Fair  Poor  
Similar Units (qty):  
Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis                       Hi-Low                      Age Est (years):                      Condition:  Good  Fair  Poor  
 Halsey-Taylor  Single  
 Other  Refrigerated  
Similar Units (qty):  
Comments: None

### WATER CLOSETS

Wall Mounted  Tank Type                      Age Est (years): 10                      Condition:  Good  Fair  Poor  
 Floor Mounted  Flush Valve (manual)  
 White Vitreous China                       Flush Valve (sensor)  
Similar Units (qty):  
Comments:

### URINALS

Wall Mounted  Tank Type                      Age Est (years):                      Condition:  Good  Fair  Poor  
 Other Mounting  Flush Valve (manual)  
 White Vitreous China                       Flush Valve (sensor)  
Similar Units (qty):  
Comments: None (all water closets)

**LAVATORIES**

Wall Mounted White Vitreous China Age Est (years): 10 Condition: Good Fair Poor  
Counter Mount Manual Faucet - Single Lever Knobs Dual Handles (Hot & Cold)  
Other: Metered Faucet  
Similar Units (qty):  
Comments:

**SINKS**

Breakroom Stainless Single Bowl Age Est (years): 12 Condition: Good Fair Poor  
Laundry Tub Polymer Double Bowl  
Similar Units (qty):  
Comments:

**WATER PIPING**

Material Joints

Copper Soldered Age Est (years): 10 Condition: Good Fair Poor  
Galvanized Threaded Comments: PVC  
Other Welded

**WATER PIPING INSULATION**

Material/Service Jacketing

Fiberglass Ins. All-Service Jacket Age Est (years): Condition: Good Fair Poor  
Other Ins. Aluminum/Stainless  
Domestic Cold Other:  
Domestic Hot Comments: Not insulated

**WATER HEATERS**

Types

Electric Capacity (gallons): Tank Type Age Est (years): 10  
Gas KW: 3.5 Instantaneous Condition: Good Fair Poor  
Other MBH: Manufacturer: Eemax  
Expansion Tank - Same age and condition as water heater? Y N  
Recirc Pump - Same age and condition as water heater? Y N

Comments: most have instantaneous in individual bathrooms, additional Bradford white 30 gal 4.5 kW 10 years old in good condition

**GAS PIPING**

Material Joints

Copper Soldered Age Est (years): 12 Condition: Good Fair Poor  
Black Steel Threaded Other Welded Comments:



## PLUMBING ASSESSMENT

Facility Name: **Barrett Building**

### **SERVICE SINK**

Pedestal  Service Faucet  Age Estimate (years): 50 Condition:  Good  Fair  Poor

Floor Mounted  Enameled  Molded Stone  Other

Similar Units (qty):

Notes:

### **SHOWER**

Age Estimate (years): 30 Condition:  Good  Fair  Poor

Similar Units (qty): 1

Notes:

### **WATER FOUNTAIN**

Manufacturer

Oasis  Hi-Low Age Est (years): Condition:  Good  Fair  Poor

Halsey-Taylor  Single

Other  Refrigerated

Similar Units (qty):

Comments: NA

### **WATER CLOSETS**

Wall Mounted  Tank Type Age Est (years): 15 Condition:  Good  Fair  Poor

Floor Mounted  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): 6

Comments:

### **URINALS**

Wall Mounted  Tank Type Age Est (years): Condition:  Good  Fair  Poor

Other Mounting  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty):

Comments: NA

## **LAVATORIES**

Wall Mounted  White Vitreous China Age Est (years): 30 Condition:  Good  Fair  Poor

Counter Mount  Manual Faucet -  Single Lever  Knobs  Dual Handles (Hot & Cold)

Other:  Metered Faucet

Similar Units (qty): 6

Comments:

## **SINKS**

Breakroom  Stainless  Single Bowl Age Est (years): 30 Condition:  Good  Fair  Poor

Laundry Tub  Polymer  Double Bowl

Similar Units (qty):

Comments:

## **WATER PIPING**

### Material Joints

Copper  Soldered Age Est (years): 40 Condition:  Good  Fair  Poor

Galvanized  Threaded Comments:

Other  Welded

## **WATER PIPING INSULATION**

### Material/Service Jacketing

Fiberglass Ins.  All-Service Jacket Age Est (years): Condition:  Good  Fair  Poor

Other Ins.  Aluminum/Stainless

Domestic Cold  Other:

Domestic Hot Comments: Armaflex with gaps.

## **WATER HEATERS**

### Types

Electric Capacity (gallons): 40  Tank Type Age Est (years): 5

Gas KW: 4.5  Instantaneous Condition:  Good  Fair  Poor

Other MBH: Manufacturer: Reliance

Expansion Tank - Same age and condition as water heater?  Y  N

Recirc Pump - Same age and condition as water heater?  Y  N

Comments:

## **GAS PIPING**

### Material Joints

Copper  Soldered Age Est (years): Condition:  Good  Fair  Poor

Black Steel  Threaded Comments: NA

Other  Welded

## PLUMBING ASSESSMENT

Facility Name: Old Murphy Road – Housing Department

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years):                      Condition:  Good  Fair  Poor  
Floor Mounted  Enameled  Molded Stone  Other   
Similar Units (qty):  
Notes:

### SHOWER

Age Estimate (years):                      Condition:  Good  Fair  Poor  
Similar Units (qty):  
Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis                       Hi-Low                      Age Est (years):                      Condition:  Good  Fair  Poor  
 Halsey-Taylor  Single  
 Other  Refrigerated  
Similar Units (qty):  
Comments: NA

### WATER CLOSETS

Wall Mounted     Tank Type                      Age Est (years): 30+                      Condition:  Good  Fair  Poor  
 Floor Mounted     Flush Valve (manual)  
 White Vitreous China                       Flush Valve (sensor)  
Similar Units (qty):  
Comments:

### URINALS

Wall Mounted     Tank Type                      Age Est (years):                      Condition:  Good  Fair  Poor  
 Other Mounting  Flush Valve (manual)  
 White Vitreous China                       Flush Valve (sensor)  
Similar Units (qty):  
Comments: NA

## **LAVATORIES**

Wall Mounted  White Vitreous China Age Est (years): Condition:  Good  Fair  Poor

Counter Mount  Manual Faucet -  Single Lever  Knobs  Dual Handles (Hot & Cold)

Other:  Metered Faucet

Similar Units (qty):

Comments: NA

## **SINKS**

Breakroom  Stainless  Single Bowl Age Est (years): Condition:  Good  Fair  Poor

Laundry Tub  Polymer  Double Bowl

Similar Units (qty):

Comments:

## **WATER PIPING**

### Material Joints

Copper  Soldered Age Est (years): Condition:  Good  Fair  Poor

Galvanized  Threaded Comments:

Other  Welded PVC

## **WATER PIPING INSULATION**

### Material/Service Jacketing

Fiberglass Ins.  All-Service Jacket Age Est (years): Condition:  Good  Fair  Poor

Other Ins.  Aluminum/Stainless

Domestic Cold  Other:

Domestic Hot Comments: Uninsulated

## **WATER HEATERS**

### Types

Electric Capacity (gallons): 40  Tank Type Age Est (years): 20+

Gas KW: 4.5  Instantaneous Condition:  Good  Fair  Poor

Other MBH: Manufacturer: A.O. Smith Manufacturer

Expansion Tank - Same age and condition as water heater?  Y  N

Recirc Pump - Same age and condition as water heater?  Y  N

Comments:

## **GAS PIPING**

### Material Joints

Copper  Soldered Age Est (years): Condition:  Good  Fair  Poor

Black Steel  Threaded Comments:

Other  Welded NA

## PLUMBING ASSESSMENT

Facility Name: Thomas Heights

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): 30 Condition:  Good  Fair  Poor  
Floor Mounted  Enameled  Molded Stone  Other   
Similar Units (qty):  
Notes:

### SHOWER

Age Estimate (years): Condition:  Good  Fair  Poor  
Similar Units (qty):  
Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): 40 Condition:  Good  Fair  Poor  
 Halsey-Taylor  Single  
 Other  Refrigerated  
Similar Units (qty): 1  
Comments:

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 30 Condition:  Good  Fair  Poor  
 Floor Mounted  Flush Valve (manual)  
 White Vitreous China  Flush Valve (sensor)  
Similar Units (qty): 6  
Comments: similar throughout in toilet rooms

### URINALS

Wall Mounted  Tank Type Age Est (years): 40 Condition:  Good  Fair  Poor  
 Other Mounting  Flush Valve (manual)  
 White Vitreous China  Flush Valve (sensor)  
Similar Units (qty):  
Comments:

**LAVATORIES**

Wall Mounted White Vitreous China Age Est (years): 30 Condition: Good Fair Poor  
Counter Mount Manual Faucet - Single Lever Knobs Dual Handles (Hot & Cold)  
Other: Metered Faucet  
Similar Units (qty): 6  
Comments: similar throughout in toilet rooms

**SINKS**

Breakroom Stainless Single Bowl Age Est (years): 30 Condition: Good Fair Poor  
Laundry Tub Polymer Double Bowl  
Similar Units (qty):  
Comments: Porcelain counter mount

**WATER PIPING**

Material Joints

Copper Soldered Age Est (years): 30 Condition: Good Fair Poor  
Galvanized Threaded Comments:  
Other Welded

**WATER PIPING INSULATION**

Material/Service Jacketing

Fiberglass Ins. All-Service Jacket Age Est (years): 30 Condition: Good Fair Poor  
Other Ins. Aluminum/Stainless  
Domestic Cold Other:  
Domestic Hot Comments: sections missing at water heaters

**WATER HEATERS**

Types

Electric Capacity (gallons): 40 Tank Type Age Est (years): 5  
Gas KW: 3.5 Instantaneous Condition: Good Fair Poor  
Other MBH: Manufacturer: AO Smith  
Expansion Tank - Same age and condition as water heater? Y N  
Recirc Pump - Same age and condition as water heater? Y N  
Comments:

**GAS PIPING**

Material Joints

Copper Soldered Age Est (years): Condition: Good Fair Poor  
Black Steel Threaded Comments: NA  
Other Welded

## PLUMBING ASSESSMENT

Facility Name: Senior Services

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years):                      Condition:  Good  Fair  Poor  
Floor Mounted  Enameled  Molded Stone  Other   
Similar Units (qty): 2  
Notes:

### SHOWER

Age Estimate (years): 15    Condition:  Good  Fair  Poor  
Similar Units (qty): 2  
Notes:

### WATER FOUNTAIN

Manufacturer

Oasis                       Hi-Low                      Age Est (years): 20                      Condition:  Good  Fair  Poor  
 Halsey-Taylor  Single  
 Other                       Refrigerated  
Similar Units (qty):  
Comments:

### WATER CLOSETS

Wall Mounted     Tank Type                      Age Est (years): 20                      Condition:  Good  Fair  Poor  
 Floor Mounted     Flush Valve (manual)  
 White Vitreous China     Flush Valve (sensor)  
Similar Units (qty): numerous throughout  
Comments:

### URINALS

Wall Mounted     Tank Type                      Age Est (years):                      Condition:  Good  Fair  Poor  
 Other Mounting     Flush Valve (manual)  
 White Vitreous China     Flush Valve (sensor)  
Similar Units (qty): numerous throughout  
Comments:

## **LAVATORIES**

Wall Mounted White Vitreous China Age Est (years): Condition: Good Fair Poor

Counter Mount Manual Faucet - Single Lever Knobs Dual Handles (Hot & Cold)

Other: Metered Faucet

Similar Units (qty): numerous throughout

Comments:

## **SINKS**

Breakroom Stainless Single Bowl Age Est (years): 20 Condition: Good Fair Poor

Laundry Tub Polymer Double Bowl

Similar Units (qty):

Comments: kitchen area has service stainless sinks

## **WATER PIPING**

### Material Joints

Copper Soldered Age Est (years): 20 Condition: Good Fair Poor

Galvanized Threaded Comments:

Other Welded

## **WATER PIPING INSULATION**

### Material/Service Jacketing

Fiberglass Ins. All-Service Jacket Age Est (years): 20 Condition: Good Fair Poor

Other Ins. Aluminum/Stainless

Domestic Cold Other:

Domestic Hot Comments: Armaflex insulation, much observable, appears uninsulated

## **WATER HEATERS**

### Types

Electric Capacity (gallons): 20 Tank Type Age Est (years):

Gas KW: 2 Instantaneous Condition: Good Fair Poor

Other MBH: Manufacturer: Rheem

Expansion Tank - Same age and condition as water heater? Y N

Recirc Pump - Same age and condition as water heater? Y N

Comments: Kitchen area has 40 gal Rheem unit, 4.5 kw, 10 years old estimate, 2<sup>nd</sup> floor has 28 gallon 3.5 kw model (Whirlpool), est at 20 years old

## **GAS PIPING**

### Material Joints

Copper Soldered Age Est (years): Condition: Good Fair Poor

Black Steel Threaded Other Welded Comments: NA



## PLUMBING ASSESSMENT

Facility Name: Robert C. Carpenter Recreation Center

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): 20 Condition:  Good  Fair  Poor

Floor Mounted  Enameled  Molded Stone  Other

Similar Units (qty):

Notes:

### SHOWER

Age Estimate (years): 20 Condition:  Good  Fair  Poor

Similar Units (qty): 2

Notes:

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): 10 Condition:  Good  Fair  Poor

Halsey-Taylor  Single

Other  Refrigerated

Similar Units (qty): 2

Comments:

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 5 Condition:  Good  Fair  Poor

Floor Mounted  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): throughout facility

Comments:

### URINALS

Wall Mounted  Tank Type Age Est (years): 5 Condition:  Good  Fair  Poor

Other Mounting  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): 3

Comments:

## **LAVATORIES**

Wall Mounted  White Vitreous China Age Est (years): 5 Condition:  Good  Fair  Poor

Counter Mount  Manual Faucet -  Single Lever  Knobs  Dual Handles (Hot & Cold)

Other:  Metered Faucet

Similar Units (qty): throughout facility

Comments:

## **SINKS**

Breakroom  Stainless  Single Bowl Age Est (years): 20 Condition:  Good  Fair  Poor

Laundry Tub  Polymer  Double Bowl

Similar Units (qty):

Comments:

## **WATER PIPING**

### Material Joints

Copper  Soldered Age Est (years): 30 Condition:  Good  Fair  Poor

Galvanized  Threaded Comments:

Other  Welded

## **WATER PIPING INSULATION**

### Material/Service Jacketing

Fiberglass Ins.  All-Service Jacket Age Est (years): 30 Condition:  Good  Fair  Poor

Other Ins.  Aluminum/Stainless

Domestic Cold  Other:

Domestic Hot Comments:

## **WATER HEATERS**

### Types

Electric Capacity (gallons): 120  Tank Type Age Est (years): 1996 (installed in last year)

Gas KW: 15  Instantaneous Condition:  Good  Fair  Poor

Other MBH: Manufacturer: Richmond/ Rheem

Expansion Tank - Same age and condition as water heater?  Y  N

Recirc Pump - Same age and condition as water heater?  Y  N

Comments: 2<sup>nd</sup> state electric water heater, 5-10 years old est. 40 gal and 4.5 kw, good condition

## **GAS PIPING**

### Material Joints

Copper  Soldered Age Est (years): 10 Condition:  Good  Fair  Poor

Black Steel  Threaded Comments: stainless w/ PVC coating

Other  Welded

## PLUMBING ASSESSMENT

Facility Name: Nantahala Recreation Park

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): Condition:  Good  Fair  Poor

Floor Mounted  Enameled  Molded Stone  Other

Similar Units (qty): 1

Notes: Tub type in concessions area

### SHOWER

Age Estimate (years): Condition:  Good  Fair  Poor

Similar Units (qty):

Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): Condition:  Good  Fair  Poor

Halsey-Taylor  Single

Other  Refrigerated

Similar Units (qty):

Comments: NA

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 20 Condition:  Good  Fair  Poor

Floor Mounted  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): 3

Comments:

### URINALS

Wall Mounted  Tank Type Age Est (years): 20 Condition:  Good  Fair  Poor

Other Mounting  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): 1

Comments:

## **LAVATORIES**

Wall Mounted  White Vitreous China Age Est (years): 15 Condition:  Good  Fair  Poor

Counter Mount  Manual Faucet -  Single Lever  Knobs  Dual Handles (Hot & Cold)

Other:  Metered Faucet

Similar Units (qty): 2

Comments:

## **SINKS**

Breakroom  Stainless  Single Bowl Age Est (years): 25 Condition:  Good  Fair  Poor

Laundry Tub  Polymer  Double Bowl

Similar Units (qty): 2 stainless in kitchen, laundry tub in storage

Comments: Kitchen/breakroom type for concessions

## **WATER PIPING**

### Material Joints

Copper  Soldered Age Est (years): 25 Condition:  Good  Fair  Poor

Galvanized  Threaded Comments:

Other  Welded

## **WATER PIPING INSULATION**

### Material/Service Jacketing

Fiberglass Ins.  All-Service Jacket Age Est (years): Condition:  Good  Fair  Poor

Other Ins.  Aluminum/Stainless

Domestic Cold  Other:

Domestic Hot Comments: uninsulated

## **WATER HEATERS**

### Types

Electric Capacity (gallons): 40  Tank Type Age Est (years): 3

Gas KW: 4.5  Instantaneous Condition:  Good  Fair  Poor

Other MBH: Manufacturer: Whirlpool

Expansion Tank - Same age and condition as water heater?  Y  N

Recirc Pump - Same age and condition as water heater?  Y  N

Comments:

## **GAS PIPING**

### Material Joints

Copper  Soldered Age Est (years): Condition:  Good  Fair  Poor

Black Steel  Threaded Comments: NA

Other  Welded Other- Scotsman ice maker, fair condition

## PLUMBING ASSESSMENT

Facility Name: **Business Incubator**

### **SERVICE SINK**

Pedestal  Service Faucet  Age Estimate (years): Condition:  Good  Fair  Poor

Floor Mounted  Enameled  Molded Stone  Other

Similar Units (qty):

Notes: No exhaust for janitor's closet

### **SHOWER**

Age Estimate (years): Condition:  Good  Fair  Poor

Similar Units (qty):

Notes:

### **WATER FOUNTAIN**

Manufacturer

Oasis  Hi-Low Age Est (years): 25 Condition:  Good  Fair  Poor

Halsey-Taylor  Single

Other  Refrigerated

Similar Units (qty):

Comments:

### **WATER CLOSETS**

Wall Mounted  Tank Type Age Est (years): 30 Condition:  Good  Fair  Poor

Floor Mounted  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): throughout facility similar

Comments:

### **URINALS**

Wall Mounted  Tank Type Age Est (years): 30 Condition:  Good  Fair  Poor

Other Mounting  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): 2

Comments:

## **LAVATORIES**

Wall Mounted  White Vitreous China Age Est (years): 20 Condition:  Good  Fair  Poor

Counter Mount  Manual Faucet -  Single Lever  Knobs  Dual Handles (Hot & Cold)

Other:  Metered Faucet

Similar Units (qty): 4, throughout facility similar

Comments:

## **SINKS**

Breakroom  Stainless  Single Bowl Age Est (years): 30 Condition:  Good  Fair  Poor

Laundry Tub  Polymer  Double Bowl

Similar Units (qty):

Comments: Laundry tub 10 years old (est.), good condition

## **WATER PIPING**

### Material Joints

Copper  Soldered Age Est (years): 30+ Condition:  Good  Fair  Poor

Galvanized  Threaded Comments: Some PVC branch lines, main shutoff near water heater

Other  Welded

## **WATER PIPING INSULATION**

### Material/Service Jacketing

Fiberglass Ins.  All-Service Jacket Age Est (years): 30 Condition:  Good  Fair  Poor

Other Ins.  Aluminum/Stainless

Domestic Cold  Other:

Domestic Hot Comments: Armaflex, sections missing

## **WATER HEATERS**

### Types

Electric Capacity (gallons): 80  Tank Type Age Est (years): 30+

Gas KW: 9  Instantaneous Condition:  Good  Fair  Poor

Other MBH: Manufacturer: Maytag

Expansion Tank - Same age and condition as water heater?  Y  N

Recirc Pump - Same age and condition as water heater?  Y  N

Comments: 2<sup>nd</sup> water heater (electric) installed above ceiling, newer Rheem model

## **GAS PIPING**

### Material Joints

Copper  Soldered Age Est (years): Condition:  Good  Fair  Poor

Black Steel  Threaded Comments:

Other  Welded

## PLUMBING ASSESSMENT

Facility Name: Franklin Library

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): 10 Condition:  Good  Fair  Poor  
Floor Mounted  Enameled  Molded Stone  Other   
Similar Units (qty): 3  
Notes:

### SHOWER

Age Estimate (years): Condition:  Good  Fair  Poor  
Similar Units (qty):  
Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): 5-10 Condition:  Good  Fair  Poor  
 Halsey-Taylor  Single  
 Other  Refrigerated  
Similar Units (qty):  
Comments:

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 5-10 Condition:  Good  Fair  Poor  
 Floor Mounted  Flush Valve (manual)  
 White Vitreous China  Flush Valve (sensor)  
Similar Units (qty): similar throughout  
Comments:

### URINALS

Wall Mounted  Tank Type Age Est (years): 5-10 Condition:  Good  Fair  Poor  
 Other Mounting  Flush Valve (manual)  
 White Vitreous China  Flush Valve (sensor)  
Similar Units (qty): 2  
Comments:

**LAVATORIES**

Wall Mounted White Vitreous China Age Est (years): 5-10 Condition: Good Fair Poor

Counter Mount Manual Faucet - Single Lever Knobs Dual Handles (Hot & Cold)

Other: Metered Faucet

Similar Units (qty): numerous, similar throughout

Comments:

**SINKS**

Breakroom Stainless Single Bowl Age Est (years): 10 Condition: Good Fair Poor

Laundry Tub Polymer Double Bowl

Similar Units (qty):

Comments:

**WATER PIPING**

Material Joints

Copper Soldered Age Est (years): 10 Condition: Good Fair Poor

Galvanized Threaded Comments:

Other Welded

**WATER PIPING INSULATION**

Material/Service Jacketing

Fiberglass Ins. All-Service Jacket Age Est (years): 10 Condition: Good Fair Poor

Other Ins. Aluminum/Stainless

Domestic Cold Other:

Domestic Hot Comments:

**WATER HEATERS**

Types

Electric Capacity (gallons): 40 Tank Type Age Est (years): 10

Gas KW: 4 Instantaneous Condition: Good Fair Poor

Other MBH: Manufacturer: State

Expansion Tank - Same age and condition as water heater? Y N

Recirc Pump - Same age and condition as water heater? Y N (AO Smith only)

Comments: Representative of several throughout facility, some are newer (AO Smith)

**GAS PIPING**

Material Joints

Copper Soldered Age Est (years) 10: Condition: Good Fair Poor

Black Steel Threaded Comments:

Other Welded



## PLUMBING ASSESSMENT

Facility Name: Nantahala School Library

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years):                      Condition:  Good  Fair  Poor  
Floor Mounted  Enameled  Molded Stone  Other   
Similar Units (qty):  
Notes: NA

### SHOWER

Age Estimate (years):                      Condition:  Good  Fair  Poor  
Similar Units (qty):  
Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis                       Hi-Low                      Age Est (years):                      Condition:  Good  Fair  Poor  
 Halsey-Taylor  Single  
 Other  Refrigerated  
Similar Units (qty):  
Comments: NA

### WATER CLOSETS

Wall Mounted     Tank Type                      Age Est (years): 20                      Condition:  Good  Fair  Poor  
 Floor Mounted     Flush Valve (manual)  
 White Vitreous China     Flush Valve (sensor)  
Similar Units (qty): 1  
Comments:

### URINALS

Wall Mounted     Tank Type                      Age Est (years):                      Condition:  Good  Fair  Poor  
 Other Mounting  Flush Valve (manual)  
 White Vitreous China     Flush Valve (sensor)  
Similar Units (qty):  
Comments: NA

**LAVATORIES**

Wall Mounted White Vitreous China Age Est (years): 20 Condition: Good Fair Poor  
Counter Mount Manual Faucet - Single Lever Knobs Dual Handles (Hot & Cold)  
Other: Metered Faucet  
Similar Units (qty): 1  
Comments:

**SINKS**

Breakroom Stainless Single Bowl Age Est (years): 20 Condition: Good Fair Poor  
Laundry Tub Polymer Double Bowl  
Similar Units (qty): 2 single Load, one double  
Comments:

**WATER PIPING**

Material Joints

Copper Soldered Age Est (years): 20 Condition: Good Fair Poor  
Galvanized Threaded Comments: Routed under floor, flexible lines to fixtures, some PVC  
Other Welded

**WATER PIPING INSULATION**

Material/Service Jacketing concealed

Fiberglass Ins. All-Service Jacket Age Est (years): Condition: Good Fair Poor  
Other Ins. Aluminum/Stainless  
Domestic Cold Other:  
Domestic Hot Comments:

**WATER HEATERS**

Types

Electric Capacity (gallons): 50 Tank Type Age Est (years): 10  
Gas KW: 4.5 Instantaneous Condition: Good Fair Poor  
Other MBH: Manufacturer: Envirotemp  
Expansion Tank - Same age and condition as water heater? Y N  
Recirc Pump - Same age and condition as water heater? Y N  
Comments:

**GAS PIPING**

Material Joints

Copper Soldered Age Est (years): Condition: Good Fair Poor  
Black Steel Threaded Comments: NA  
Other Welded

## PLUMBING ASSESSMENT

Facility Name: Highlands Library

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): 15 Condition:  Good  Fair  Poor

Floor Mounted  Enameled  Molded Stone  Other

Similar Units (qty):

Notes: No sink, faucet only

### SHOWER

Age Estimate (years): Condition:  Good  Fair  Poor

Similar Units (qty):

Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): 10 Condition:  Good  Fair  Poor

Halsey-Taylor  Single

Other  Refrigerated

Similar Units (qty):

Comments: Elkay

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 10 Condition:  Good  Fair  Poor

Floor Mounted  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): 4

Comments:

### URINALS

Wall Mounted  Tank Type Age Est (years): 10 Condition:  Good  Fair  Poor

Other Mounting  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): 1

Comments:

**LAVATORIES**

Wall Mounted White Vitreous China Age Est (years): 15 Condition: Good Fair Poor  
Counter Mount Manual Faucet - Single Lever Knobs Dual Handles (Hot & Cold)  
Other: Metered Faucet  
Similar Units (qty): 4  
Comments:

**SINKS**

Breakroom Stainless Single Bowl Age Est (years): 10 Condition: Good Fair Poor  
Laundry Tub Polymer Double Bowl  
Similar Units (qty): 1  
Comments:

**WATER PIPING**

Material Joints

Copper Soldered Age Est (years): 20 Condition: Good Fair Poor  
Galvanized Threaded Comments: Pex and Copper  
Other Welded

**WATER PIPING INSULATION**

Material/Service Jacketing

Fiberglass Ins. All-Service Jacket Age Est (years): 20 Condition: Good Fair Poor  
Other Ins. Aluminum/Stainless  
Domestic Cold Other:  
Domestic Hot Comments:

**WATER HEATERS**

Types

Electric Capacity (gallons): 40 Tank Type Age Est (years): 20  
Gas KW: 4.5 Instantaneous Condition: Good Fair Poor  
Other MBH: Manufacturer: Reliance  
Expansion Tank - Same age and condition as water heater? Y N  
Recirc Pump - Same age and condition as water heater? Y N  
Comments: Appears to be leaking

**GAS PIPING**

Material Joints

Copper Soldered Age Est (years): Condition: Good Fair Poor  
Black Steel Threaded Comments: NA  
Other Welded

## PLUMBING ASSESSMENT

Facility Name: Hyatt Road EMS

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): 30 Condition:  Good  Fair  Poor

Floor Mounted  Enameled  Molded Stone  Other

Similar Units (qty):

Notes:

### SHOWER

Age Estimate (years): 10 Condition:  Good  Fair  Poor

Similar Units (qty): 2

Notes:

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): Condition:  Good  Fair  Poor

Halsey-Taylor  Single

Other  Refrigerated

Similar Units (qty):

Comments: NA

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 30 Condition:  Good  Fair  Poor

Floor Mounted  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty):

Comments:

### URINALS

Wall Mounted  Tank Type Age Est (years): Condition:  Good  Fair  Poor

Other Mounting  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty):

Comments:

**LAVATORIES**

Wall Mounted White Vitreous China Age Est (years): Condition: Good Fair Poor

Counter Mount Manual Faucet - Single Lever Knobs Dual Handles (Hot & Cold)

Other: Metered Faucet

Similar Units (qty): 4

Comments:

**SINKS**

Breakroom Stainless Single Bowl Age Est (years): 20 Condition: Good Fair Poor

Laundry Tub Polymer Double Bowl

Similar Units (qty):

Comments: Vehicle bays have large stainless steel service sink (multi compartment)

**WATER PIPING**

Material Joints

Copper Soldered Age Est (years): Condition: Good Fair Poor

Galvanized Threaded Comments: Pex piping (observed)

Other Welded

**WATER PIPING INSULATION**

Material/Service Jacketing

Fiberglass Ins. All-Service Jacket Age Est (years): Condition: Good Fair Poor

Other Ins. Aluminum/Stainless

Domestic Cold Other:

Domestic Hot Comments: No insulation observed

**WATER HEATERS**

Types

Electric Capacity (gallons): 40 Tank Type Age Est (years): 10

Gas KW: 4.5 Instantaneous Condition: Good Fair Poor

Other MBH: Manufacturer: State

Expansion Tank - Same age and condition as water heater? Y N

Recirc Pump - Same age and condition as water heater? Y N

Comments:

**GAS PIPING**

Material Joints

Copper Soldered Age Est (years): Condition: Good Fair Poor

Black Steel Threaded Comments: NA (main building)

Other Welded

## PLUMBING ASSESSMENT

Facility Name: **Highlands EMS**

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): Condition:  Good  Fair  Poor  
Floor Mounted  Enameled  Molded Stone  Other   
Similar Units (qty):  
Notes: NA

### SHOWER

Age Estimate (years): 25 Condition:  Good  Fair  Poor  
Similar Units (qty): 1  
Notes:

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): Condition:  Good  Fair  Poor  
 Halsey-Taylor  Single  
 Other  Refrigerated  
Similar Units (qty):  
Comments: NA

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 25 Condition:  Good  Fair  Poor  
 Floor Mounted  Flush Valve (manual)  
 White Vitreous China  Flush Valve (sensor)  
Similar Units (qty): 1  
Comments:

### URINALS

Wall Mounted  Tank Type Age Est (years): Condition:  Good  Fair  Poor  
 Other Mounting  Flush Valve (manual)  
 White Vitreous China  Flush Valve (sensor)  
Similar Units (qty):  
Comments: NA

## **LAVATORIES**

Wall Mounted    White Vitreous China   Age Est (years): 25   Condition:  Good  Fair  Poor

Counter Mount    Manual Faucet -  Single Lever  Knobs  Dual Handles (Hot & Cold)

Other:                       Metered Faucet

Similar Units (qty):

Comments:

## **SINKS**

Breakroom    Stainless    Single Bowl   Age Est (years): 20   Condition:  Good  Fair  Poor

Laundry Tub    Polymer  Double Bowl

Similar Units (qty):

Comments: One double bowl breakroom sink (fair), one laundry tub (poor)

## **WATER PIPING**

### Material Joints

Copper                       Soldered   Age Est (years): 25   Condition:  Good  Fair  Poor

Galvanized                   Threaded   Comments:

Other    Welded

## **WATER PIPING INSULATION**

### Material/Service Jacketing

Fiberglass Ins.    All-Service Jacket   Age Est (years):                      Condition:  Good  Fair  Poor

Other Ins.                       Aluminum/Stainless

Domestic Cold    Other:

Domestic Hot                      Comments: Uninsulated

## **WATER HEATERS**

### Types

Electric                      Capacity (gallons): 40                       Tank Type                      Age Est (years): 5

Gas                              KW: 4.5     Instantaneous                      Condition:  Good  Fair  Poor

Other MBH:    Manufacturer: Reliance

Expansion Tank - Same age and condition as water heater?  Y  N

Recirc Pump - Same age and condition as water heater?  Y  N

Comments:

## **GAS PIPING**

### Material Joints

Copper                       Soldered   Age Est (years):                      Condition:  Good  Fair  Poor

Black Steel                       Threaded   Comments: NA

Other    Welded



## PLUMBING ASSESSMENT

Facility Name: Nantahala EMS

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): Condition:  Good  Fair  Poor

Floor Mounted  Enameled  Molded Stone  Other

Similar Units (qty):

Notes:

### SHOWER

Age Estimate (years): 17 Condition:  Good  Fair  Poor

Similar Units (qty): 1

Notes:

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): Condition:  Good  Fair  Poor

Halsey-Taylor  Single

Other  Refrigerated

Similar Units (qty):

Comments: NA

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 17 Condition:  Good  Fair  Poor

Floor Mounted  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): 2

Comments:

### URINALS

Wall Mounted  Tank Type Age Est (years): Condition:  Good  Fair  Poor

Other Mounting  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty):

Comments: NA

## **LAVATORIES**

Wall Mounted  White Vitreous China Age Est (years): 17 Condition:  Good  Fair  Poor

Counter Mount  Manual Faucet -  Single Lever  Knobs  Dual Handles (Hot & Cold)

Other:  Metered Faucet

Similar Units (qty): 2

Comments:

## **SINKS**

Breakroom  Stainless  Single Bowl Age Est (years): 17 Condition:  Good  Fair  Poor

Laundry Tub  Polymer  Double Bowl

Similar Units (qty): 1 breakroom, 1 laundry tub

Comments:

## **WATER PIPING**

### Material Joints

Copper  Soldered Age Est (years): 17 Condition:  Good  Fair  Poor

Galvanized  Threaded Comments: Pex and copper mix

Other  Welded

## **WATER PIPING INSULATION**

### Material/Service Jacketing

Fiberglass Ins.  All-Service Jacket Age Est (years): Condition:  Good  Fair  Poor

Other Ins.  Aluminum/Stainless

Domestic Cold  Other:

Domestic Hot Comments: piping appears uninsulated

## **WATER HEATERS**

### Types

Electric Capacity (gallons): 40  Tank Type Age Est (years): 17

Gas KW:  Instantaneous Condition:  Good  Fair  Poor

Other MBH: 33 Manufacturer: Envirotemp

Expansion Tank - Same age and condition as water heater?  Y  N

Recirc Pump - Same age and condition as water heater?  Y  N

Comments:

## **GAS PIPING**

### Material Joints

Copper  Soldered Age Est (years): 17 Condition:  Good  Fair  Poor

Black Steel  Threaded Comments: Galvanized, LP gas piping, exterior tank and regulator

Other  Welded

## PLUMBING ASSESSMENT

Facility Name: National Guard Armory

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): 30 Condition:  Good  Fair  Poor  
Floor Mounted  Enameled  Molded Stone  Other   
Similar Units (qty):  
Notes:

### SHOWER

Age Estimate (years): 30 Condition:  Good  Fair  Poor  
Similar Units (qty): 6  
Notes:

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): 20 Condition:  Good  Fair  Poor  
 Halsey-Taylor  Single  
 Other  Refrigerated  
Similar Units (qty):  
Comments:

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 30 Condition:  Good  Fair  Poor  
 Floor Mounted  Flush Valve (manual)  
 White Vitreous China  Flush Valve (sensor)  
Similar Units (qty): 6  
Comments:

### URINALS

Wall Mounted  Tank Type Age Est (years): 30 Condition:  Good  Fair  Poor  
 Other Mounting  Flush Valve (manual)  
 White Vitreous China  Flush Valve (sensor)  
Similar Units (qty): 3  
Comments:

**LAVATORIES**

Wall Mounted White Vitreous China Age Est (years): 30 Condition: Good Fair Poor  
Counter Mount Manual Faucet - Single Lever Knobs Dual Handles (Hot & Cold)  
Other: Metered Faucet  
Similar Units (qty): 6  
Comments:

**SINKS**

Breakroom Stainless Single Bowl Age Est (years): Condition: Good Fair Poor  
Laundry Tub Polymer Double Bowl  
Similar Units (qty):  
Comments:

**WATER PIPING**

Material Joints

Copper Soldered Age Est (years): 30 Condition: Good Fair Poor  
Galvanized Threaded Comments:  
Other Welded

**WATER PIPING INSULATION**

Material/Service Jacketing

Fiberglass Ins. All-Service Jacket Age Est (years): 30 Condition: Good Fair Poor  
Other Ins. Aluminum/Stainless  
Domestic Cold Other:  
Domestic Hot Comments: Armaflex insulation

**WATER HEATERS**

Types

Electric Capacity (gallons): 80 Tank Type Age Est (years): 10  
Gas KW: 4.5 Instantaneous Condition: Good Fair Poor  
Other MBH: Manufacturer: Bradford white  
Expansion Tank - Same age and condition as water heater? Y N  
Recirc Pump - Same age and condition as water heater? Y N  
Comments: 2<sup>nd</sup> water heater, Bradford, 40 gal, gas, 36 MBH, 10 years old, good condition

**GAS PIPING**

Material Joints

Copper Soldered Age Est (years): 30 Condition: Good Fair Poor  
Black Steel Threaded Comments:  
Other Welded Kitchen has misc stainless service sinks

## PLUMBING ASSESSMENT

Facility Name: Dental Clinic Leased Space

### SERVICE SINK

Pedestal  Service Faucet  Age Estimate (years): Condition:  Good  Fair  Poor

Floor Mounted  Enameled  Molded Stone  Other

Similar Units (qty):

Notes: NA

### SHOWER

Age Estimate (years): Condition:  Good  Fair  Poor

Similar Units (qty):

Notes: NA

### WATER FOUNTAIN

Manufacturer

Oasis  Hi-Low Age Est (years): Condition:  Good  Fair  Poor

Halsey-Taylor  Single

Other  Refrigerated

Similar Units (qty):

Comments: NA

### WATER CLOSETS

Wall Mounted  Tank Type Age Est (years): 12 Condition:  Good  Fair  Poor

Floor Mounted  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty): 2

Comments:

### URINALS

Wall Mounted  Tank Type Age Est (years): Condition:  Good  Fair  Poor

Other Mounting  Flush Valve (manual)

White Vitreous China  Flush Valve (sensor)

Similar Units (qty):

Comments: NA

## **LAVATORIES**

Wall Mounted    White Vitreous China   Age Est (years): 12   Condition:  Good  Fair  Poor  
 Counter Mount    Manual Faucet -  Single Lever    Knobs    Dual Handles (Hot & Cold)  
 Other:    Metered Faucet  
Similar Units (qty): 2  
Comments:

## **SINKS**

Breakroom    Stainless    Single Bowl   Age Est (years):   Condition:  Good  Fair  Poor  
 Laundry Tub    Polymer    Double Bowl  
Similar Units (qty): 3  
Comments: One breakroom and two similar counter mount dental use sinks (similar to break room)

## **WATER PIPING**

### Material Joints

Copper    Soldered   Age Est (years): 12   Condition:  Good  Fair  Poor  
 Galvanized    Threaded   Comments: mix of PVC/Pex/Copper  
 Other    Welded

## **WATER PIPING INSULATION**

### Material/Service Jacketing

Fiberglass Ins.    All-Service Jacket   Age Est (years):   Condition:  Good  Fair  Poor  
 Other Ins.    Aluminum/Stainless  
 Domestic Cold    Other:  
 Domestic Hot   Comments: appears uninsulated

## **WATER HEATERS**

### Types

Electric   Capacity (gallons): 2.5    Tank Type   Age Est (years): 12  
 Gas   KW: 1.4    Instantaneous   Condition:  Good  Fair  Poor  
 Other MBH:   Manufacturer: Eemax  
 Expansion Tank - Same age and condition as water heater?  Y  N  
 Recirc Pump - Same age and condition as water heater?  Y  N  
Comments:

## **GAS PIPING**

### Material Joints

Copper    Soldered   Age Est (years):   Condition:  Good  Fair  Poor  
 Black Steel    Threaded   Comments: NA  
 Other    Welded   Other: 10 dental sinks, stainless steel, good condition

ELECTRICAL BUILDING ASSESSMENT FORM

Building Courthouse Annex Date 12/13/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 250 Phase 3 Location Electrical room

Manufacturer Siemens Condition Fair Spare Capacity  Yes  No

Panelboards

Quantity 2 Voltage 208 Amps 100 Phase 3 Spares  Yes  No

Locations Comm College Manufacturer GE Condition Fair

Quantity 2 Voltage 208 Amps 100 Phase 3 Spares  Yes  No

Locations Hall Manufacturer Square D Condition Poor

Quantity 3 Voltage 208 Amps 60 (LC) Phase 1 Spares  Yes  No

Locations Various Manufacturer Siemens Condition Fair

Emergency Power  Yes  No (At courthouse)

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Fixture Style2 Wall Indirect Light Source T-12 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Wall Light Source MH Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

ELECTRICAL BUILDING ASSESSMENT FORM

Building Courthouse Annex Date 12/13/18

Communication

Manufacturer Dell Condition Good  Expandable? Wifi  Yes  No

#Racks 4  Wall  Floor Cable Type 5e  Tray  J-Hooks  Loose

Fire alarm  Yes  No

Manufacturer Radionics Condition Good Expandable  Yes  No

Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_ Expandable  Yes  No

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Security

Manufacturer Radionics Condition Good Expandable  Yes  No

Recommendations: Replace panel in on second floor hall way. Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation



ELECTRICAL BUILDING ASSESSMENT FORM

Building Courthouse Date 12/13/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 480V Amps 1200 Phase 3 Location Electrical room

Manufacturer Federal Pacific Condition Poor Spare Capacity  Yes  No

Panelboards

Quantity 1 Voltage 480 Amps 400 Phase 3 Spares  Yes  No

Locations Boiler room Manufacturer Federal Pacific Condition Poor

Quantity 2 Voltage 480 Amps 100 Phase 3 Spares  Yes  No

Locations Electrical room Manufacturer Federal Pacific Condition Poor

Quantity 4 Voltage 480 Amps 225 Phase 3 Spares  Yes  No

Locations Electrical room Manufacturer Federal Pacific Condition Poor

Quantity 2 Voltage 480 Amps 250 Phase 3 Spares  Yes  No

Locations Electrical room Manufacturer Siemens Condition Good

Quantity 1 Voltage 480 Amps 70 Phase 3 Spares  Yes  No

Locations Storage room Manufacturer Federal Pacific Condition Poor

Emergency Power  Yes  No

Generator  NG  Diesel  Propane  Portable Connection Tank  UG  AG  Sub Base

Voltage 480 KVA 125 Phase 3 Manufacturer Winpower Condition Good

ATS Quantity 1 Voltage 480 Amps 250 Phase 3

Locations Exterior Manufacturer Onan Condition Poor

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

ELECTRICAL BUILDING ASSESSMENT FORM

Building Courthouse Date 12/13/18

Exterior Lighting

Fixture Style1 Wall Light Source MH Condition Poor

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication

Manufacturer Dell Condition Good  Expandable? Wifi  Yes  No

#Racks 1  Wall  Floor Cable Type 5  Tray  J-Hooks  Loose

Fire alarm  Yes  No

Manufacturer Radionic Condition Good Expandable  Yes  No

Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No (Courtrooms)

Manufacturer Fire Studio Condition Good Expandable  Yes  No

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition Poor

Security

Manufacturer Altronix Condition Good Expandable  Yes  No

Recommendations: **High Priority**. Replace all electrical equipment, generator and transfer switch. Federal Pacific gear is no long manufactured. The gear in the boiler room (unknown manufacturer) is dangerous. Supplement panel where required based on renovation. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building DHHS Date 12/13/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 480/277 Amps 500 Phase 3 Location Mech Room

Manufacturer GE Condition Good Spare Capacity  Yes  No

Panelboards

Quantity 2 Voltage 480 Amps 225 Phase 3 Spares  Yes  No

Locations Mech Room Manufacturer GE Condition Good

Quantity 2 Voltage 480 Amps 125 Phase 3 Spares  Yes  No

Locations Mech Room Manufacturer GE Condition Good

Quantity 3 Voltage 208 Amps 225 Phase 3 Spares  Yes  No

Locations Mech Room Manufacturer GE Condition Good

Quantity 10 Voltage 208 Amps 125 Phase 3 Spares  Yes  No

Locations Mech Room Manufacturer GE Condition Good

Emergency Power  Yes  No

Generator  NG  Diesel  Propane  Portable Connection Tank  UG  AG  Sub Base

Voltage 480 KVA 100 Phase 3 Manufacturer \_\_\_\_\_ Condition Good

ATS Quantity 1 Voltage 480 Amps 400 Phase 3

Locations Electrical room Manufacturer Asco Condition Good

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

ELECTRICAL BUILDING ASSESSMENT FORM

Building DHHS Date 12/13/18

Exterior Lighting

Fixture Style1 Pole Light Source LED Condition Good

Fixture Style2 Wall Light Source LED Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication

Manufacturer Belkan Condition Good  Expandable? Wifi  Yes  No

#Racks 3  Wall  Floor Cable Type 5e  Tray  J-Hooks  Loose

Fire alarm  Yes  No

Manufacturer Simplex 4010 Condition Good Expandable  Yes  No

Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No (Over Phones)

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Recommendations: Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings. County advise generator is too small. Replace or supplement as required. Evaluate fire alarm devices for code compliance

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Detention Center Date 12/13/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 480V Amps 600 Phase 3 Location Electrical room

Manufacturer Siemens Condition Good Spare Capacity  Yes  No

Panelboards

Quantity 1 Voltage 480 Amps 400 Phase 3 Spares  Yes  No

Locations Electrical room Manufacturer Siemens Condition Good

Quantity 1 Voltage 480 Amps 125 Phase 3 Spares  Yes  No

Locations Various Manufacturer Siemens Condition Good

Quantity 5 Voltage 208 Amps 125 Phase 3 Spares  Yes  No

Locations Various Manufacturer Siemens Condition Good

Emergency Power  Yes  No

Generator  NG  Diesel  Propane  Portable Connection Tank  UG  AG  Sub Base

Voltage 480 KVA 100 Phase 3 Manufacturer \_\_\_\_\_ Condition Good

ATS Quantity 1 Voltage 480 Amps 400 Phase 3

Locations Electrical room Manufacturer Onan Condition Poor

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Fixture Style2 Detention Light Source LED Condition New

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

ELECTRICAL BUILDING ASSESSMENT FORM

Building Detention Center Date 12/13/18

Exterior Lighting

Fixture Style1 Pole Light Source LED Condition Good

Fixture Style2 Wall Light Source HPS Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication

Manufacturer Dell Condition Good  Expandable? Wifi  Yes  No

#Racks 2  Wall  Floor Cable Type 5  Tray  J-Hooks  Loose

Fire alarm  Yes  No

Manufacturer Bosch Condition New Expandable  Yes  No

Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Manufacturer Fire Studio Condition Good Expandable  Yes  No

Elevator  Yes  No Manufacturer Kone Condition Good

Inmate Phone

Manufacturer NCIC Condition Good Expandable  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required.

Evaluate building lighting for egress light compliance. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors in non secure areas for additional energy savings.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Maintenance Shed Date 12/13/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 800 Phase 3 Location Shop

Manufacturer Siemens Condition Good Spare Capacity  Yes  No

Panelboards

Quantity 4 Voltage 208 Amps 208 Phase 3 Spares  Yes  No

Locations Bay Manufacturer Siemens Condition Good

Quantity 1 Voltage 208 Amps 100 (LC) Phase 1 Spares  Yes  No

Locations Bay Manufacturer Siemens Condition Good

Quantity 2 Voltage 208 Amps 60 (LC) Phase 1 Spares  Yes  No

Locations Bay Manufacturer Siemens Condition Good

Emergency Power  Yes  No (advised it is not functional)

Generator  NG  Diesel  Propane  Portable Connection Tank  UG  AG  Sub Base

Voltage 208 KVA 30 Phase 3 Manufacturer Onan Condition Poor

ATS Quantity 1 Voltage 208 Amps 100 Phase 3

Locations Shop Manufacturer Kohler Condition Good

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Fixture Style2 Strip fixtures Light Source T-8 Condition Good

Fixture Style3 Hi Bay Light Source LED Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

ELECTRICAL BUILDING ASSESSMENT FORM

Building Maintenance Shed Date 12/13/18

Exterior Lighting

Fixture Style1 Wall Light Source MH Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication

Manufacturer Dell Condition Good  Expandable? Wifi  Yes  No

#Racks 1  Wall  Floor Cable Type 5e  Tray  J-Hooks  Loose

Fire alarm  Yes  No (connected to Transits Bldg.)

PA/Intercom  Yes  No

Manufacturer Over Phone Condition Good Expandable  Yes  No

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Recommendations: Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation



ELECTRICAL BUILDING ASSESSMENT FORM

Building Transit Building Date 12/13/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 100 Phase 1 Location Office

Manufacturer Square D Condition Good Spare Capacity  Yes  No

Emergency Power  Yes  No

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4/2x2 Lay-in Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Wall Light Source LED Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication

Manufacturer Dell Condition Good  Expandable? Wi-Fi  Yes  No

#Racks On shelf  Wall  Floor Cable Type 5e  Tray  J-Hooks  Loose

Fire alarm  Yes  No

Manufacturer Radionics Condition Good Expandable  Yes  No

Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_ Expandable  Yes  No

#Racks \_\_\_\_\_  Wall  Floor Cable Type \_\_\_\_\_  Tray  J-Hooks  Loose

ELECTRICAL BUILDING ASSESSMENT FORM

Building Transit Building Date 12/13/18

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Security

Manufacturer Radionics Condition Good Expandable  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required. Replace load centers (LC) where additional capacity is required. The county is studying replacement/upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Animal Control Date 12/12/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 400 Phase 3 Location Back Room

Manufacturer Square D Condition Good Spare Capacity  Yes  No

Emergency Power  Yes  No (Advised that will be added soon)

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 Surface Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Wall Light Source CF Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication (Smokey Mtn System Telephone)

Fire alarm  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required.. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings. Replace exterior fixture or repair non-functional photocells

Conditions:

4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation

3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Animal Control Date 12/12/18

ELECTRICAL BUILDING ASSESSMENT FORM

Building Environmental Resource Center Date 12/12/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 200 (LC) Phase 3 Location Front Room

Manufacturer Cutler Hammer Condition Good Spare Capacity  Yes  No

Emergency Power  Yes  No (Advised that will be added soon)

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Wall Light Source CF Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication (Smokey Mtn System Telephone)

Fire alarm  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings. Evaluate exterior egress lighting levels. Consider a fire alarm system. Evaluate exit signage for code compliance.

Conditions:

4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation

3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Environmental Resource Center Date 12/12/18

ELECTRICAL BUILDING ASSESSMENT FORM

Building Solid Waste Management Date 12/12/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 200 Phase 3 Location Storage

Manufacturer GE Condition Fair Spare Capacity  Yes  No

Panelboards

Quantity 1 Voltage 208 Amps 60 (LC) Phase 3 Spares  Yes  No

Locations Back room Manufacturer GE Condition Fair

Emergency Power  Yes  No

Emergency Lighting  Yes  No

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Non Luminous

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Fixture Style2 1x4 Wrap Around Light Source T-8 Condition Poor

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style2 Wall (Residential) Light Source LED Condition Fair

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication

Manufacturer Sola Condition Good  Expandable? Wi-Fi  Yes  No

#Racks \_\_\_\_\_  Wall  Floor Cable Type 5e  Tray  J-Hooks  Loose

ELECTRICAL BUILDING ASSESSMENT FORM

Building Solid Waste Management Date 12/12/18

Fire alarm  Yes  No

PA/Intercom  Yes  No

Elevator  Yes  No

Recommendations: Replace all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Replace exterior fixtures. Evaluate exterior egress lighting levels. Consider adding occupancy sensors for additional energy savings. Add emergency lighting. Consider a fire alarm system. Replace non-illuminated exit signs with illuminated or Self luminous signs.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation



# ELECTRICAL BUILDING ASSESSMENT FORM

Building Yellow Building Date 12/13/18

## Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 400 Phase 1 Location Outside

Manufacturer Square D Condition Fair Spare Capacity  Yes  No

## Panelboards

Quantity 2 Voltage 208 Amps 200 Phase 1 Spares  Yes  No

Locations Back room Manufacturer Square D Condition Good

Quantity 1 Voltage 208 Amps 100 Phase 1 Spares  Yes  No

Locations Back room Manufacturer Square D Condition Good

## Emergency Power Yes No

Generator  NG  Diesel  Propane  Portable Connection Tank  UG  AG  Sub Base

Voltage 208 KVA \_\_\_\_\_ Phase 1 Manufacturer Generac Condition Good

ATS Quantity 1 Voltage 208 Amps 400 Phase 1

Locations Exterior Manufacturer Generac Condition Good

## Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

## Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Fixture Style2 2x4 surface mtd Light Source T-8 Condition Poor

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

## Exterior Lighting

Fixture Style1 Porch Style Light Source Incandescent Condition Fair

Fixture Style2 Canopy Light Source Incandescent Condition Fair

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

ELECTRICAL BUILDING ASSESSMENT FORM

Building Yellow Building Date 12/13/18

Communication

Manufacturer Dell Condition Good  Expandable? Wifi  Yes  No  
#Racks On shelf  Wall  Floor Cable Type 5e  Tray  J-Hooks  Loose

Fire alarm  Yes  No

Manufacturer Bosch Condition Good Expandable  Yes  No  
 Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_ Expandable  Yes  No

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Security

Manufacturer Bosch Condition Good Expandable  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required. Replace exterior lighting. Evaluate building lighting for egress light compliance. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Barrett Building Date 12/13/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 800 Phase 3 Location Basement

Manufacturer GE Condition Good Spare Capacity  Yes  No

Panelboards

Quantity 4 Voltage 208 Amps 225 Phase 3 Spares  Yes  No

Locations Hall Manufacturer GE Condition Good

Emergency Power  Yes  No

Generator  NG  Diesel  Propane  Portable Connection Tank  UG  AG  Sub Base

Voltage 208 KVA \_\_\_\_\_ Phase 1 Manufacturer Generac Condition Good

ATS Quantity 1 Voltage 208 Amps 400 Phase 3

Locations Basement Manufacturer Asco Condition Good

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style2 Wall Light Source MH Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

ELECTRICAL BUILDING ASSESSMENT FORM

Building Barrett Building Date 12/13/18

Communication

Manufacturer Dell Condition Good  Expandable? Wifi  Yes  No  
#Racks on shelf  Wall  Floor Cable Type 5e  Tray  J-Hooks  Loose

Fire alarm  Yes  No

Manufacturer Radionics Condition Good Expandable  Yes  No  
 Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_ Expandable  Yes  No

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Security

Manufacturer Radionics Condition Good Expandable  Yes  No

Radio

Manufacturer Kenwood (7 racks) Condition Good Expandable  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings. Replace non-illuminated exit signs with illuminated or Self luminous signs .

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Old Murphy Road – Housing Department Date 12/13/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 200 (LC) Phase 1 Location Office

Manufacturer Thomas Bettes Condition Poor Spare Capacity  Yes  No

Panelboards

Quantity 1 Voltage 208 Amps 125 Phase 1 Spares  Yes  No

Locations Bay Manufacturer Thomas Betts Condition Poor

Emergency Power  Yes  No

Emergency Lighting  Yes  No

Interior Lighting

Fixture Style1 1x4 Industrial strips Light Source T-12 Condition Poor

Fixture Style2 1x4 Wrap around Light Source T-12 Condition Poor

Fixture Style3 \_\_\_\_\_ Light Source \_\_\_\_\_ Condition \_\_\_\_\_

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Cobra Head Light Source MV Condition Poor

Fixture Style2 \_\_\_\_\_ Light Source \_\_\_\_\_ Condition \_\_\_\_\_

Fixture Style3 \_\_\_\_\_ Light Source \_\_\_\_\_ Condition \_\_\_\_\_

Egress lighting \_\_\_\_\_ Light Source \_\_\_\_\_ Condition \_\_\_\_\_

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication: Phone Company

Fire alarm  Yes  No

Recommendations: Nothing of value Demolish the building.

Conditions:

3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation

2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Old Murphy Road – Housing Department Date 12/13/18

ELECTRICAL BUILDING ASSESSMENT FORM

Building Thomas Heights Date 12/13/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 400 Phase 3 Location Elect Room

Manufacturer Square D Condition Good Spare Capacity  Yes  No

Panelboards

Quantity 1 Voltage 208 Amps 250 Phase 3 Spares  Yes  No

Locations Elect Room Manufacturer Siemens Condition Good

Quantity 1 Voltage 208 Amps 200 Phase 3 Spares  Yes  No

Locations Elect Room Manufacturer Square D Condition Good

Emergency Power  Yes  No

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Pole Light Source MH Condition Good

Fixture Style2 Wall Light Source MH Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication

Manufacturer Cisco Condition Good  Expandable? Wifi  Yes  No

#Racks 1  Wall  Floor Cable Type 5e  Tray  J-Hooks  Loose

ELECTRICAL BUILDING ASSESSMENT FORM

Building Thomas Heights Date 12/13/18

Fire alarm  Yes  No

Manufacturer Radionics Condition Good Expandable  Yes  No

Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_ Expandable  Yes  No

#Racks \_\_\_\_\_  Wall  Floor Cable Type \_\_\_\_\_  Tray  J-Hooks  Loose

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Security

Manufacturer Radionics Condition Good Expandable  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required. Replace load centers (LC) where additional capacity is required. The county is studying replacement/upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation



# ELECTRICAL BUILDING ASSESSMENT FORM

Building Senior Services Date 12/13/18

## Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 1000 Phase 3 Location Mech Room

Manufacturer Square D Condition Good Spare Capacity  Yes  No

## Panelboards

Quantity 4 Voltage 208 Amps 225 Phase 3 Spares  Yes  No

Locations Various Manufacturer Square D Condition Good

Quantity 1 Voltage 208 Amps 400 Phase 3 Spares  Yes  No

Locations Mech Room Manufacturer Square D Condition Good

Quantity 2 Voltage 208 Amps 100 LC Phase 3 Spares  Yes  No

Locations Various Manufacturer Square D Condition Fair

Emergency Power  Yes  No

## Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

## Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

## Exterior Lighting

Fixture Style1 Pole Light Source LED Condition Good

Fixture Style2 Wall Light Source LED Condition Good

Fixture Style3 Canopy Light Source Incandescent/ PL Condition Fair

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

## Communication

Manufacturer Dell Condition Good  Expandable? Wi-Fi  Yes  No

ELECTRICAL BUILDING ASSESSMENT FORM

Building Senior Services Date 12/13/18

#Racks 1  Wall  Floor Cable Type 5e  Tray  J-Hooks  Loose

Fire alarm  Yes  No

Manufacturer Bosch Condition Good Expandable  Yes  No

Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_ Expandable  Yes  No

#Racks \_\_\_\_\_  Wall  Floor Cable Type \_\_\_\_\_  Tray  J-Hooks  Loose

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Recommendations: Retain/reuse all electrical equipment and supplement where required. Replace load centers (LC) where additional capacity is required. The county is studying replacement/upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings. Upgrade/replace the canopy lighting with LED.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Robert C. Carpenter Date 12/13/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 240/120 Hi Leg Delta Amps 800 Phase 3 Location Elect Room

Manufacturer Square D Condition Fair Spare Capacity  Yes  No

Panelboards

Quantity 2 Voltage 240 Amps 60A LC Phase 1 Spares  Yes  No

Locations Mech Room Manufacturer Cutler-Hammer Condition Good

Quantity 2 Voltage 240 Amps 400 Phase 3 Spares  Yes  No

Locations Break Room Manufacturer Square D Condition Poor

Quantity 1 Voltage 240 Amps 225 Phase 3 Spares  Yes  No

Locations Mech Room Manufacturer Square D Condition Poor

Emergency Power  Yes  No

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Fair

Fixture Style2 8' Industrial strips Light Source T-12 Condition Fair

Fixture Style3 HI Bay Light Source LED Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Pole Light Source LED Condition Good

Fixture Style2 Post Top Light Source LED Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

ELECTRICAL BUILDING ASSESSMENT FORM

Building Robert C. Carpenter Date 12/13/18

Communication

Manufacturer Dell Condition Fair  Expandable? Wi-Fi  Yes  No

#Racks Shelf  Wall  Floor Cable Type 5e  Tray  J-Hooks  Loose

Fire alarm  Yes  No

Manufacturer Honeywell/ Firelite Condition Good Expandable  Yes  No

Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_  Expandable?

#Racks \_\_\_\_\_  Wall  Floor Cable Type \_\_\_\_\_  Tray  J-Hooks  Loose

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Recommendations: If building to experience a substantial renovation, replace building service entrance and equipment with 208V system (Hi Leg delta system can be dangerous). The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings. Add addition devices to make fire alarm system code complaint. Evaluate building lighting for egress light compliance.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Nantahala Recreation Park Date 6/13/19

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Highland Power

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 240/120 Amps 100 Phase 1 Location Bay

Manufacturer Murray Condition Good Spare Capacity  Yes  No

Emergency Power  Yes  No

Emergency Lighting  Yes  No

Interior Lighting

Fixture Style1 Wrap around Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Lensed Strip Light Source T-8 Condition Fair

Fixture Style2 PAR Light Source Incandescent Condition Fair

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication

Manufacturer POT Condition Good  Expandable? Wi-Fi  Yes  No

#Racks 0  Wall  Floor Cable Type 3  Tray  J-Hooks  Loose

Fire alarm  Yes  No

PA/Intercom  Yes  No

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Security  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Nantahala Recreation Park Date 6/13/19

ELECTRICAL BUILDING ASSESSMENT FORM

Building Business Incubator Date 12/13/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment #1  Switchboard  Panel Board  Other Meter Board

Voltage 208/120 Amps 1200 Phase 3 Location Outside

Manufacturer \_\_\_\_\_ Condition Fair Spare Capacity  Yes  No

Service Entrance Equipment #2  Switchboard  Panel Board  Other Meter Board

Voltage 208/120 Amps 200 Phase 3 Location Outside

Manufacturer \_\_\_\_\_ Condition Fair Spare Capacity  Yes  No

Panelboards

Quantity 8 Voltage 208 Amps 200 Phase 3 Spares  Yes  No

Locations Various Manufacturer Square D Condition Fair

Emergency Power  Yes  No

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4/ Lay-in Light Source T-8 Condition Fair

Fixture Style2 8' Industrial strips Light Source T-12 Condition Fair

Fixture Style3 Downlights Light Source Incandescent Condition Poor

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Pole Light Source MH Condition Fair

Fixture Style2 Wall Light Source HPS Condition Fair

Fixture Style3 Canopy Light Source LED Condition Fair

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

ELECTRICAL BUILDING ASSESSMENT FORM

Building Business Incubator Date 12/13/18

Communication: By Tenants

Fire alarm  Yes  No

PA/Intercom  Yes  No

Elevator  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider replacement of Bay lighting (8' Industrial strips) with LED High Bay type fixtures. Consider adding occupancy sensors for additional energy savings. Consider a fire alarm system for the building. (Some pull stations were observed but no panel was found).

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation



# ELECTRICAL BUILDING ASSESSMENT FORM

Building Franklin Library Date 12/13/18

## Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 480/277 Amps 400 Phase 3 Location Elect Room

Manufacturer Siemens Condition Good Spare Capacity  Yes  No

## Panelboards

Quantity 1 Voltage 480 Amps 250 Phase 3 Spares  Yes  No

Locations Elect Room Manufacturer Siemens Condition Good

Quantity 1 Voltage 208 Amps 400 Phase 3 Spares  Yes  No

Locations Various Manufacturer Siemens Condition Good

Quantity 1 Voltage 480 Amps 125 Phase 3 Spares  Yes  No

Locations Elect Room Manufacturer Siemens Condition Good

Emergency Power  Yes  No

## Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

## Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Fixture Style2 Hi Bay Light Source Metal Halide Condition Good

Fixture Style3 Indirect Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

## Exterior Lighting

Fixture Style1 Pole Light Source LED Condition Good

Fixture Style2 Wall Light Source LED Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

## Communication

ELECTRICAL BUILDING ASSESSMENT FORM

Building Franklin Library Date 12/13/18

Manufacturer HP Condition Good  Expandable? Wi-Fi  Yes  No  
#Racks 3  Wall  Floor Cable Type 5e  Tray  J-Hooks  Loose

Fire alarm  Yes  No

Manufacturer Bosch Condition Good Expandable  Yes  No  
 Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_ Expandable  Yes  No  
#Racks \_\_\_\_\_  Wall  Floor Cable Type \_\_\_\_\_  Tray  J-Hooks  Loose

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Security

Manufacturer Altronix Condition Good Expandable  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Nantahala School Library Date 6/13/19

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Highland

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 240/120 Amps 60 Phase 1 Location Work Room

Manufacturer Siemens Condition Good Spare Capacity  Yes  No

Emergency Power  Yes  No

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 1x4 Wrap around Light Source T-8 Condition Fair

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Par Light Source Incandescent Condition Poor

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication

Manufacturer \_\_\_\_\_ Condition Good  Expandable? Wi-Fi  Yes  No

#Racks 1  Wall  Floor Cable Type 6  Tray  J-Hooks  Loose

Recommendations: Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings. Exterior lighting appears to be non-code complaint. Very few fixture noted

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Nantahala School Library Date 6/13/19.

ELECTRICAL BUILDING ASSESSMENT FORM

Building Highlands Library Date 6/13/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Highland

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 240/120 Amps 400 Phase 1 Location Back Room

Manufacturer Sq D Condition Good Spare Capacity  Yes  No

Panelboards

Quantity 1 Voltage 240 Amps 225 Phase 1 Spares  Yes  No

Locations Back Room Manufacturer Sq D Condition Good

Quantity 1 Voltage 240 Amps 100 Phase 1 Spares  Yes  No

Locations Comm closet Manufacturer Sq D Condition Good

Emergency Power  Yes  No

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Fair

Fixture Style2 Downlights Light Source LED retro fit Condition Good

Fixture Style3 Indirect Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Post Top Light Source LED Condition Good

Fixture Style2 Wall Light Source MH Condition Good

Fixture Style3 Spot/flood Light Source LED Condition Good

Fixture Style4 Canopy Light Source Comp Fluor Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

ELECTRICAL BUILDING ASSESSMENT FORM

Building Highlands Library Date 6/13/18

Communication

Manufacturer HP Condition Good  Expandable? Wi-Fi  Yes  No

#Racks 1  Wall  Floor Cable Type 5  Tray  J-Hooks  Loose

Fire alarm  Yes  No

Manufacturer Bosch Condition Good Expandable  Yes  No

Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Security

Manufacturer Altronix/ FB industries Condition Good Expandable  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Hyatt Road EMS Date 12/13/18

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 200 (LC) Phase 1 Location Bed Room

Manufacturer GE Condition Good Spare Capacity  Yes  No

Panelboards

Quantity 1 Voltage 208 Amps 60 (LC) Phase 1 Spares  Yes  No

Locations Bay Manufacturer Siemens Condition Good

Emergency Power  Yes  No

Generator  NG  Diesel  Propane  Portable Connection Tank  UG  AG  Sub Base

Voltage 208 KVA \_\_\_\_\_ Phase 1 Manufacturer Generac Condition Good

ATS Quantity 1 Voltage 208 Amps 200 Phase 1

Locations Exterior Manufacturer Generac Condition Good

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Fixture Style2 Strip fixtures Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Pole Light Source MH Condition Good

Fixture Style2 Wall Light Source MH Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

ELECTRICAL BUILDING ASSESSMENT FORM

Building Hyatt Road EMS Date 12/13/18

Communication

Manufacturer Dell Condition Good  Expandable? Wi-Fi  Yes  No

#Racks 2  Wall  Floor Cable Type 5e  Tray  J-Hooks  Loose

Fire alarm  Yes  No

Manufacturer Bosch Condition Good Expandable  Yes  No

Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Manufacturer Over Phone Condition Good Expandable  Yes  No

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Security

Manufacturer Bosch Condition Good Expandable  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation



ELECTRICAL BUILDING ASSESSMENT FORM

Building Highlands EMS Date 6/13/19

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Highland Power

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 200 Phase 3 Location Lower Bay

Manufacturer GE Condition Good Spare Capacity  Yes  No

Panelboards

Quantity 1 Voltage 120/240 Amps 60 Phase 3 Spares  Yes  No

Locations Lower Bay Manufacturer Sq D Condition Good

Emergency Power  Yes  No

Generator  NG  Diesel  Propane  Portable Connection Tank  UG  AG  Sub Base

Voltage 240 KVA 70A Phase 1 Manufacturer Generac Condition Good

ATS Quantity 2 Voltage 208 Amps 200 Phase 3

Locations Exterior Manufacturer Thompson Power Condition Good

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Fixture Style2 Strip fixtures Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Cobra head Light Source MH Condition Good

Fixture Style2 Par Light Source Incandescent Condition Fair

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication

Manufacturer POT Condition Good  Expandable? Wi-Fi  Yes  No

#Racks 0  Wall  Floor Cable Type 3  Tray  J-Hooks  Loose

ELECTRICAL BUILDING ASSESSMENT FORM

Building Highlands EMS Date 6/13/19

Fire alarm  Yes  No

Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_ Expandable  Yes  No

Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Manufacturer Speaker for dispatch Condition Good Expandable  Yes  No

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Security  Yes  No

Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_ Expandable  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Nantahala EMS Date 6/13/19

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Highland Power

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 240/120 Amps 200 (LC) Phase 1 Location Bay

Manufacturer Siemens Condition Good Spare Capacity  Yes  No

Emergency Power  Yes  No

Generator  NG  Diesel  Propane  Portable Connection Tank  UG  AG  Sub Base

Voltage 240 KVA 70A Phase 1 Manufacturer ??? Condition Good

ATS Quantity 1 Voltage 240 Amps 200 Phase 1

Locations Exterior Manufacturer ??? Condition Good

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

Interior Lighting

Fixture Style1 2x4 Lay-in Light Source T-8 Condition Good

Fixture Style2 Strip fixtures Light Source T-8 Condition Good

Fixture Style3 Wrap around Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Cobra head Light Source MH Condition Good

Fixture Style2 Cobra head Light Source LED Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication

Manufacturer Dish/POT Condition Good  Expandable? Wi-Fi  Yes  No

#Racks 0  Wall  Floor Cable Type 3  Tray  J-Hooks  Loose

ELECTRICAL BUILDING ASSESSMENT FORM

Building Nantahala EMS Date 6/13/19

Fire alarm  Yes  No

Manufacturer Stand-alone detectors Condition Good Expandable  Yes  No

Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Manufacturer Speaker for dispatch Condition Good Expandable  Yes  No

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Security  Yes  No

Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_ Expandable  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

# ELECTRICAL BUILDING ASSESSMENT FORM

Building Armory Date 12/13/18

## Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Duke Energy

Service Entrance Equipment  Switchboard  Panel Board  Other \_\_\_\_\_

Voltage 208/120 Amps 400 Phase 3 Location Elect Room

Manufacturer Square D Condition Good Spare Capacity  Yes  No

## Panelboards

Quantity 4 Voltage 208 Amps 225 Phase 3 Spares  Yes  No

Locations Various Manufacturer Square D Condition Good

Emergency Power  Yes  No

## Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs Good

## Interior Lighting

Fixture Style1 2x4/2x2 Lay-in Light Source T-8 Condition Fair

Fixture Style2 8' Industrial strips Light Source T-12 Condition Fair

Fixture Style3 \_\_\_\_\_ Light Source \_\_\_\_\_ Condition \_\_\_\_\_

Controls:  Switches  Dimmers  Wall OS  Clg OS  Dual level  Other \_\_\_\_\_

## Exterior Lighting

Fixture Style1 Wall Light Source LED Condition Good

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

## Communication

Manufacturer Cisco Condition Fair  Expandable? Wifi  Yes  No

#Racks 1  Wall  Floor Cable Type 5e  Tray  J-Hooks  Loose

ELECTRICAL BUILDING ASSESSMENT FORM

Building Armory Date 12/13/18

Fire alarm  Yes  No

Manufacturer Simplex 4005 Condition Good Expandable  Yes  No

Pull stations  Detectors  Horns/Strobes  Voice Evac?  Code complaint  Yes  No

PA/Intercom  Yes  No

Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_  Expandable?

#Racks \_\_\_\_\_  Wall  Floor Cable Type \_\_\_\_\_  Tray  J-Hooks  Loose

Elevator  Yes  No Manufacturer \_\_\_\_\_ Condition \_\_\_\_\_

Commercial Kitchen Equipment  Yes  No  Gas  Electric Condition Fair

Recommendations: Retain/reuse all electrical equipment and supplement where required. The county is studying replacement/ upgrade of the existing interior light to LED. Consider replacement of Bay lighting (8' Industrial strips) with LED High Bay type fixtures. Consider adding occupancy sensors for additional energy savings. Evaluate code compliance of Kitchen. Ad addition devices to make fire alarm system code complaint.

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation

ELECTRICAL BUILDING ASSESSMENT FORM

Building Dental Clinic Leased Space Date 6/13/19

Electrical Service

Transformer:  Pad  Pole  Underground  Overhead Power Company Highland

Service Entrance Equipment  Switchboard  Panel Board (2)  Other \_\_\_\_\_

Voltage 240/120 Amps 200 Phase 1 Location Network room

Manufacturer Siemens Condition Good Spare Capacity  Yes  No

Emergency Power  Yes  No

Emergency Lighting

Generator  Battery Packs  In lights  UPS  Other \_\_\_\_\_  Exit signs \_\_\_\_\_

Interior Lighting

Fixture Style1 2x4 Light Source T-8 Condition Good

Controls:  Switches  Dimmers  Wall OS  Clg. OS  Dual level  Other \_\_\_\_\_

Exterior Lighting

Fixture Style1 Soffit Light Source Compact FI Condition Good

Fixture Style2 Wall Light Source LED Condition Good

Fixture Style3 \_\_\_\_\_ Light Source \_\_\_\_\_ Condition \_\_\_\_\_

Egress lighting \_\_\_\_\_ Light Source \_\_\_\_\_ Condition \_\_\_\_\_

Controls:  Switches  Photocell  Timer Clock  BAS  Other \_\_\_\_\_

Communication

Manufacturer Amp Condition Good  Expandable? Wi-Fi  Yes  No

#Racks 1  Wall  Floor Cable Type 5  Tray  J-Hooks  Loose

ELECTRICAL BUILDING ASSESSMENT FORM

Building Dental Clinic Leased Space Date 6/13/19

Fire alarm  Yes  No

PA/Intercom  Yes  No

Elevator  Yes  No

Recommendations: Retain/reuse all electrical equipment and supplement where required. Replace load centers (LC) where additional capacity is required. The county is studying replacement/upgrade of the existing interior light to LED. Consider adding occupancy sensors for additional energy savings. Upgrade/replace the canopy lighting with LED

Conditions:

- 5- NEW New or like new condition, No issues, 10+ years of life, Reuse all in renovation
- 4- GOOD Good condition, No reported issues, 6-8 years of life, Reuse most all in renovation
- 3- FAIR Average Wear, Minors issues reported, 4-6 years of life, Reuse select in renovation
- 2- POOR Some major issues reported, 2-4 years of life, Replace most all in renovation
- 1- CRITICAL End of life, Immediate replacement, Replace all in renovation



## IV. PROGRAMS OF SPACE NEEDS

The following pages include the program documents created by Moseley Architects in collaboration with the planning committee and department representatives. The process for these programs included first distributing questionnaires to all department heads requesting current operational patterns, projected staffing numbers for the next 5, 10, and 20 years, and other space requirements such as the need for copiers, files, and break areas.

Moseley architects then conducted interviews with department stakeholders to determine the County's space needs through 2039. After programs were developed, we reviewed them with stakeholders to identify opportunities for sharing spaces across different departments, and to confirm the results of the interviews.

The final space needs are reproduced here and include a summary of all spaces in the County. The appendix to this report includes a description of the space codes used to identify various spaces in the programs.

These programs do not include spaces indicated elsewhere in this report as being outside the scope of this study.



# MACON COUNTY FACILITY STUDY

## EMERGENCY MANAGEMENT - 911 COMMUNICATIONS & ADDRESSING

### SPACE NEEDED

DESCRIPTION	SPACE CODE	SQ. FT EACH
<b>STAFF OFFICES / WORKSTATIONS</b>		
Communications Supervisor	po2	120
Telecommunicator Staff		12
911 Addressing coordinator	po2	120
911 Sign Tech	po2	120
<b>TOTAL STAFF</b>		<b>15</b>
<b>SUPPORT SPACE</b>		
Telecommunicator Work Stations	ws3	64
Staff Break	kit2	192
Coat Closet	st2	50
Toilets	toil2	120
Showers	shw1	35
Visitor Lobby (Addressing)	vis6	120
Customer Service Window	cs5	25
Conference Room	cnf8	175
Sign Maintenance Storage		300
Server		200

### REMARKS

Program is for primary facility only  
Replacement backup recommended

Work stations listed below

Shares with Training Officer

No overflow at peak hours - increase to 5 or 6  
Adjacent to Communications Floor  
Uniforms/personal items

Co-located with other Emergency Functions  
Co-located with other Emergency Functions

Media Room Adjacent

### 2019

QTY	SQ. FT
1	120
12	
1	120
1	120
<b>15</b>	

### 2024

QTY	SQ. FT
1	120
14	
1	120
1	120
<b>17</b>	

### 2029

QTY	SQ. FT
1	120
16	
1	120
1	120
<b>19</b>	

### 2039

QTY	SQ. FT
1	120
16	
1	120
1	120
<b>19</b>	

<b>SUBTOTAL</b>	1,988	2,052	2,116	2,116
<b>INTERNAL CIRC. FACTOR</b>	35%	696	718	741

### TOTAL DEPT. NET SPACE REQUIRED

2,684

2,770

2,857

2,857

Adequately sized backup 9-1-1 elsewhere



**EMERGENCY MANAGEMENT - EMS**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH
<b>STAFF OFFICES / WORKSTATIONS</b>		
EMS Coordinator	po3	150
EMS Supv/Training Officer	po2	120
EMS Shift Supervisor	po2	120
EMS Providers		36
Community Medic	po2	120
<b>TOTAL STAFF</b>		<b>42</b>
<b>SUPPORT SPACE</b>		
Bunk Room		150
Staff Kitchen	kit2	192
Dayroom		400
Toilets	toil2	120
Showers	shw1	35
Visitor Lobby (HQ)	vis6	120
Visitor Lobby (Satelites)	vis3	60
Training Room	tr5	750
Narcotics Storage	st2	50
Clean Linen/Storage	st2	50
Dirty Storage	st2	50
Laundry	st2	50
Vehicle Bay (20x60)		1200

REMARKS

	2019	2024	2029	2039
	QTY	SQ.FT	QTY	SQ.FT
	1	150	1	150
	1	120	1	120
	3	360	3	360
	36		38	40
	1	120	2	240
	<b>42</b>		<b>45</b>	<b>48</b>
	12	1,800	13	1,950
	3	576	3	576
	3	1,200	3	1,200
	6	720	6	720
	6	210	6	210
	1	120	1	120
	2	120	2	120
	1	750	1	750
	1	50	1	50
	3	150	3	150
	3	150	3	150
	3	150	3	150
	9	10,800	10	12,000

Locate with HQ  
 Locate with HQ  
 Includes all locations  
 Includes all locations  
 Locate with HQ  
 2 bed facilities at Satelites currently  
 1 per 3 providers; Includes all locations  
 Includes all locations  
 Includes all locations  
 Includes all locations  
 Includes all locations  
 HQ Double Locks  
 Adjacent to Laundry  
 Adjacent to Bays  
 Adjacent to Bays  
 Includes all locations; Added HQ bay

SUBTOTAL	17,546	18,746	19,016	19,286
INTERNAL CIRC. FACTOR	6,141	6,561	6,656	6,750

**TOTAL DEPT. NET SPACE REQUIRED**

**23,687**

**25,307**

**25,672**

**26,036**

Access to Conference Room



**EMERGENCY MANAGEMENT - RADIO MAINTENANCE**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ. FT EACH	2019		2024		2029		2039		REMARKS
			QTY	SQ. FT	QTY	SQ. FT	QTY	SQ. FT	QTY	SQ. FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
Communications Tech	po2	120	1	120	1	120	1	120	1	120	co-locate with other emergency staff
<b>TOTAL STAFF</b>			<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>		
<b>SUPPORT SPACE</b>											
Shop		300	1	300	1	300	1	300	1	300	Secure
General Storage		550	1	550	1	550	1	550	1	550	Adjacent to shop
Vehicle Bay (20x40)		800	3	2,400	3	2,400	3	2,400	3	2,400	
<b>SUBTOTAL</b>			<b>3,370</b>		<b>3,370</b>		<b>3,370</b>		<b>3,370</b>		
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>	<b>1,180</b>		<b>1,180</b>		<b>1,180</b>		<b>1,180</b>		Access to Conference Room
<b>TOTAL DEPT. NET SPACE REQUIRED</b>			<b>4,550</b>		<b>4,550</b>		<b>4,550</b>		<b>4,550</b>		





**EMERGENCY MANAGEMENT - FIRE MARSHAL/FIRE SERVICES**

**SPACE NEEDED**

REMARKS

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Fire Marshal	po3	150	1	150	1	150	1	150	1	150
Fire Fighters			4	0	8	0	12	0	16	0
<b>TOTAL STAFF</b>			<b>5</b>		<b>9</b>		<b>13</b>		<b>17</b>	
<b>SUPPORT SPACE</b>										
Shop		300	1	300	1	300	1	300	1	300
Conference Room	cnf6	150	1	150	1	150	1	150	1	150
General Storage		550	1	550	1	550	1	550	1	550
Vehicle Bay (20x40)		800	2	1,600	2	1,600	3	2,400	3	2,400

co-locate with other emergency staff  
 Fire Department Space not included in study  
 Access to customer service/conference  
 Not needed for fire services  
 Secure  
 Fire Service Response Vehicle  
 Additional trailers, command truck, generator  
 etc at EMS or County Garage  
 Expansion to 24hr crew quarters w/ sleep

SUBTOTAL	2,750	2,750	3,550	3,550
INTERNAL CIRC. FACTOR	963	963	1,243	1,243
	35%			

**TOTAL DEPT. NET SPACE REQUIRED 3,713 3,713 4,793 4,793**



**EMERGENCY MANAGEMENT - EMERGENCY MANAGEMENT**

**SPACE NEEDED**

REMARKS

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039		REMARKS
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
EM Director	po4	175	1	175	1	175	1	175	1	175	co-locate with other emergency staff Include customer service window
EM Admin Asst	po2	120	1	120	1	120	1	120	1	120	
<b>TOTAL STAFF</b>			<b>2</b>		<b>2</b>		<b>2</b>		<b>2</b>		
<b>SUPPORT SPACE</b>											
Visitor Lobby	vis6	120	1	120	1	120	1	120	1	120	
Customer Service Counter	cs5	25	1	25	1	25	1	25	1	25	
Kitchen	kit2	160	1	160	1	160	1	160	1	160	
Toilets	toil2	120	2	240	2	240	2	240	2	240	
Sleep Room	po1	100	1	100	1	100	1	100	1	100	
EOC/Training Room	tr3	450	1	450	1	450	1	450	1	450	
Media Room/Public Briefing	onf10	200	1	200	1	200	1	200	1	200	
<b>SUBTOTAL</b>			<b>1,590</b>		<b>1,590</b>		<b>1,590</b>		<b>1,590</b>		
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>	<b>557</b>		<b>557</b>		<b>557</b>		<b>557</b>		
<b>TOTAL DEPT. NET SPACE REQUIRED</b>			<b>2,147</b>		<b>2,147</b>		<b>2,147</b>		<b>2,147</b>		



**COUNTY MANAGEMENT & HUMAN RESOURCES  
SPACE NEEDED**

**REMARKS**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039		REMARKS
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
County Manager	po5	200	1	200	1	200	1	200	1	200	
Human Services Director	po4	175	1	175	1	175	1	175	1	175	
Clerk to the Board	po3	150	-	0	-	0	1	150	1	150	
Admin Assistant	po2	120	1	120	1	120	1	120	1	120	Adjacent to County Manager
HR Specialist/PA	po2	120	1	120	1	120	1	120	1	120	
Risk Manager	po2	120	-	0	1	120	1	120	1	120	
Coordinator/Benefits	po2	120	1	120	1	120	1	120	1	120	
<b>TOTAL STAFF</b>			<b>5</b>		<b>6</b>		<b>7</b>		<b>7</b>		
<b>SUPPORT SPACE</b>											
Public waiting area - 3 visitors	vis10	200	1	200	1	200	1	200	1	200	HR Lobby
Commission Boardroom	tr7	1125	1	1,125	1	1,125	1	1,125	1	1,125	Commissioner/Administration Dais and podium
Boardroom Break	kit3	300	1	300	1	300	1	300	1	300	
Staff Breakroom	kit2	160	1	160	1	160	1	160	1	160	
Boardroom AV		120	1	120	1	120	1	120	1	120	Adjacent to IT
File Storage Room		360	1	360	1	360	1	360	1	360	HR
Work/Copy	wrk3	170	1	170	1	170	1	170	1	170	
Staff Toilets	toil1	50	2	100	2	100	2	100	2	100	Near Board Room
Public Toilets	toil3	160	2	320	2	320	2	320	2	320	Adjacent to CM with direct door
Conference - Seats 16	cnf16	300	1	300	1	300	1	300	1	300	Breakout Conference adjacent to Board
Conference - seats 20	cnf20	350	1	350	1	350	1	350	1	350	
<b>SUBTOTAL</b>			<b>4,240</b>		<b>4,360</b>		<b>4,510</b>		<b>4,510</b>		
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>	<b>1,484</b>		<b>1,526</b>		<b>1,579</b>		<b>1,579</b>		

**TOTAL DEPT. NET SPACE REQUIRED 5,724**

**5,886**

**6,089**

**6,089**



**NC COOPERATIVE EXTENSION OFFICE  
SPACE NEEDED**

Building also houses:  
Soil and Water, USDA  
Farm Svcs, Rural Dev

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
County Extension Director	po3	150	1	150	1	150	1	150	1	150
Administrative Assistant	po1	100	1	100	1	100	1	100	1	100
Receptionist	ws3	64	1	64	1	64	1	64	1	64
4-H Agent	po3	150	1	150	1	150	1	150	1	150
4-H EFNEP PA	po2	120	1	120	1	120	1	120	1	120
Livestock Agent	po2	120	1	120	1	120	1	120	1	120
Master Gardener	po2	120	-	0	1	120	1	120	1	120
Family And Consumer Agent	po1	100	1	100	1	100	1	100	1	100
<b>TOTAL STAFF</b>			<b>7</b>		<b>8</b>		<b>8</b>		<b>8</b>	
<b>SUPPORT SPACE</b>										
Public waiting area - 10 visitors	vis10	200	1	200	1	200	1	200	1	200
Conference - seats 10	cnf16	300	1	300	1	300	1	300	1	300
Training classroom - seats 80	tr10	1400	1	1,400	1	1,400	1	1,400	1	1,400
Work Copy	wrk2	80	1	80	1	80	1	80	1	80
General Storage		500	1	500	1	500	1	500	1	500
Chair Storage	st3	80	1	80	1	80	1	80	1	80
Staff Break	kit2	160	1	160	1	160	1	160	1	160
Training Kitchen	kit2	160	1	160	1	160	1	160	1	160
Staff Shower	shw1	35	2	70	2	70	2	70	2	70
Toilets - Single	toil1	50	4	200	4	200	4	200	4	200
<b>SUBTOTAL</b>			<b>3,954</b>		<b>4,074</b>		<b>4,074</b>		<b>4,074</b>	
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>	<b>1,384</b>		<b>1,426</b>		<b>1,426</b>		<b>1,426</b>	

Subdividable, with Conference

Possibly more required  
Adjacent to Training

2 staff, 2 public

**TOTAL DEPT. NET SPACE REQUIRED 5,338**

**5,500**

**5,500**

**5,500**

**5,500**





**PLANNING, PERMITTING, AND DEVELOPMENT  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039		
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
Director	po4	175	1	175	1	175	1	175	1	175	Locate with Mapping
Chief Building Inspector	po3	150	1	150	1	150	1	150	1	150	Plan review table
Assistant Planner/ Planner	po2	120	1	120	1	120	2	240	2	240	
Code Enforcement Official	ws3	64	3	192	4	256	6	384	6	384	Customer Service Window
Administrative Asst.	ws3	64	1	64	2	128	2	128	3	192	Customer Service Window
Office Administrator	ws3	64	1	64	1	64	1	64	1	64	
<b>TOTAL STAFF</b>			<b>8</b>		<b>10</b>		<b>13</b>		<b>14</b>		
<b>SUPPORT SPACE</b>											
Visitor - 8	vis8	160	1	160	1	160	1	160	1	160	Separate from Utilities
Customer Service Window	cs6	36	2	72	3	108	3	108	4	144	
Conference - 30	tr3	450	1	450	1	450	1	450	1	450	Continuing Ed, Collaboration, public meetings
Break	kit2	160	1	160	1	160	1	160	1	160	8 open shelves
Plan Storage		200	1	200	1	200	1	200	1	200	Copier
Work/File	wrk3	170	1	170	1	170	1	170	1	170	Adjacent to General Storage
General Storage - Equipment/Tools/Etc	st4	120	1	120	1	120	1	120	1	120	Two for staff, add two for public
Mud Room		100	1	100	1	100	1	100	1	100	
Toilets	toi1	50	2	100	2	100	2	100	2	100	

<b>SUBTOTAL</b>				2,297	2,461	2,709	2,809				
<b>INTERNAL CIRC. FACTOR</b>		35%		804	861	948	983				
<b>TOTAL DEPT. NET SPACE REQUIRED</b>				<b>2,297</b>	<b>2,461</b>	<b>2,709</b>	<b>2,809</b>				



**MAINTENANCE  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Facility Supervisor	PO2	120	4	480	6	720	6	720	6	720
Admin Assistant	po1	100	1	100	1	100	1	100	1	100
Workers		0	28	0	28	0	28	0	28	0
<b>TOTAL STAFF</b>			<b>33</b>		<b>35</b>		<b>35</b>		<b>35</b>	
<b>SUPPORT SPACE</b>										
Training Room	tr3	450	1	450	1	450	1	450	1	450
Staff Toilets	toil1	50	2	100	2	100	2	100	2	100
Kitchen/Break	kit2	160	1	160	1	160	1	160	1	160
Vehicle Bay		2000	3	6,000	3	6,000	3	6,000	3	6,000
Supply Storage	st8	300	1	300	1	300	1	300	1	300
<b>SUBTOTAL</b>				<b>7,590</b>		<b>7,830</b>		<b>7,830</b>		<b>7,830</b>
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>		<b>2,657</b>		<b>2,741</b>		<b>2,741</b>		<b>2,741</b>
<b>TOTAL DEPT. NET SPACE REQUIRED</b>				<b>7,590</b>		<b>7,830</b>		<b>7,830</b>		<b>7,830</b>



**BOARD OF ELECTIONS  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Elections Director	po3	150	1	150	1	150	1	150	1	150
Deputy Director	po2	120	1	120	1	120	2	240	1	120
Elections Specialist	ws3	64	1	64	2	128	2	128	3	192
<b>TOTAL STAFF</b>			<b>3</b>		<b>4</b>		<b>5</b>		<b>5</b>	
<b>SUPPORT SPACE</b>										
Visitor - 10	vis10	200	1	200	1	200	1	200	1	200
One-Stop Voting Room		284	1	284	1	284	1	284	1	284
Record Storage		100	1	100	1	100	1	100	1	100
Conference - 6	cnf6	150	1	150	1	150	1	150	1	150
Voting Machine Storage		500	1	500	1	500	1	500	1	500
Election Supplies		240	1	240	1	240	1	240	1	240
Break Room	kit1	60	1	60	1	60	1	60	1	60
Toilets	toil1	50	2	100	2	100	2	100	2	100

Board Meetings

<b>SUBTOTAL</b>			1,968	2,032	2,152	2,096
<b>INTERNAL CIRC. FACTOR</b>	35%		689	711	753	734
<b>TOTAL DEPT. NET SPACE REQUIRED</b>			<b>1,968</b>	<b>2,032</b>	<b>2,152</b>	<b>2,096</b>



**FINANCE**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039		Co-Located with Tax/ROD
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
Finance Director	po4	175	1	175	1	175	1	175	1	175	
Accountant/Purchasing Agent	po3	150	1	150	1	150	1	150	1	150	
Accounting Specialist	po2	120	1	120	1	120	1	120	1	120	
Payroll Specialist	po2	120	1	120	1	120	1	120	1	120	
Accounting Assistant	po2	120	2	240	2	240	2	240	2	240	
Future Growth	po3	150	-	0	-	0	-	0	1	150	Budget/Economic Dev
<b>TOTAL STAFF</b>			<b>6</b>		<b>6</b>		<b>6</b>		<b>7</b>		
<b>SUPPORT SPACE</b>											
Public waiting area - 3 visitors	vis3	60	1	60	1	60	1	60	1	60	
Conference - seats 12	cnf12	260	1	260	1	260	1	260	1	260	
Kitchen/Break	kit1	60	1	60	1	60	1	60	1	60	
File Storage		240	1	240	1	240	1	240	1	240	
Office Supplies	st2	50	1	50	1	50	1	50	1	50	
Work/Copy	wrk3	170	1	170	1	170	1	170	1	170	
Vault	st2	50	1	50	1	50	1	50	1	50	Access to Toilets elsewhere
<b>SUBTOTAL</b>			<b>1,695</b>	<b>1,695</b>	<b>1,695</b>	<b>1,695</b>	<b>1,695</b>	<b>1,845</b>	<b>1,845</b>	<b>1,845</b>	
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>	<b>593</b>	<b>593</b>	<b>593</b>	<b>593</b>	<b>593</b>	<b>646</b>	<b>646</b>	<b>646</b>	

**TOTAL DEPT. NET SPACE REQUIRED 2,288**

**2,288**

**2,288**

**2,288**

**2,491**





**GARAGE**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039		
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
Fleet Services Director	po3	150	1	150	1	150	1	150	1	150	Locate within bay
Asst Fleet Services Director	po2	120	1	120	1	120	1	120	1	120	
Truck and Van Mechanic		0	1	0	1	0	2	0	3	0	
Landfill Mechanic		0	1	0	1	0	1	0	2	0	
Garage Mechanic		0	1	0	1	0	1	0	2	0	Could share a single office
Business Manager	po1	100	1	100	1	100	1	100	1	100	
svc Scheduler/ Inventory Specialist	ws2	48	-	0	1	48	1	48	1	48	
<b>TOTAL STAFF</b>			<b>6</b>		<b>7</b>		<b>8</b>		<b>11</b>		
<b>SUPPORT SPACE</b>											
Conference Room	cnf10	200	1	200	1	200	1	200	1	200	Shared
Operator Paperwork	ws1	36	3	108	4	144	4	144	4	144	
Staff Toilets	toil1	50	2	100	2	100	2	100	2	100	
Kitchen/Break	kit2	160	1	160	1	160	1	160	1	160	
Shop Bay 22x60		1320	4	5,280	4	5,280	4	5,280	4	5,280	Shared? - Sized for long-term needs
Vehicle Supplies	st5	160	1	160	1	160	1	160	1	160	
Uniform Storage	st2	50	1	50	1	50	1	50	1	50	
General Storage	st4	120	1	120	1	120	1	120	1	120	Mobility, Promo, Cleaning, Tools, etc
File Storage	vert	10	20	200	20	200	20	200	20	200	
<b>SUBTOTAL</b>			<b>6,698</b>		<b>6,832</b>		<b>6,832</b>		<b>6,832</b>		
<b>INTERNAL CIRC. FACTOR</b>			<b>2,344</b>		<b>2,391</b>		<b>2,391</b>		<b>2,391</b>		
<b>TOTAL DEPT. NET SPACE REQUIRED</b>		<b>35%</b>	<b>6,698</b>		<b>6,832</b>		<b>6,832</b>		<b>6,832</b>		



**HEALTH DEPT - ADMINISTRATION**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039		
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
Health Director	po4	175	1	175	1	175	1	175	1	175	Admin Suite
Assistant Health Director	po3	150	1	150	1	150	1	150	1	150	Admin Suite
Finance Officer	po2	120	1	120	1	120	1	120	1	120	Admin Suite
Procurement Officer	po2	120	1	120	2	240	2	240	2	240	Admin Suite
Administrative Asst	ws3	64	1	64	1	64	1	64	1	64	Admin Suite
Processing Assistant III	ws2	48	3	120	4	192	5	240	5	240	Individual CS Window
Medical Office Assistant	ws2	48	2	96	2	96	3	144	3	144	Individual CS Window
Processing Assistant IV (Supervisor)	po1	100	2	200	2	200	2	200	2	200	Shared office
Accounting Clerk IV	ws2	48	1	48	2	96	3	144	3	144	Needs Front Lobby Window
Planner I (HR/Vital Records)	ws3	64	1	64	1	64	1	64	1	64	Needs check-in window
Interpreter	ws2	48	1	48	2	96	2	96	2	96	19 people business ops
<b>TOTAL STAFF</b>			<b>15</b>		<b>19</b>		<b>22</b>		<b>22</b>		100 person
<b>SUPPORT SPACE</b>											
Small Conference	cnf10	200	1	200	1	200	1	200	1	200	Admin Suite
Training Room	tr7	1125	1	1,125	1	1,125	1	1,125	1	1,125	Shared with DSS
Customer Service window	cs6	36	7	252	8	288	9	324	9	324	Partitions for privacy, one per PA
High Density Unit	hd2	8	10	80	12	96	14	112	18	144	
Active Lateral Files	lat	12	10	120	11	132	12	144	14	168	
Active Vertical Files	vert	10	12	120	12	120	13	130	14	140	
Inactive Files	st8	300	1	300	1	300	1	300	1	300	Department-wide
Office Supplies	st4	120	1	120	1	120	1	120	1	120	
General Storage	st6	200	1	200	1	200	1	200	1	200	
Kitchen/Break Room	kit3	300	1	300	1	300	1	300	1	300	
Visitor lobby (Main)	vis20	400	1	400	1	400	1	400	1	400	
Public Toilets	toil3	160	2	320	2	320	2	320	2	320	
Mothers Room		100	1	100	1	100	1	100	1	100	
Staff Toilets	toil3	160	2	320	2	320	2	320	2	320	Adjacent to waiting; Counter/sink/plugs Could be shared
Staff Shower	shw1	35	2	70	2	70	2	70	2	70	
Work/Copy	wrk2	80	1	80	1	80	1	80	1	80	
Security Kiosk/reception	ws5	100	1	100	1	100	1	100	1	100	Main Lobby at entry
Rest Space 10x10		100	2	200	2	200	2	200	2	200	

SUBTOTAL	5,612	5,964	6,182	6,248
INTERNAL CIRC. FACTOR	1,964	2,087	2,164	2,187
<b>TOTAL DEPT. NET SPACE REQUIRED</b>	<b>7,576</b>	<b>8,051</b>	<b>8,346</b>	<b>8,435</b>
	35%			



**HEALTH DEPT - HEALTH PROMOTION  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ FT EACH	2019		2024		2029		2039		
			QTY	SQ FT	QTY	SQ FT	QTY	SQ FT	QTY	SQ FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
Community Health Promotion Coordinator	po2	120	1	120	1	120	1	120	1	120	Potential elimination
MountainWise Personnel	ws2	48	6	288	6	288	6	288	6	288	
Office Assistant	ws2	48	1	48	1	48	1	48	1	48	
Health Educator	po2	120	1	120	2	240	2	240	2	240	
<b>TOTAL STAFF</b>			<b>9</b>		<b>10</b>		<b>10</b>		<b>10</b>		
<b>SUPPORT SPACE</b>											
Small Conference	cnf10	200	-	0	-	0	-	0	-	0	Could be shared
Classroom	cr2	850	1	850	1	850	1	850	1	850	Shared; demo kitchen; interactive board
Visitor Seating	vis5	100	1	100	1	100	1	100	1	100	Soft non-institutional seating
Exercise/Nutrition Studio		300	1	300	1	300	1	300	1	300	
Workroom/Library	wrk3	170	1	170	1	170	1	170	1	170	Copier, counters
Active Files	lat	12	16	192	16	192	17	204	18	216	
Inactive Files	st4	120	1	120	1	120	1	120	1	120	
Screening/Promotional Storage	st3	80	1	80	1	80	1	80	1	80	Fridge
Inactive Files	st8	300	1	300	1	300	1	300	1	300	
Office Supplies	st4	120	1	120	1	120	1	120	1	120	
General Storage	st6	200	1	200	1	200	1	200	1	200	Toilets, waiting, break etc under admin

<b>SUBTOTAL</b>	3,008	3,128	3,140	3,152
<b>INTERNAL CIRC. FACTOR</b>	35%	1,095	1,099	1,103

**TOTAL DEPT. NET SPACE REQUIRED 4,061 4,223 4,239 4,255**



**HEALTH DEPT - EMPLOYEE HEALTH  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Employee Health Nurse	po1	100	1	100	1	100	2	200	2	200
Employee Health Clerk	po1	100	1	100	1	100	1	100	1	100
<b>TOTAL STAFF</b>			<b>2</b>		<b>2</b>		<b>3</b>		<b>3</b>	
<b>SUPPORT SPACE</b>										
Employee Health Check-in	vis5	100	1	100	1	100	1	100	1	100
Customer Service Counter	cs6	36	1	36	1	36	1	36	1	36
Exam Room	exam2	100	1	100	1	100	2	200	2	200
File Storage	st3	80	1	80	1	80	1	80	1	80
Clean Storage	st2	50	1	50	1	50	1	50	1	50
General Storage	st6	200	1	200	1	200	1	200	1	200
<b>SUBTOTAL</b>			<b>766</b>		<b>766</b>		<b>966</b>		<b>966</b>	
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>	<b>268</b>		<b>268</b>		<b>338</b>		<b>338</b>	

Separate from Public Lobby  
to clerk  
Cabinets, sink, exam table  
  
Toilets, waiting, break etc under admin

**TOTAL DEPT. NET SPACE REQUIRED 1,034 1,034 1,304 1,304**





**HEALTH DEPT - CC4C AND OBCM**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Care Manager	ws2	48	2	96	2	96	2	96	2	96
<b>TOTAL STAFF</b>			<b>2</b>		<b>2</b>		<b>2</b>		<b>2</b>	
<b>SUPPORT SPACE</b>										
Visitor Waiting	vis3	60	1	60	1	60	1	60	1	60
General Storage	st1	25	1	25	1	25	1	25	1	25

Shared Office

Separate from Public Lobby  
Toilets, waiting, break etc under admin

<b>SUBTOTAL</b>			181	181	181	181	181	181	181	181
<b>INTERNAL CIRC. FACTOR</b>		35%	63	63	63	63	63	63	63	63

**TOTAL DEPT. NET SPACE REQUIRED 244 244 244 244**



**HEALTH DEPT - PREPAREDNESS PROGRAM  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Preparedness Coordinator	po1	100	2	200	2	200	2	200	2	200
<b>TOTAL STAFF</b>			<b>2</b>		<b>2</b>		<b>2</b>		<b>2</b>	
<b>SUPPORT SPACE</b>										
Conference	cnf12	260	-	0	-	0	-	0	-	0
General Storage	st5	160	1	160	1	160	1	160	1	160
<b>SUBTOTAL</b>			<b>360</b>		<b>360</b>		<b>360</b>		<b>360</b>	
INTERNAL CIRC. FACTOR		35%	126		126		126		126	
<b>TOTAL DEPT. NET SPACE REQUIRED</b>			<b>486</b>		<b>486</b>		<b>486</b>		<b>486</b>	

Shared Office

Shared  
Toilets, waiting, break etc under admin  
Exterior Carport for Trailer Storage



**HEALTH DEPT - LABORATORY**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Lab Manager	po2	120	1	120	1	120	1	120	1	120
MOA/ Phlebotomist	ws2	48	1	48	1	48	2	96	2	96
Medical Technician	po1	100	1	100	1	100	2	200	2	200
<b>TOTAL STAFF</b>			<b>3</b>		<b>3</b>		<b>5</b>		<b>5</b>	
<b>SUPPORT SPACE</b>										
Visitor Waiting	vis10	200	1	200	1	200	1	200	1	200
Bloodwork		120	1	120	1	120	1	120	1	120
Customer Service Counter	cs6	36	1	36	2	72	2	72	2	72
Testing Toilet	toil1	50	2	100	2	100	2	100	2	100
Lab		192	2	384	2	384	2	384	2	384
General Storage	st3	80	1	80	1	80	1	80	1	80
<b>SUBTOTAL</b>			<b>1,188</b>	<b>1,224</b>	<b>1,224</b>	<b>1,372</b>	<b>1,372</b>	<b>1,372</b>	<b>1,372</b>	<b>1,372</b>
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>	<b>416</b>	<b>428</b>	<b>428</b>	<b>480</b>	<b>480</b>	<b>480</b>	<b>480</b>	<b>480</b>

**TOTAL DEPT. NET SPACE REQUIRED 1,604**

**1,652**

**1,852**

**1,852**

Close to MOA/Phlebotomist  
 Adjacent to Lab with secure pass-thru  
 <Need Equipment List>  
 Toilets, waiting, break etc under admin



**HEALTH DEPT - CLINICAL SERVICES  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
MD	po3	150	1	150	1	150	2	300	2	300
PA or FNP	po2	120	1	120	2	240	2	240	2	240
Maternal Health/ Immunization	po2	120	1	120	2	240	2	240	2	240
Communicable Disease/ STD/ TB	po2	120	1	120	2	240	2	240	2	240
Child Health/ Integrated Care Nurse	po2	120	1	120	2	240	2	240	2	240
BCCP/WW/Family Planning	po2	120	1	120	2	240	2	240	2	240
MOA	ws2	48	2	96	2	96	2	96	2	96
Behaviorist	po2	120	1	120	2	240	2	240	2	240
<b>TOTAL STAFF</b>			<b>9</b>		<b>15</b>		<b>16</b>		<b>16</b>	
<b>SUPPORT SPACE</b>										
Clinical Waiting	vis15	300	1	300	1	300	1	300	1	300
Anthropometrics	po1	100	1	100	1	100	1	100	1	100
Exam Room	exam2	100	4	400	5	500	5	500	6	600
Conference	cnf16	300	1	300	1	300	1	300	1	300
Integrated Care Room	po2	120	1	120	1	120	1	120	1	120
File Storage	st3	80	1	80	1	80	1	80	1	80
Clinical Storage	st4	120	1	120	1	120	1	120	1	120
Isolation Room	exam2	100	1	100	1	100	1	100	1	100
Autoclaving Station		80	1	80	1	80	1	80	1	80
Cart Storage	st1	25	1	25	1	25	1	25	1	25
Medicine Storage	st1	25	1	25	1	25	1	25	1	25
Emergency Shower	shw1	35	1	35	1	35	1	35	1	35
General Storage	st6	200	1	200	1	200	1	200	1	200

Accessible Scale

Share with other groups

3 Pharmacy fridges on generator

Adjacent to Exam Rooms

Toilets, waiting, break etc under admin

<b>SUBTOTAL</b>	2,851	3,671	3,821	3,921
<b>INTERNAL CIRC. FACTOR</b>	998	1,285	1,337	1,372

**TOTAL DEPT. NET SPACE REQUIRED**

**3,849**

**4,956**

**5,158**

**5,293**





**HEALTH DEPT - DENTAL SERVICES  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Dentist	po3	150	1	150	1	150	1	150	2	300
Dental Hygienist	exam3	120	1	120	1	120	2	240	2	240
Dental Assistant	exam3	120	1	120	2	240	2	240	3	360
Customer Service Representative	ws3	64	1	64	1	64	1	64	2	128
Dental Coordinator	po2	120	1	120	1	120	1	120	1	120
<b>TOTAL STAFF</b>			<b>5</b>		<b>6</b>		<b>7</b>		<b>10</b>	
<b>SUPPORT SPACE</b>										
Clinical Waiting	vis10	200	1	200	1	200	1	200	1	200
File Storage	st3	80	1	80	1	80	1	80	1	80
Clinical Storage	st4	120	1	120	1	120	1	120	1	120
Conference Room	cnf10	200	1	200	1	200	1	200	1	200
Radiological Room		100	1	100	1	100	1	100	1	100
Equipment/Tool	st2	50	1	50	1	50	1	50	1	50
Staff Break	kit2	160	1	160	1	160	1	160	1	160
Public Toilet	toil1	50	2	100	2	100	2	100	2	100
Staff Toilet	toil1	50	2	100	2	100	2	100	2	100
General Storage	st6	200	1	200	1	200	1	200	1	200

Separate office space not required  
Separate office space not required

3 Pharmacy fridges on generator

Suction machines? Compressor?

Toilets, waiting, break etc under admin

<b>SUBTOTAL</b>	1,884	2,004	1,885	2,458
<b>INTERNAL CIRC. FACTOR</b>	35%	701	660	860

**TOTAL DEPT. NET SPACE REQUIRED**

**2,543**

**2,705**

**2,545**

**3,318**



**HEALTH DEPT - ENVIRONMENTAL HEALTH**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH
<b>STAFF OFFICES / WORKSTATIONS</b>		
EH Supervisor	po3	150
EH Program Specialist	po2	120
EH Specialist	ws1	36
Admin Assistant	ws3	64
<b>TOTAL STAFF</b>		<b>12</b>
<b>SUPPORT SPACE</b>		
Visitor Waiting	vis8	160
Customer Service Window	cs3	15
Conference	cnf8	175
File Storage	st2	50
Field Equipment	st5	160
Staff Toilet/Shower	toi2	120
Staff Break	kit2	160

	2019		2024		2029		2039	
	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
	1	150	1	150	1	150	1	150
	2	240	3	360	3	360	3	360
	7	234	8	288	10	360	12	432
	2	128	2	128	2	128	3	192
	<b>12</b>		<b>14</b>		<b>16</b>		<b>19</b>	
	1	160	1	160	1	160	1	160
	2	30	2	30	2	30	3	45
	1	175	1	175	1	175	1	175
	1	50	1	50	1	50	1	50
	1	160	1	160	1	160	1	160
	2	240	2	240	2	240	2	240
	1	160	1	160	1	160	1	160

Room for small meetings

Customer Service Window

Public transaction counter

Ballistic Protection

Shared with other staff?

Increase file storage

Eyewash, freezer, ice

Could be shared

SUBTOTAL	1,727	1,901	1,973	2,124
INTERNAL CIRC. FACTOR	604	665	691	743

**TOTAL DEPT. NET SPACE REQUIRED**

**2,331**

**2,566**

**2,664**

**2,867**

Access to large conference elsewhere

22 vehicles

Exterior Bootwash



**HEALTH DEPT - ANIMAL SERVICES**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH
<b>STAFF OFFICES / WORKSTATIONS</b>		
Animal Services Section Administrator	po2	120
Lead Animal Control Officer	po2	120
Shelter Attendant	ws2	48
Animal Control Officer	ws3	64
<b>TOTAL STAFF</b>		<b>5</b>
<b>SUPPORT SPACE</b>		
Visitor Waiting	vis6	120
Animal Adoption	po2	120
Controlled Substances storage		50
Intake/Exam		196
Cat Room		240
Walk-In Cooler		120
Washer Dryer		120
Animal Bathing		120
General Storage	st6	200
Staff Toilet/Shower	toil2	120
Staff Break	kit1	60
Kennel 5x10		50

	2019		2024		2029		2039	
	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
	1	120	1	120	1	120	1	120
	1	120	1	120	1	120	1	120
	1	48	2	96	2	96	2	96
	2	128	2	128	3	192	3	192
	<b>5</b>		<b>6</b>		<b>7</b>		<b>7</b>	
	1	120	1	120	1	120	1	120
	2	240	2	240	2	240	2	240
	1	50	1	50	1	50	1	50
	2	392	2	392	2	392	2	392
	3	720	3	720	3	720	3	720
	1	120	1	120	1	120	1	120
	1	120	1	120	1	120	1	120
	1	120	1	120	1	120	1	120
	1	200	1	200	1	200	1	200
	2	240	2	240	2	240	2	240
	1	60	1	60	1	60	1	60
	35	1,750	55	2,750	65	3,250	75	3,750

Share enclosed office

1 for dogs, 1 for cats

Exterior Access

Acces to conference elsewhere  
Covered Large Animal pen

<b>SUBTOTAL</b>	4,548	5,596	6,160	6,660
<b>INTERNAL CIRC. FACTOR</b>	1,592	1,959	2,156	2,331
	35%			
<b>TOTAL DEPT. NET SPACE REQUIRED</b>	<b>6,140</b>	<b>7,555</b>	<b>8,316</b>	<b>8,991</b>



# HOUSING

## SPACE NEEDED

DESCRIPTION	SPACE CODE	SQ.FT EACH
<b>STAFF OFFICES / WORKSTATIONS</b>		
Housing Director	po3	150
Housing Coordinator	po1	100
Housing Admin Asst	ws3	64
Housing Crew		0
<b>TOTAL STAFF</b>		<b>5</b>
<b>SUPPORT SPACE</b>		
Public waiting area - 3 visitors	vis3	60
Customer Service Window	cs5	25
Public Toilet	toil1	50
Copier	cpy10	50
Staff Toilet	toil1	50
Vertical Files	vert	10
Storage Closet	st2	50
Small Shop Bay		506
Large Shop Bay		550
Flammable Storage Building	st4	120
Break	kit1	60
Conference/Training	cnf12	260

2019

QTY	SQ.FT
1	150
1	100
1	64
2	0
<b>5</b>	

2024

QTY	SQ.FT
1	150
1	100
2	128
3	0
<b>7</b>	

2029

QTY	SQ.FT
1	150
1	100
2	128
4	0
<b>8</b>	

2039

QTY	SQ.FT
1	150
1	100
3	192
5	0
<b>10</b>	

Shared office

6' Garage Door; HVAC  
10' Garage Door: HVAC  
Separate Building

Informal, open to office area

SUBTOTAL

2,185

2,259

2,259

2,333

INTERNAL CIRC. FACTOR

35%

791

791

817

**TOTAL DEPT. NET SPACE REQUIRED**

**2,950**

**3,050**

**3,050**

**3,150**





**MAPPING**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Mapping Supervisor	po2	120	1	120	1	120	1	120	1	120
GIS Technician	po1	100	1	100	1	100	1	100	1	100
Mapper	ws2	48	1	48	2	96	2	96	2	96
<b>TOTAL STAFF</b>			<b>3</b>		<b>4</b>		<b>4</b>		<b>4</b>	
<b>SUPPORT SPACE</b>										
Public waiting area - 5 visitors	vis5	100	1	100	1	100	1	100	1	100
Customer Service Window	cs5	25	1	25	1	25	1	25	1	25
Customer Computer Terminal	ws	15	2	30	2	30	3	45	3	45
Plotter	las1	55	2	110	2	110	2	110	2	110
Copier	cpy10	50	2	100	2	100	2	100	2	100
Plat Storage	plat	10	4	40	4	40	4	40	4	40
Vertical Files	vert	10	5	50	5	50	5	50	5	50
Storage Closet	st1	25	1	25	1	25	1	25	1	25
Conference - seats 12	cnf12	260	1	260	1	260	1	260	1	260

Informal, open to office area

<b>SUBTOTAL</b>			748	1,056	1,071	1,071	1,071	1,071	1,071	1,071
<b>INTERNAL CIRC. FACTOR</b>		35%	262	370	375	375	375	375	375	375

**TOTAL DEPT. NET SPACE REQUIRED 1,010 1,426 1,446 1,446 1,446**



**RECREATION AND PARKS - CARPENTER CENTER  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Director	po4	175	1	175	1	175	1	175	1	175
Youth Athletics/Admin Asst	po3	150	1	150	1	150	1	150	1	150
Community Building/ Adult Athletics	po2	120	1	120	1	120	1	120	1	120
P&R Site Supervisor		0	1	0	1	0	1	0	1	0
Building Attendant	ws3	64	1	64	1	64	1	64	1	64
Maintenance Worker		0	-	0	-	0	-	0	-	0
<b>TOTAL STAFF</b>			<b>5</b>		<b>5</b>		<b>5</b>		<b>5</b>	
<b>SUPPORT SPACE</b>										
Public Lobby	vis50	1000	1	1,000	1	1,000	1	1,000	1	1,000
Main Gym (62' x 96')		5950	1	5,950	1	5,950	1	5,950	1	5,950
Auxiliary Gym (54'x82')		4425	-	0	1	4,425	1	4,425	1	4,425
Gym Bleachers - Approx. seats 500		1750	1	1,750	2	3,500	2	3,500	2	3,500
Women's Locker Room	toil3	160	1	160	1	160	1	160	1	160
Women's Showers	shw2	50	2	100	3	150	3	150	3	150
Men's Locker Room	toil3	160	1	160	1	160	1	160	1	160
Men's Showers	shw2	50	2	100	3	150	3	150	3	150
Training/Conference	tr10	1400	1	1,400	1	1,400	1	1,400	1	1,400
Training Room Storage	st4	120	1	120	1	120	1	120	1	120
Equipment Storage	st6	200	3	600	3	600	3	600	3	600
General Meeting Room	tr7	1125	1	1,125	1	1,125	1	1,125	1	1,125
General Meeting Storage	st3	80	1	80	1	80	1	80	1	80
Break room	kit2	160	1	160	1	160	1	160	1	160
Fitness Classroom	cr3	1050	1	1,050	2	2,100	2	2,100	2	2,100
Conference - Seats 8	cnf12	260	1	260	1	260	1	260	1	260

Window to public, share workstations

Public Computer Terminal  
Main Court, + 2 Cross Courts

Staff Use Only  
Combine 2 to make single  
Staff Use Only

Future Civic/Convention Center Needed

SUBTOTAL	14,524	21,849	21,849	21,849	21,849
INTERNAL CIRC. FACTOR	35%	5,083	7,647	7,647	7,647

**TOTAL DEPT. NET SPACE REQUIRED**

**19,607**

**29,496**

**29,496**

**29,496**



**REGISTER OF DEEDS  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Register of Deeds	po4	175	1	175	1	175	1	175	1	175
Assistant Register of Deeds	ws3	64	2	128	2	128	3	192	3	192
Deputy Register of Deeds	ws3	64	1	64	1	64	1	64	1	64
<b>TOTAL STAFF</b>			<b>4</b>		<b>4</b>		<b>5</b>		<b>5</b>	
<b>SUPPORT SPACE</b>										
Public waiting area - 6 visitors	vis6	120	1	120	1	120	1	120	1	120
Customer Service Window	cs6	36	3	108	3	108	4	144	4	144
Vault		1500	1	1,500	1	1,500	1	1,500	1	1,500
Document Review	cnf6	150	1	150	1	150	1	150	1	150
Break Room	kit1	60	1	60	1	60	1	60	1	60
Work/Copy	wrk2	80	1	80	1	80	1	80	1	80
Office Supplies		72	1	72	1	72	1	72	1	72

24449 sf currently  
Should be close to the Tax dept

Two sides

Needs to grow  
Locate within vault  
Desired

Public Lobby/Public Toilet if relocated

SUBTOTAL	2,457	2,457	2,557	2,557	2,557	2,557	2,557	2,557	2,557	2,557
INTERNAL CIRC. FACTOR	860	860	895	895	895	895	895	895	895	895

**TOTAL DEPT. NET SPACE REQUIRED**

**3,317**

**3,317**

**3,452**

**3,452**



**SENIOR SERVICES  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Administrative officer	po3	150	1	150	1	150	1	150	1	150
Community Social Services office	po1	100	1	100	1	100	1	100	1	100
Community Social Services assis	ws2	48	8	384	9	432	10	480	12	576
Senior Center Coordinator	po2	120	1	120	1	120	1	120	1	120
Nutrition Project Site Supervisor	po1	100	1	100	1	100	1	100	1	100
Nutrition Project Coordinator I	po1	100	1	100	1	100	1	100	1	100
Processing Assistant III	ws2	48	1	48	1	48	1	48	1	48
Administrative Assistant I	ws2	48	1	48	1	48	1	48	1	48
Processing Assistant IV	ws2	48	1	48	1	48	1	48	1	48
Program Assistant V	ws2	48	1	48	1	48	1	48	1	48
Senior Aide office	po1	100	1	100	1	100	1	100	1	100
Senior Aide workstation	ws2	48	1	48	1	48	1	48	1	48
Custodian office			1	100	2	100	2	100	2	100
SHIP Office	po1	100	4	400	5	500	6	600	7	700
SHIP Volunteers	ws2	48	4	192	5	240	6	288	8	384
<b>TOTAL STAFF</b>			<b>28</b>		<b>32</b>		<b>35</b>		<b>40</b>	
<b>SUPPORT SPACE</b>										
Reception Desk	cs10	60	1	60	1	60	1	60	1	60
Congregate Dining - 150		2100	1	2,100	1	2,100	1	2,100	1	2,100
Presentation Stage		200	1	200	1	200	1	200	1	200
Commercial Kitchen		1200	1	1,200	1	1,200	1	1,200	1	1,200
Pantry		108	1	108	1	108	1	108	1	108
Activity Storage		120	1	120	1	120	1	120	1	120
Exercise Classroom		1100	1	1,100	1	1,100	2	2,200	2	2,200
Chair Storage		100	1	100	1	100	1	100	1	100
Activity Room	cr2	850	1	850	1	850	1	850	1	850
Conference Room	tr4	600	1	600	1	600	1	600	1	600
File Storage	vert	10	50	500	50	500	50	500	50	500
ADC Activity Room		1000	1	1,000	1	1,000	1	1,000	1	1,000
ADC Dining		800	5	4,000	5	4,000	5	4,000	5	4,000
ADC Rest area	po1	100	1	100	2	200	2	200	2	200
Public Toilets	toil3	160	6	960	6	960	6	960	6	960
Single Toilets	toil1	50	4	200	4	200	4	200	4	200
Shower	shw1	35	2	70	2	70	2	70	2	70
Janitor Closet		50	1	50	1	50	2	100	2	100
Staff Break	kit1	60	2	120	2	120	2	120	2	120
Homebound Meal Staging		120	-	0	1	120	1	120	1	120
Waiting Lounge	vis12	240		0	1	240	1	240	1	240
<b>SUBTOTAL</b>			15,424	16,080	17,426	17,718				
<b>INTERNAL CIRC. FACTOR</b>		35%	5,398	5,628	6,099	6,201				

1 additional aide, no office required

walk-in cooler/freezer/ dry storage

Active + Inactive  
40 sf/ participant

2 on ADC  
Staff Toilets, 2 on ADC  
ADC

1 on ADC side  
Adjacent to kitchen  
Visual to dropoff canopy

<b>TOTAL DEPT. NET SPACE REQUIRED</b>	<b>20,822</b>	<b>21,708</b>	<b>23,525</b>	<b>23,919</b>
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**SOCIAL SERVICES  
SPACE NEEDED**

2019 2024 2029 2039

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019 QTY	2019 SQ.FT	2024 QTY	2024 SQ.FT	2029 QTY	2029 SQ.FT	2039 QTY	2039 SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Director	po5	200	1	200	1	200	1	200	1	200
Social Svc Business Officer	po3	150	1	150	1	150	1	150	1	150
Human Svc Planner/ Eval	po3	150	1	150	1	150	1	150	1	150
Computing Support Tech	po2	120	1	120	1	120	1	120	1	120
Income Maint Supervisors	po3	150	2	300	2	300	3	450	3	450
Income Maintenance Public Intake	po1	100	3	300	3	300	4	400	4	400
Income Maintenance Team Lead	po2	120	1	120	1	120	1	120	1	120
Income Maintenance Team Leads	ws2	48	2	96	3	144	3	144	4	192
Income Maintenance Investigator	po1	100	1	100	1	100	1	100	2	200
Income Maintenance Caseworkers	ws2	48	16	768	18	864	22	1,056	26	1,248
Child Support Team Lead	po2	120	1	120	1	120	1	120	1	120
Child Support Agents	ws2	48	2	96	3	144	4	192	4	192
Social Work Supervisors	po3	150	2	300	3	450	3	450	4	600
Social Workers	ws2	48	13	624	15	720	17	816	22	1,056
Processing Assistants	ws2	48	6	288	8	384	10	480	12	576
Contract Attorney	po1	100	1	100	1	100	1	100	2	200
<b>TOTAL STAFF</b>			<b>54</b>		<b>63</b>		<b>74</b>		<b>89</b>	
<b>SUPPORT SPACE</b>										
Public waiting area - 50 visitors	vis50	1000	1	1,000	1	1,000	1	1,000	1	1,000
Interview Room	cnf4	100	10	1,000	11	1,100	12	1,200	13	1,300
Training room	tr7	1125	1	1,125	1	1,125	1	1,125	1	1,125
Administrative Conference Room	cnf12	260	1	260	1	260	1	260	1	260
Child Welfare Conference	cnf10	200	1	200	1	200	1	200	1	200
Child Welfare Observation	po1	100	1	100	1	100	1	100	1	100
Laundry		80	1	80	1	80	1	80	1	80
Work/Copy	wrk2	80	2	160	2	160	2	160	2	160
Active Rolling Files	hd2	8	14	112	14	112	14	112	14	112
Inactive Rolling Files	hd2	8	12	96	12	96	12	96	12	96
Active Lateral Files	lat	12	23	276	23	276	23	276	23	276
Inactive Lateral	lat	12	13	156	13	156	13	156	13	156
Vertical storage cabinets	vert	10	15	150	15	150	15	150	15	150
General Storage		150	1	150	1	150	1	150	1	150
Staff Toilets	toi3	160	2	320	2	320	2	320	2	320
Public Toilets	toi4	215	2	430	2	430	2	430	2	430
Family Toilet	toi1	50	4	200	4	200	6	300	6	300
Janitor's Closet		60	1	60	1	60	1	60	1	60
<b>SUBTOTAL</b>			9,707	10,341	11,223	12,249				
<b>INTERNAL CIRC. FACTOR</b>			35%	3,619	3,928	4,287				
<b>TOTAL DEPT. NET SPACE REQUIRED</b>			<b>13,104</b>	<b>13,960</b>	<b>15,151</b>	<b>16,536</b>				

Living Room setup

One per staff area



**SOIL AND WATER  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Office	po2	120	2	240	2	240	2	240	2	240
NRCS work Station	po2	120	1	120	1	120	1	120	1	120
Federal Administration	ps2	120	1	120	1	120	1	120	1	120
<b>TOTAL STAFF</b>			<b>4</b>		<b>4</b>		<b>4</b>		<b>4</b>	
<b>SUPPORT SPACE</b>										
Public waiting area - 3 visitors	vis6	120	1	120	1	120	1	120	1	120
Conference - 15	cnf16	0	1	0	1	0	1	0	1	0
Break		0	1	0	1	0	1	0	1	0
File Storage	st3	80	1	80	1	80	1	80	1	80
General Storage	st4	120	1	120	1	120	1	120	1	120
<b>SUBTOTAL</b>				<b>800</b>		<b>800</b>		<b>800</b>		<b>800</b>
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>		<b>280</b>		<b>280</b>		<b>280</b>		<b>280</b>
<b>TOTAL DEPT. NET SPACE REQUIRED</b>				<b>1,080</b>		<b>1,080</b>		<b>1,080</b>		<b>1,080</b>



**TAX**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH
<b>STAFF OFFICES / WORKSTATIONS</b>		
Tax Administrator	po3	150
Assistant Administrator	po2	120
Tax Collector	po2	120
Asst Tax Collector	ws3	64
Business Listings	po2	120
Motor Vehicles	po2	120
Real Estate Transfers	po2	120
Appraisers	ws3	64
Revaluation Director	po2	120
Assessment Clerks	ws3	64
Land Records	ws2	48
<b>TOTAL STAFF</b>		<b>17</b>

**2019**

QTY	SQ.FT
1	150
-	0
1	120
2	128
1	120
1	120
1	120
1	120
3	192
1	120
3	192
3	144
<b>17</b>	

**2024**

QTY	SQ.FT
1	150
1	120
1	120
2	128
1	120
1	120
2	240
5	320
1	120
3	192
4	192
<b>22</b>	

**2029**

QTY	SQ.FT
1	150
1	120
1	120
2	128
1	120
1	120
2	240
5	320
1	120
3	192
4	192
<b>22</b>	

**2039**

QTY	SQ.FT
1	150
1	120
1	120
2	128
1	120
1	120
2	240
5	320
1	120
3	192
4	192
<b>22</b>	

2 in one office

Enclosed office

Located with Mapping

**SUPPORT SPACE**

Public waiting area - 15 visitors	vis10	200
Conference - 16 Visitors	cnf16	300
Conference - 8 Visitors	cnf8	175
File Storage	st5	160
Work/Copy	wrk2	80
Staff Toilet	toil1	50
Break Room	kit2	160
Server	st3	80
Office Supply	st2	50

Adjacent to lobby  
Files stored for 10+ years  
14 copiers (reduce?)

Access to larger conference for appraisal meetings

2,841

3,257

3,257

3,257

**SUBTOTAL**

2,841

3,257

3,257

3,257

**INTERNAL CIRC. FACTOR**

994

1,140

1,140

1,140

**TOTAL DEPT. NET SPACE REQUIRED**

**3,835**

**4,397**

**4,397**

**4,397**



**IT  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ FT EACH	2019		2024		2029		2039		
			QTY	SQ FT	QTY	SQ FT	QTY	SQ FT	QTY	SQ FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
IT Director	po4	175	1	175	1	175	1	175	1	175	
Asst IT Director	po3	150	1	150	1	150	1	150	1	150	
Network Administrator	po2	120	1	120	1	120	1	120	1	120	
Asst Network Administrator	po2	120	1	120	1	120	1	120	1	120	Most visible, acts as webmaster
Network Support Specialist	po2	120	1	120	2	240	1	120	3	360	
Computer Support Specialist II	po2	120	1	120	1	120	2	240	1	120	
Computer Support Specialist I	po2	120	-	0	1	120	-	0	-	0	
GIS Analyst	po2	120	-	0	-	0	-	0	-	0	Located in Mapping office
GIS Coordinator	po2	120	-	0	-	0	1	120	1	120	
Business Analyst	po2	120	-	0	1	120	1	120	1	120	
Database Admin	po2	120	-	0	-	0	1	120	1	120	
Security Specialist	po2	120	-	0	1	120	1	120	1	120	
<b>TOTAL STAFF</b>			<b>6</b>		<b>10</b>		<b>11</b>		<b>12</b>		
<b>SUPPORT SPACE</b>											
Conference - seats 12	cnf12	260	1	260	1	260	1	260	1	260	Utilized 3 times per month
Server Room		200	2	400	2	400	2	400	2	400	HVAC upgrades needed
Equipment Drop-off	vis5	100	1	100	1	100	1	100	1	100	
Equipment staging and storage		200	1	200	1	200	1	200	1	200	
Workbench		120	1	120	1	120	1	120	1	120	
Active Files		100	1	100	1	100	1	100	1	100	
General Storage		200	1	200	1	200	1	200	1	200	
Kitchen/Break	kit1	60	1	60	1	60	1	60	1	60	
Staff Toilets	toil1	50	2	100	2	100	2	100	2	100	Access to training
Training Room	tr3	450	-	0	-	0	-	0	-	0	Natural Light
<b>SUBTOTAL</b>			<b>2,345</b>		<b>2,825</b>		<b>2,945</b>		<b>3,065</b>		
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>	<b>821</b>		<b>989</b>		<b>1,031</b>		<b>1,073</b>		

**TOTAL DEPT. NET SPACE REQUIRED 3,166 3,814 3,976 4,133**





**TRANSIT**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Transit Director	po3	150	1	150	1	150	1	150	1	150
Asst Transit Director	po2	120	1	120	1	120	1	120	1	120
Operations Supervisor	po2	120	1	120	1	120	1	120	1	120
Scheduler	po1	100	1	100	1	100	2	150	2	200
Admin Asst	po1	100	1	100	1	100	2	150	2	150
Mobility Manager	po1	100	-	0	1	100	1	100	1	100
Transit Operators		0	18	0	22	0	26	0	30	0
<b>TOTAL STAFF</b>			<b>23</b>		<b>28</b>		<b>33</b>		<b>38</b>	
<b>SUPPORT SPACE</b>										
Transfer Waiting	vis15	300	1	300	1	300	1	300	1	300
Customer Service window	cs5	25	1	25	1	25	2	50	2	50
Operator Paperwork	ws1	36	3	108	4	144	4	144	4	144
Staff Toilets	toil1	50	2	100	2	100	2	100	2	100
Kitchen/Break	kit3	300	1	300	1	300	1	300	1	300
Training	tr4	600	1	600	1	600	1	600	1	600
Visitor Toilet	toil1	50	2	100	2	100	2	100	2	100
Training Room Storage	st2	50	1	50	1	50	1	50	1	50
Vehicle Supplies	st5	160	1	160	1	160	1	160	1	160
Uniform Storage	st2	50	1	50	1	50	1	50	1	50
General Storage	st4	120	1	120	1	120	1	120	1	120
File Storage	vert	10	20	200	20	200	20	200	20	200
<b>SUBTOTAL</b>			<b>2,703</b>		<b>2,839</b>		<b>2,964</b>		<b>3,014</b>	
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>	<b>946</b>		<b>994</b>		<b>1,037</b>		<b>1,055</b>	
<b>TOTAL DEPT. NET SPACE REQUIRED</b>			<b>2,703</b>		<b>2,839</b>		<b>2,964</b>		<b>3,014</b>	

Could share a single office

CR access beyond  
Secure privacy glass

Shared? - Sized for long-term needs

Mobility, Promotional, Cleaning, Tools



**VETERANS SERVICES  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039		
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
Veteran Service Officer, Director	po3	150	1	150	1	150	1	150	1	150	
Veteran Service Officer	po2	120	1	120	2	240	2	240	2	240	
<b>TOTAL STAFF</b>			<b>2</b>		<b>3</b>		<b>3</b>		<b>3</b>		
<b>SUPPORT SPACE</b>											
Public waiting area - 8 visitors	vis8	160	1	160	1	160	1	160	1	160	
Files	vert	10	14	140	14	140	14	140	14	140	Active + Inactive
Storage	st3	80	1	80	1	80	1	80	1	80	
Toilets	toil1	50	2	100	2	100	2	100	2	100	Accessible, Could be Shared Could be shared
Conference - seats 20	cnt20	350	1	350	1	350	1	350	1	350	
<b>SUBTOTAL</b>			<b>1,100</b>	<b>1,220</b>	<b>1,220</b>	<b>1,220</b>	<b>1,220</b>	<b>1,220</b>	<b>1,220</b>	<b>1,220</b>	
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>		<b>385</b>		<b>427</b>		<b>427</b>		<b>427</b>	
<b>TOTAL DEPT. NET SPACE REQUIRED</b>			<b>1,485</b>	<b>1,647</b>	<b>1,647</b>	<b>1,647</b>	<b>1,647</b>	<b>1,647</b>	<b>1,647</b>	<b>1,647</b>	

Close to Accessible bathrooms



**CLERK OF COURT  
SPACE NEEDED**

DESCRIPTION	2019		2024		2029		2039	
	SPACE CODE	SQ.FT EACH	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>								
Clerk of Court	po5	200	1	200	1	200	1	200
Deputy Clerk	ws2	48	4	192	5	240	6	288
Estates Clerk	po3	150	1	150	1	150	1	150
Bookkeeper	po2	120	1	120	1	120	1	120
Assistant Clerk	po1	100	3	300	4	400	5	500
<b>TOTAL STAFF</b>			<b>10</b>		<b>12</b>		<b>14</b>	
<b>SUPPORT SPACE</b>								
Visitor waiting clerk	vis8	160	4	640	5	800	5	800
Public Service Counter	cs5	25	3	75	3	75	3	75
General Office/ Hearing Room	cnf12	260	2	520	2	520	2	520
Private Customer Service Counter	cs6	36	2	72	2	72	2	72
Public Toilet	toil3	160	4	640	4	640	4	640
File Storage	hd2	8	40	320	44	352	44	352
Evidence Locker	st2	50	1	50	1	50	1	50
Work Room	wrk2	80	1	80	1	80	1	80
Break Room	kit2	160	1	160	1	160	1	160
Office Supply	st2	50	1	50	1	50	1	50
Staff Toilet	toil1	50	2	100	2	100	2	100
Jury Break	kit2	160	1	160	1	160	1	160
Jury Assembly	tr10	1400	1	1,400	1	1,400	1	1,400
<b>SUBTOTAL</b>			5,229	5,261	5,569	5,717		
<b>INTERNAL CIRC. FACTOR</b>			1,830	1,841	1,949	2,001		
			35%					
<b>TOTAL DEPT. NET SPACE REQUIRED</b>			<b>7,059</b>	<b>7,102</b>	<b>7,518</b>	<b>7,718</b>		

Window separation  
1 for Clerk, 1 for Magistrate

High-Density Shelving - fire rated

Adjacent to Jury Assembly  
Dedicated space



**SUPERIOR COURT  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039		
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
Superior Court Judge	po5		1	0	1	0	2	0	2	0	
Assistants	po2		1	0	1	0	2	0	2	0	
<b>TOTAL STAFF</b>			<b>2</b>		<b>2</b>		<b>4</b>		<b>4</b>		
<b>SUPPORT SPACE</b>											
Superior Courtroom - Jury	ctj4	2800	1	2,800	1	2,800	1	2,800	1	2,800	
Chambers	po5	200	1	200	1	200	1	200	1	200	
Grand Jury Room	jur3	550	1	550	1	550	1	550	1	550	
Court Vestibule	crv	70	1	70	1	70	1	70	1	70	
Attorney Conference Rooms	wit	120	2	240	2	240	2	240	2	240	
Jury Deliberation	jur1	400	1	400	1	400	1	400	1	400	
Holding Cell - Single Occupant	hc1	70	2	140	2	140	2	140	2	140	
Holding Cell - 5 Prisoners	hc5	120	2	240	2	240	2	240	2	240	
AV	st2	50	1	50	1	50	1	50	1	50	
Court Reporter Office	po1	100	1	100	1	100	1	100	1	100	
Attorney Lounge	vis8	160	1	160	1	160	1	160	1	160	
Screen/Display storage	st2	50	1	50	1	50	1	50	1	50	
Sitting	vis6	120	1	120	1	120	1	120	1	120	
Judge's Break	kit2	160	1	160	1	160	1	160	1	160	
Judge Toilets	toil1	50	1	50	1	50	2	100	2	100	
Judicial Staff Toilets	toil1	50	2	100	2	100	2	100	2	100	
Judicial Conference	cnf10	200	1	200	1	200	1	200	1	200	
<b>SUBTOTAL</b>											
			5,630	5,630	5,680	5,680	5,680	5,680	5,680	5,680	
<b>INTERNAL CIRC. FACTOR</b>			35%	1,971	1,971	1,988	1,988	1,988	1,988	1,988	
<b>TOTAL DEPT. NET SPACE REQUIRED</b>			<b>7,601</b>	<b>7,601</b>	<b>7,668</b>	<b>7,668</b>	<b>7,668</b>	<b>7,668</b>	<b>7,668</b>	<b>7,668</b>	

Shared? Soundproofed  
Dedicated toilets

Shared with Grand Jury?

Away from main corridors

Shared with District Court  
One per Chamber/Office

Shared with District Court; Soundproof





**DISTRICT ATTORNEY**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039		
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
District Attorney Office	po5	200	1	200	1	200	1	200	1	200	Based in Macon Currently
ADA Office	po3	150	9	1,350	12	1,800	15	2,250	19	2,850	
Admin Asst/Investigator	po2	120	1	120	1	120	1	120	1	120	One at public window
Legal Asst	po1	100	4	400	4	400	5	500	5	500	Administrative stays in Davidson
<b>TOTAL STAFF</b>			<b>15</b>		<b>18</b>		<b>22</b>		<b>26</b>		
<b>SUPPORT SPACE</b>											
Visitor - 4	vis4	80	1	80	1	80	1	80	1	80	
Large Conference Room	cnf30	450	1	450	1	450	1	450	1	450	All-staff
Work Room	wrk2	80	1	80	1	80	1	80	1	80	
Break	kit2	160	1	160	1	160	1	160	1	160	Shared
Administrative Conference Room	cnf12	260	1	260	1	260	1	260	1	260	
File Storage	vert	10	30	300	30	300	30	300	30	300	
Toilets	toil1	50	3	150	3	150	3	150	3	150	2 Staff, 1 DA
<b>SUBTOTAL</b>				3,550		4,000		4,550		5,150	
<b>INTERNAL CIRC. FACTOR</b>				1,243		1,400		1,593		1,803	
<b>TOTAL DEPT. NET SPACE REQUIRED</b>				<b>3,550</b>		<b>4,000</b>		<b>4,550</b>		<b>5,150</b>	



**DISTRICT COURT  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
District Court Judge	po5	0	6	0	6	0	8	0	11	0
Judicial Assistants	po2	120	2	240	2	240	3	360	4	480
Custody Mediator	po1	100	1	100	1	100	1	100	2	200
Arbitration Coordinator	po2	120	1	120	1	120	1	120	2	240
<b>TOTAL STAFF</b>			<b>10</b>		<b>10</b>		<b>13</b>		<b>19</b>	
<b>SUPPORT SPACE</b>										
District Courtroom - Jury	crj4	2800	-	0	1	2,800	1	2,800	1	2,800
District Courtroom - Non-Jury	crn4	2400	1	2,400	1	2,400	1	2,400	1	2,400
Judge's Chamber/Office	po5	200	2	400	3	600	3	600	3	600
Small District Courtroom	crn2	1200	1	1,200	1	1,200	1	1,200	1	1,200
Court Vestibule	crv	70	2	140	3	210	3	210	3	210
Attorney Conference Rooms	wit	120	4	480	6	720	6	720	6	720
Jury Deliberation	jur1	400	1	400	1	400	1	400	1	400
Assistant Work/File Room	wrk2	80	1	80	1	80	1	80	1	80
Holding Cell - Single Occupant	hc1	70	2	140	2	140	2	140	2	140
Holding Cell - 5 Prisoners	hc5	120	2	240	2	240	2	240	2	240
Attorney-Prisoner Interview Booth	int1	70	1	70	2	140	2	140	2	140
Public Toilets	toil3	160	2	320	2	320	2	320	2	320
Staff toilet	toil2	120	2	240	2	240	2	240	2	240
Equipment/AV	st2	50	2	100	3	150	3	150	3	150
Judge's Toilet	toil1	50	2	100	3	150	3	150	3	150
<b>SUBTOTAL</b>			<b>6,770</b>		<b>10,250</b>		<b>10,370</b>		<b>10,710</b>	
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>	<b>2,370</b>		<b>3,588</b>		<b>3,630</b>		<b>3,749</b>	

No conference needed

video equip needed for mediation staff

Acoustically separate

Acoustically separate

Minimum 1 pair per floor

Minimum 1 pair per floor

1 per courtroom

**TOTAL DEPT. NET SPACE REQUIRED**

**9,140**

**13,838**

**14,000**

**14,459**



**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
District Administrator	po3	150	1	150	1	150	1	150	1	150
GAL Supervisor	po2	120	1	120	1	120	1	120	1	120
Program Assistant	ws3	64	1	64	1	64	1	64	1	64
<b>TOTAL STAFF</b>			<b>3</b>		<b>3</b>		<b>3</b>		<b>3</b>	
<b>SUPPORT SPACE</b>										
Visitor Waiting	vis5	100	1	100	1	100	1	100	1	100
Conference/Library	cnf6	150	1	150	1	150	1	150	1	150
Supply Storage	st1	25	1	25	1	25	1	25	1	25
<b>SUBTOTAL</b>			609		609		609		609	
<b>INTERNAL CIRC. FACTOR</b>		35%	213		213		213		213	
<b>TOTAL DEPT. NET SPACE REQUIRED</b>			<b>822</b>		<b>822</b>		<b>822</b>		<b>822</b>	



**ADULT PROBATION  
SPACE NEEDED**

Close to Superior Courtroom

DESCRIPTION	2019		2024		2029		2039	
	SPACE CODE	SQ.FT EACH	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>								
Chief Probation/Parole Officer	po3	150	1	150	1	150	1	150
Probation Officer	po1	100	7	700	8	800	9	900
Supervisor	po2	120	1	120	1	120	1	120
<b>TOTAL STAFF</b>			<b>9</b>		<b>10</b>		<b>11</b>	
<b>SUPPORT SPACE</b>								
Visitor Waiting - 8 seats	vis8	160	1	160	1	160	1	160
Testing Toilet	toil1	50	2	100	2	100	2	100
Customer Service Window	cs6	36	1	36	1	36	1	36
Conference	cnf12	260	1	260	1	260	1	260
Supply Storage	st2	50	1	50	1	50	1	50
Facility Safety equipment	lock	96	1	96	1	96	1	96
Break	kit2	160	1	160	1	160	1	160
Copy/Work	wrk9	81	1	81	1	81	1	81
Staff Toilet	toil1	50	2	100	2	100	2	100
File Storage - 20 Vertical files		200	1	200	1	200	1	200

Manual Flush Valves  
Not Staffed

???

<b>SUBTOTAL</b>	2,213	2,313	2,413	2,613
<b>INTERNAL CIRC. FACTOR</b>	35%	810	845	915

**TOTAL DEPT. NET SPACE REQUIRED 2,988 3,123 3,258 3,528**





**JUVENILE COURT COUNSELOR**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Court Counselor	po3	150	2	300	4	600	5	750	6	900
Office Assistant	ws3	64	1	64	1	64	1	64	1	64
Counselor Supervisor	po3	150	1	150	1	150	1	150	1	150
Chief Court Counselor	po3	150	1	150	1	150	1	150	1	150
<b>TOTAL STAFF</b>			<b>5</b>		<b>7</b>		<b>8</b>		<b>9</b>	
<b>SUPPORT SPACE</b>										
Visitor Waiting - 3 seats per Court C.	vis3	60	2	120	4	240	5	180	6	180
Children's Play Area		100	1	100	1	100	1	100	1	100
Testing Toilet	toil1	50	1	50	1	50	1	50	1	50
Conference - seats 16	cnf12	260	1	260	1	260	1	260	1	260
Supply Storage	st2	50	1	50	1	50	1	50	1	50
Staff Toilets	toil1	50	1	50	1	50	1	50	1	50
Break	kit1	60	1	60	1	60	1	60	1	60
File Storage - 7 cabinets		70	1	70	1	70	1	70	1	70
Copy/Work	wrk9	81	1	81	1	81	1	81	1	81

<b>SUBTOTAL</b>	1,505	1,925	2,015	2,165
<b>INTERNAL CIRC. FACTOR</b>	35%	527	705	758

**TOTAL DEPT. NET SPACE REQUIRED 2,032 2,599 2,720 2,923**



**SHERIFF - ROAD PATROL**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Patrol Lt	po2	120	1	120	1	120	1	120	1	120
Patrol 1st Sgt	po2	120	1	120	1	120	1	120	1	120
Sgt	po2	120	4	240	4	240	4	240	4	240
Col	po2	120	4	240	4	240	4	240	4	240
Deputy	po3	150	15	150	19	150	19	150	19	150
<b>TOTAL STAFF</b>			<b>25</b>		<b>29</b>		<b>29</b>		<b>29</b>	
<b>SUPPORT SPACE</b>										
Visitor Lobby	vis6	120	1	120	1	120	1	120	1	120
Victim Conference	cnf4	100	1	100	1	100	1	100	1	100
Conference/Meeting Room	cnf20	350	1	350	1	350	1	350	1	350
Storage/Laundry	po2	120	1	120	1	120	1	120	1	120
Visitor Lobby	po2	120	1	120	1	120	1	120	1	120
File Storage	vert	10	4	40	4	40	4	40	4	40
General Storage	st4	120	1	120	1	120	1	120	1	120
Staff Locker	lkr1	5	15	75	20	100	20	100	20	100
Staff Break	kit2	160	1	160	1	160	1	160	1	160
Staff Toilet	toil2	120	2	240	2	240	2	240	2	240
Visitor Toilet	toil1	50	2	100	2	100	2	100	2	100
Showers	shw1	35	4	140	6	210	6	210	6	210
Supply Storage	st2	50	1	50	1	50	1	50	1	50

Shared Office  
Patrol Touchdown  
Adjacent to lobby  
Could be shared

<b>SUBTOTAL</b>			2,605	2,700	2,700	2,700	2,700	2,700	2,700
<b>INTERNAL CIRC. FACTOR</b>		35%	912	945	945	945	945	945	945

**TOTAL DEPT. NET SPACE REQUIRED 3,517 3,645 3,645 3,645**



**DETENTION**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH
<b>STAFF OFFICES / WORKSTATIONS</b>		
Lieutenant	po2	120
Sergeant	ws2	48
Medical Officer	ws2	48
Administrative Asst	po1	100
Receptionist	ws3	64
Transport Officer		0
Evidence Technician	po1	100
DC/ITAC Officer	po1	100
Detention Officer		0
<b>TOTAL STAFF</b>		<b>22</b>
<b>SUPPORT SPACE</b>		
Vehicle Sallyport	sal2	1200
Inmate Receiving/Search/Sobriety		400
Intake Desk	ws7	144
Conference/Training	tr3	450
Intake Holding	hc1	70
Officer Toilet - Intake	toil1	50
Cells (Male) (x2)		90
Cells (Female) (x2)		90
Dayroom - 50		1950
Lockdown Dayrooms - 20		910
Isolation Cell (Total Male/Female)		90
Medical Isolation		90
Medical Screening	exam2	100
Segregation		90
Inmate Shower	shw1	35
Kitchen		3000
Commissary	st3	80
Dry Storage	st5	160
Secure Storage	st3	80
Laundry		400
Soap Storage	st2	50
Multipurpose Room	cnf16	300
Janitor Closet		25
Inmate Property Storage	st5	160
V/itation	int1	70
Control	cnt1	225

SUBTOTAL	38,075	38,075	38,525	39,015
INTERNAL CIRC. FACTOR	35%	13,326	13,484	13,655

**TOTAL DEPT. NET SPACE REQUIRED 51,401**

**51,401**

**52,009**

**52,670**

**2019**

**2024**

**2029**

**2039**

DESCRIPTION	SPACE CODE	SQ.FT EACH	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
Lieutenant	po2	120	1	120	1	120	1	120
Sergeant	ws2	48	2	96	3	144	3	144
Medical Officer	ws2	48	2	96	2	96	2	96
Administrative Asst	po1	100	1	100	2	200	2	200
Receptionist	ws3	64	1	64	2	96	2	96
Transport Officer		0	1	0	2	0	2	0
Evidence Technician	po1	100	1	100	2	200	2	200
DC/ITAC Officer	po1	100	1	100	2	200	2	200
Detention Officer		0	14	0	16	0	20	0
<b>TOTAL STAFF</b>			<b>22</b>		<b>31</b>		<b>36</b>	
<b>SUPPORT SPACE</b>								
Vehicle Sallyport	sal2	1200	1	1,200	1	1,200	1	1,200
Inmate Receiving/Search/Sobriety		400	1	400	1	400	1	400
Intake Desk	ws7	144	1	144	1	144	1	144
Conference/Training	tr3	450	1	450	1	450	1	450
Intake Holding	hc1	70	5	350	6	420	6	420
Officer Toilet - Intake	toil1	50	1	50	1	50	1	50
Cells (Male) (x2)		90	96	8,640	96	8,640	96	8,640
Cells (Female) (x2)		90	24	2,160	24	2,160	24	2,160
Dayroom - 50		1950	5	9,750	5	9,750	5	9,750
Lockdown Dayrooms - 20		910	1	910	1	910	1	910
Isolation Cell (Total Male/Female)		90	40	3,600	40	3,600	40	3,600
Medical Isolation		90	5	450	5	450	5	450
Medical Screening	exam2	100	1	100	1	100	1	100
Segregation		90	16	1,440	16	1,440	16	1,440
Inmate Shower	shw1	35	37	1,295	37	1,295	37	1,295
Kitchen		3000	1	3,000	1	3,000	1	3,000
Commissary	st3	80	1	80	1	80	1	80
Dry Storage	st5	160	1	160	1	160	1	160
Secure Storage	st3	80	2	160	2	160	2	160
Laundry		400	1	400	1	400	1	400
Soap Storage	st2	50	1	50	1	50	1	50
Multipurpose Room	cnf16	300	2	600	2	600	2	600
Janitor Closet		25	7	175	7	175	7	175
Inmate Property Storage	st5	160	7	1,120	7	1,120	7	1,120
V/itation	int1	70	7	490	7	490	7	490
Control	cnt1	225	1	225	1	225	1	225

SUBTOTAL	38,075	38,075	38,525	39,015
INTERNAL CIRC. FACTOR	35%	13,326	13,484	13,655

**TOTAL DEPT. NET SPACE REQUIRED 51,401**

**51,401**

**52,009**

**52,670**

Programs/trends (mental health trends, stepping up program, re-entry)

Shared Office  
Shared Office

Second position part-time

Add Magistrate Space two-van, pull-through

4 pods of 48  
1 pod of 48  
35 sf/inmate

24 Male, 16 Female

8 male, 8 female

Kitchen  
Kitchen/Laundry

Laundry

One per Housing Unit



**SHERIFF - ADMIN/SUPPORT/TRAINING**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039		
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
Sheriff	po5	200	1	200	1	200	1	200	1	200	Part-time Currently; No Chief Deputy
Major	po4	175	1	175	1	175	1	175	1	175	
Administrative LT/Desk Sgt	po3	150	0	0	1	150	2	300	3	450	
Lieutenant	po2	120	0	0	0	0	0	0	0	0	
Desk Sergeant	ws3	64	0	0	0	0	0	0	0	0	
Admin Asst	ws3	64	1	64	1	64	1	64	1	64	
Evidence Custodian	po1	100	1	100	1	100	2	200	3	300	
Receptionist	ws2	48	1	48	1	48	1	48	1	48	Volunteer; Secure Window to Public
<b>TOTAL STAFF</b>			<b>5</b>		<b>6</b>		<b>8</b>		<b>10</b>		
<b>SUPPORT SPACE</b>											
Command Conference - 16	cnf16	300	1	300	1	300	1	300	1	300	Adjacent to Sheriff
Sheriff Toilet	toil1	50	1	50	1	50	1	50	1	50	
Public Lobby	vis10	200	1	200	1	200	1	200	1	200	
Public Toilet	toil1	50	2	100	2	100	2	100	2	100	
Visitor Lobby - Evidence	vis4										
Staff Toilet	toil2	120	2	240	2	240	2	240	2	240	
Records Storage		300	1	300	1	300	1	300	1	300	
Sex Offender Registry Room	cnf4	100	1	100	1	100	1	100	1	100	
Vehicle Bay	sal1	600	1	600	1	600	1	600	1	600	
Work/Copy Room	wrk10	100	1	100	1	100	1	100	1	100	
Files	lat	12	14	168	15	180	16	192	18	216	
Evidence Processing		200	1	200	1	200	1	200	1	200	
Evidence Storage		1200	1	1200	1	1200	1	1200	1	1200	Cabs, Fuming & Drying Chambers, locks Negative Pressure
Training	tr3	450	1	450	1	450	1	450	1	450	
Training Storage	st3	80	1	80	1	80	1	80	1	80	
Shared Break Room	kit2	160	1	160	1	160	1	160	1	160	
Indoor Range Firing Lane	Range	472	0	0	0	0	2	944	4	1888	
Indoor Range Control	po3	150	1	150	1	150	1	150	1	150	
Kennel 15x10		50	2	100	2	100	2	100	2	100	Exterior, adjacent to dog run
<b>SUBTOTAL</b>				5085		5247		6453		7671	
<b>INTERNAL CIRC. FACTOR</b>		0.35		1779.8		1836.5		2258.6		2684.9	

**TOTAL DEPT. NET SPACE REQUIRED 6,865**

**7,083**

**8,712**

**10,356**





**SHERIFF - INVESTIGATIONS  
SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039	
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT
<b>STAFF OFFICES / WORKSTATIONS</b>										
Property Crimes Detective	po1	100	4	400	4	400	5	500	6	600
Juvenile Detectives	po1	100	2	200	3	300	4	400	5	500
Narcotics Detectives	po1	100	2	200	4	400	5	500	6	600
Investigations Sergeant	po2	120	1	120	1	120	2	240	2	240
Investigations Lieutenant	po2	120	1	120	1	120	1	120	2	240
SROs		0	11	0	11	0	11	0	15	0
<b>TOTAL STAFF</b>			<b>21</b>		<b>24</b>		<b>28</b>		<b>36</b>	
<b>SUPPORT SPACE</b>										
Conference - 16	cnf16	300	1	300	1	300	1	300	1	300
Public Lobby	vis4	80	1	80	1	80	1	80	1	80
Public Meeting Cubicle	ws2	48	1	48	2	96	2	96	2	96
Active File Storage	vert	10	25	250	27	270	29	290	33	330
Inactive File Storage		175	1	175	1	175	1	175	1	175
Evidence Processing		120	1	120	1	120	1	120	1	120
Evidence Storage		800	1	800	1	800	1	800	1	800
Work/Copy Room	wrk10	100	1	100	1	100	1	100	1	100

Dedicated Office Not Required

Located for easy expansion.ventilated.  
Close to offices

<b>SUBTOTAL</b>			2,913	3,281	3,721	4,181
<b>INTERNAL CIRC. FACTOR</b>	35%		1,020	1,148	1,302	1,463
<b>TOTAL DEPT. NET SPACE REQUIRED</b>			<b>3,933</b>	<b>4,429</b>	<b>5,023</b>	<b>5,644</b>



**SHERIFF - CIVIL PROCESS AND COURTHOUSE SECURITY**

**SPACE NEEDED**

DESCRIPTION	SPACE CODE	SQ.FT EACH	2019		2024		2029		2039		
			QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	QTY	SQ.FT	
<b>STAFF OFFICES / WORKSTATIONS</b>											
Lieutenant	ws2	48	1	48	1	48	1	48	1	48	Public Window Shared Break/Work area
Sergeant	ws2	48	1	48	1	48	1	48	2	96	
Admin Asst	po1	100	1	100	1	100	1	100	1	100	
Bailiff	ws1	36	2	72	5	180	8	288	10	360	
<b>TOTAL STAFF</b>			<b>5</b>		<b>8</b>		<b>11</b>		<b>14</b>		
<b>SUPPORT SPACE</b>											
Conference 20	cnf20	0	2	0	2	0	2	0	2	0	Shared with other areas
Public Lobby	vis3	60	1	60	1	60	1	60	1	60	
Civil Window	cs10	60	1	60	1	60	1	60	1	60	Central located at single entrance
Fingerprinting	po2	120	1	120	1	120	1	120	1	120	
Staff toilets	toil1	50	2	100	2	100	2	100	2	100	
Office Supplies	st2	50	1	50	1	50	1	50	1	50	
Courthouse Screening	lat	240	1	240	1	240	1	240	1	240	Pre-screening Queue
File Room	vis30	12	10	120	10	120	12	144	14	168	
Queueing	vis30	600	1	600	1	600	1	600	1	600	
Work/Copy Room	wrk2	80	1	80	1	80	1	80	1	80	
<b>SUBTOTAL</b>			<b>1,698</b>		<b>1,806</b>		<b>1,938</b>		<b>2,082</b>		
<b>INTERNAL CIRC. FACTOR</b>		<b>35%</b>	<b>594</b>		<b>632</b>		<b>678</b>		<b>729</b>		

**TOTAL DEPT. NET SPACE REQUIRED 2,292**

**2,438**

**2,616**

**2,811**



## V. MASTER PLAN

### INTRODUCTION

At the start of the study, departments were asked to project staffing levels over a 20-year period. Subsequent interviews allowed the project team to compare those projections across population growth projections and operational trends in similar Counties. State entities such as the Court system are also subject to legislative changes mandating new personnel in the future.

An effective plan to address these issues would need to involve multiple buildings and departments. This plan must address the following priorities:

1. Address issues with safety and accessibility.
2. Provide future growth to ensure ongoing County operations.
3. Consolidate operations wherever possible.
4. Address aging systems to improve human comfort and preserve existing building integrity.

Consideration should also be given to the following items:

1. Increase and enhance service programs and opportunities to provide positive interaction between the County and its citizens.
2. Improve client experience and engagement across all public services.

### RECOMMENDATIONS

Based upon the assessments and information presented in this report, the following set of recommendations are presented to Macon County for consideration. The project priorities have been outlined in three tiers with Tier I being the highest priority and Tier II being the lowest priority. Several projects have dependencies upon other projects which has been noted for clarity.

#### TIER I PRIORITIES:

##### **1. Construct New Justice Center Complex**

Phase I: Construct a new court facility of approx. 60,800 square feet, including 4 new courtrooms (3 for district court, 1 for superior court) to replace those currently in the existing courthouse; centralized holding; judge office suites; and jury deliberation spaces. Relocate District Attorney's office and Clerk of Court office to this new facility to streamline all court functions. This project would allow the County to eliminate recurring cost of leasing space for the Superior Court Judge's Office. Approximate Square Footage: 61,000 sf.

Phase II: Construct new detention consisting of 230 beds and a core space sized for 300 inmates at ultimate capacity. Approximate Square Footage: 67,000 sf.

Phase III: Construct new law enforcement center to house sheriff’s Administrative, Civil, and Investigation Divisions. Magistrate operations would be located at this facility to streamline detention intake. Approximate Square Footage: 19,500 sf.

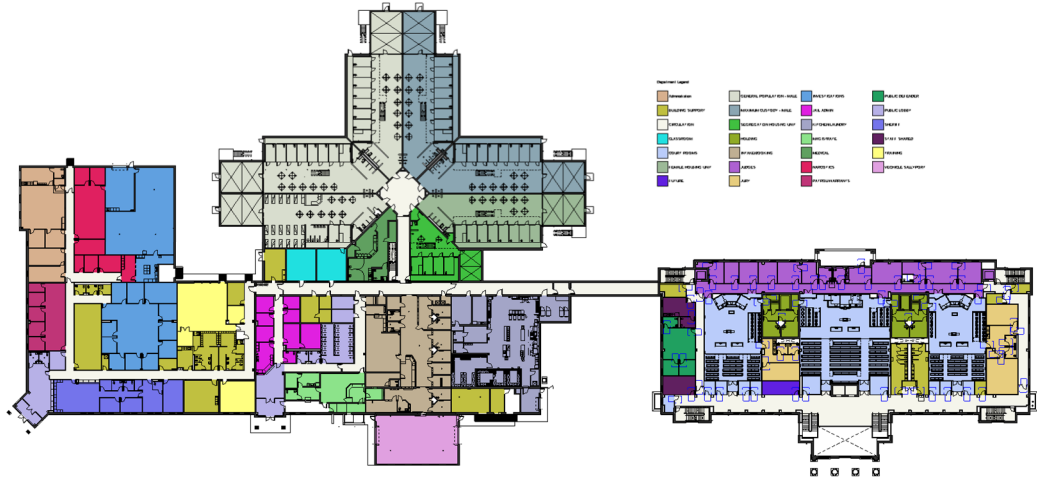


Fig. 1 – New Justice Center Concept

The proposed Justice Center Complex should be designed so that all three functions can be co-located on a common site to streamline court and law enforcement procedures. The three functions can be phased and built over the course of a few years as project funds are available. The New Courthouse is listed as Phase I and is the highest priority due to the fact that other proposed projects listed in this report are dependent upon the new courthouse in order to open-up space at other facilities; however the New Detention Center could become Phase I at the County’s discretion as the needs for additional detention housing may become a higher priority.

**2. Renovation of Existing Courthouse, Courthouse Annex & SCC Annex Buildings**

Major Renovation of existing space in three buildings to consolidate various County services and improve layout and workflow to allow for growth and future expansion for various County departments. Renovated facilities would house the following departments: County Administration, Finance, HR, Economic Development, Commissioner’s Chambers, Planning & Permitting, Environmental Health, Board of Elections, Mapping/GIS, Register of Deeds, Tax, and Information Technology. Approximate Square Footage: 53,450 sf.

Renovation of the existing courthouse is dependent upon the construction of a new courthouse.

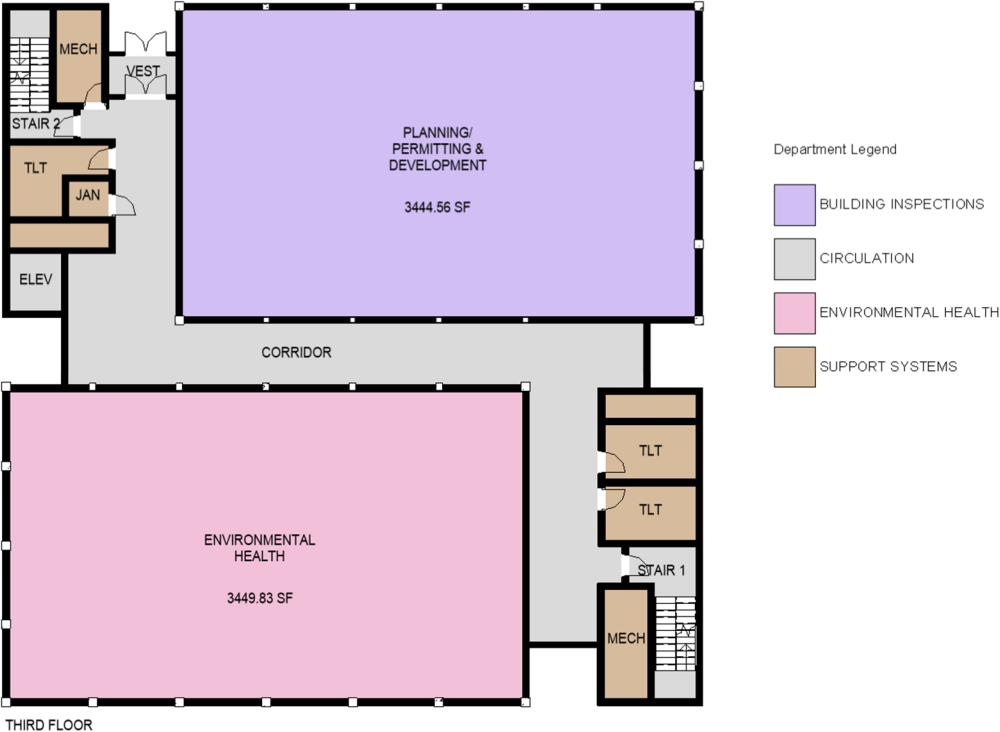






Fig. 2 – Existing Courthouse Renovation Concept.

**TIER II PRIORITIES:**

**1. National Guard Armory Building Renovation**

Renovation of existing space to house the County’s Housing Department function and to relocate Southwestern Community College’s classroom function from the SCC Annex building downtown to this site. The building and site would allow for expansion needs for the planned SCC Public Safety Training Center. This project would allow for expansion & growth downtown of the County’s function remaining at the SCC Annex building. Additionally, the Old Murphy Road site could be sold. Approximate Square Footage: 15,800 sf.



Fig. 3 – Existing National Guard Armory Renovation Concept.

**2. DHHS Building Renovation**

Renovation of existing space for the County’s Health Department. This project would allow for expansion & growth of this department and would allow for the Dental Clinic; which is currently in leased space; to be relocated to this building thereby, eliminate the recurring cost to the County of leasing space for this program. This project is dependent upon the proposed renovation to the existing courthouse as the Planning Department & Environmental Health Department; which currently are housed in the DHHS building; would be relocated to the renovated courthouse.

Approximate Square Footage: 37,800 sf.

### **TIER III PRIORITIES:**

#### **1. New Emergency Management Headquarters**

Construct new emergency management facility to house E911 Communications, Addressing, Emergency Management Administration, Radio Maintenance, Fire Marshal and Fire Services. Creates new facility that provides for adequate growth and future expansion, and provides for a code compliant, modern facility. Benefit of new facility is that existing facility at the Barrett Building becomes an adequate back-up site for E-911 functions. Approximate Square Footage: 16,200 sf.

#### **2. Senior Services Center Renovation**

Option A: Renovate the existing Senior Services Center facility to address parking & transit needs. Some accessibility issues were noted in the facility and should be addressed. Recommend the renovation include space for the Veteran Affairs Department to be relocated to this facility so that all senior community services can be consolidated and co-located at a single site. Approximate Square Footage: 16,000 sf.

Option B: Construct a new Senior Services Center and Veterans Affairs facility. Advantage of building new construction would be the ability to address accessibility concerns for clientele served by this facility; and the ability to properly plan for growth and expansion of the programs and services provided. Approximate Square Footage: 25,600 sf.

#### **3. New Nantahala Library/ Community Center**

Construct a new library/ community center in the Nantahala community to replace the existing library and to provide an extension of services to this community. Approximate Square Footage: 10,000 sf.

### **EXISTING BUILDING RECOMMENDATIONS**

#### **Courthouse Annex (West Building) & SCC Annex (North Building)**

See above Tier I projects.

The North Building houses NC Works & Southwestern Community College. The West Building houses County Administration, Finance, Tax, HR & Economic Development departments. These buildings are in good condition and suitable for continued use by these departments, with some upgrades needed for accessibility and building envelope performance. It is recommended that the Tax Department be relocated to the

renovated courthouse and Southwestern Community College presence at this site be relocated to the National Guard Armory Building (see above schemes) which would allow for growth and expansion of the remaining departments.

Exit without stair access on the North Building does not meet code. Current accessibility between floors does not meet code. Only one interior stair is provided. Occupants in the West Building noted the building is too hot during warmer months due to sun exposure as the building receives full sun through the day through windows along street front.

#### **Courthouse**

See above Tier I projects.

There are several noted deficiencies and non-compliant code issues within the existing courthouse facility. Typically, it is more feasible to construct new courtrooms than to address accessibility issues in an existing historic courthouse. Modern courthouses require a suite of rooms on both the public and “back-of-house” sides of the courtroom, all of which are either absent or poorly functioning at the existing facility.

The design of these “back-of-house” areas is critical for legal proceedings. Separation of circulation paths is critical to avoid unwanted mixing of populations, such as witnesses and defendants. The current layout of the building does not meet courthouse standards for separation of public/ judicial/ detainee circulation paths. More conference rooms are needed to allow privacy for sensitive conversations that currently take place in open areas.

Security concerns were noted by Courthouse staff, including too many unsecured entrances into the building and the fact that security screening is employed for the courtroom entrances only. Holding cells in the facility do not meet minimum standards.

The 1970s building is inefficiently designed with little use of natural light making for uncomfortable interior spaces for building occupants. Interior finishes are in average condition with some notable showing of wear. A combined corridor for all circulation contributes to a high level of noise in the facility. The layout of entrances on multiple levels creates confusion for the general public visiting the building. Water infiltration issues have been noted at several locations in the building. Sewage line in the basement has collapsed, requiring the decommissioning of the first-floor toilet room.

Recommendation is to plan a major renovation to this building to address noted concerns with building performance and to re-purpose the building to house various County functions as previously noted in this study.

#### **DHHS Building (Dept. of Health & Human Services)**

See above Tier II projects.

The Human Services Building was built in the early 2000s for its current use. Generally, the building is in good condition throughout, but not enough storage is provided for the building's many departments and divisions. Additionally, the building lacks additional space for the expansion of the various departments and divisions it houses. Provisions

are needed to ensure ongoing patient privacy in the Health Department, and improvements are needed for customer experience for both the DSS area and the Planning/Environmental Health lobby. With multiple entrances and many different uses, public wayfinding is difficult.

Recommendations include relocating the Planning Department and the Environmental Health Department to the renovated courthouse (see above schemes) which would allow for growth and expansion of the remaining Health Department divisions.

The County currently leases space for a dental clinic off-site which could be relocated to the existing DHHS building once the above noted departments are relocated to the Courthouse; thereby eliminating the continued cost to the County of leasing space for this function.

### **Detention Center (Law Enforcement Center)**

See above Tier I projects.

The Law Enforcement Center is one of the newer County buildings and was built in 1999. The building houses the Sheriff's Office Patrol and Detention Divisions. The building was constructed at a time when dormitory-style inmate housing units were popular, which typically requires higher staffing requirements. The building is a split-level design with Housing Unit floors and a small medical suite located on the lower level, and Intake, Processing, Administration, Vehicle Sally port and Control Rooms on the upper level. Laundry, Property Storage, and Food Services spaces are provided; however, all are undersized for the current population and the kitchen is not currently utilized.

Recreation areas appear to be undersized to allow for adequate area of refuge. Staff injuries have occurred from interior spiral stairs when responding to emergencies. Non-ADA compliant and Non-Detention grade water fountains are present. Polycarbonate windows have been cleaned with materials that have clouded and scratched the glazing surface, therefore causing limited vision. Generally, there is not enough storage provided throughout the building.

There is insufficient classification ability on both the housing unit and the holding cells sides of the facility. The split-level design requires constant use of the elevator, isolating inmates and officers in confined spaces unnecessarily. Video arraignment is available using the detention center multipurpose room, but video visitation is not implemented. Inmate programs use the patrol roll-call room which is located outside the secure perimeter and provides easy access to the exterior. The same roll-call room is used by the sheriff's office personnel, including evidence storage and meetings with members of the public. The booking counter should be higher for the protection of the intake officer. The lobby receptionist/ desk sergeant should be protected behind glazing. Vehicle sally port is small and requires backup and escapes have occurred over the fenced enclosure.

Recommendation is to repurpose the existing detention center to house juveniles or as housing for inmates with mental and/or behavioral disorders. Inmate housing for both

populations is growing in demand nationally and statewide; and having a facility available for these purposes would put the County in a position to meet those growing demands as well as being a potential source of additional revenue.

#### **Maintenance Shed**

The Maintenance Shed was built in 2003. Generally, the building is in good condition with signs of normal wear. Spaces are adequate for current purposes; however, may be inadequate for future growth needs.

#### **Transit Building**

The Transit Building was built in 2003. Generally, the building provides enough space for the current use, up to the point that Franklin became a transfer point for other transit systems. Lobby improvements are needed for a larger public waiting area, and a conference room is desirable to replace the original conference room that has been subdivided into two offices. Improvements are needed for better separation between staff and public waiting areas.

Installation of an ADA push button is recommended at the entry door due to the frequent use of Transit by mobility-impaired customers. Pipe protection is needed at wall-mounted sinks. There is insufficient storage space for mobility equipment and supplies. Laminate countertops in the facility are failing and will need to be replaced.

The number of parking spaces is inadequate. Space for bus/van turn-around is required.

Overall the building is suitable for continued use with expansion/upgrades for efficiency. Capacity increases will be necessary for the future.

#### **Animal Shelter**

The Animal Shelter was built in 2001 and was based on a prototype facility from another county, which was an outdated layout when the project was constructed. While relatively new, animal services are frequently at capacity. The layout of the kennels prevents individual kennel access to the outdoors, and additional provisions are needed to protect animal safety and health. A larger enclosed exercise yard with direct access is needed. The storage area at the rear of the building is unsecured and not rodent proof.

More space is needed to accommodate projected growth and departmental expansion in the future. More space is needed in the public lobby to allow for separation of animals and for additional public waiting space. No physical division exists between staff and public areas. A reception window is needed to provide this separation and a measure of security for staff.

Animal isolation, with a separate HVAC system, in order to separate sick animals from healthy ones is needed. Overall better ventilation and sound deadening are needed in the kennel areas. A door access control system is needed as well.

Overall the building is suitable for continued use with expansion/ upgrades for efficiency. Capacity increases will be necessary for the future.

**Environmental Resource Center**

The ERC is an older residential structure built in the 1970s and renovated by the County in the mid-1990s. The structure is currently used by various County departments as a training space. The grounds surrounding the building are used as a community garden and are well maintained and very beautiful. Minor improvements could be made if so desired by the County, such as interior finishes or the addition of a door access control system. The facility is generally in good shape with no needed improvements observed. The facility is adequate for continued use for current purposes.

**Landfill Administration Building**

The Landfill Administration Building is a newer residential structure that has been purchased and renovated by the County. The facility is limited in terms of providing adequate storage space and for housing any projected future growth by the department. Generally, the facility is suitable for continued use as currently programmed.

**Yellow Building (Sheriff Administration, DMV)**

See above Tier I projects.

This building was originally constructed as office condos but has been remodeled as administrative and investigation spaces for the Macon County Sheriff's Office. The structure is of wood-framed construction with no major structural concerns noted, except for some minor floor squeaking. An elevator is not present in the building; therefore, the second floor of the structure is not ADA accessible. The reception area is unprotected and isolated and no duress buttons were observed. No ballistic protection measure was observed. Interior finishes are showing signs of wear and need replacement. The site is inadequate to provide enough parking for both staff and public.

The structure is atypical of standards for law enforcement facilities and is not suitable for continued use as such. Recommended that the Sheriff's Office be relocated to the proposed new Justice Center in order to consolidate the entire department within the same facility. Recommend the Yellow Building property be sold.

**Barrett Building**

See above Tier III projects.

The Barrett Building was originally constructed in the 1930s as the Post Office for the City of Franklin. The County currently utilizes the building as the headquarters for its Emergency Management department. Veteran's Affairs is also located in the facility.

The building still retains the original windows, stairway and observation catwalk. While the building remains attractive and functional, underutilized areas such as the upstairs toilets and rear stairwell show signs of neglect. The building is a very solid, load-bearing masonry structure that serves the emergency management function well, however, cannot accommodate the projected growth and future expansion needs of the department.

The VA office has noted multiple issues with veteran access from accessible parking on East Main Street. Front entry doors are heavy for individuals with impaired mobility. Public toilets do not meet accessibility standards and circulation in public areas is confusing.

E-911 does not have the ability to add staff positions but could do so if the Emergency Operations Center (EOC) were to be relocated. The current EOC doubles as a training room, so technology/monitor setup must be in place before emergency operations can begin, which is not ideal. Downtown/second-floor location does not meet the current E-911 facility standards; however, a new E-911 call center would allow for this facility to remain functional and serve as a backup site in lieu of the current backup site at Hyatt Road, which is inadequate for this function.

Recommendation is for the County to build a new Emergency Management Headquarters building that is adequate to accommodate the future growth and expansion of the department. This would allow the E-911 communication center to be brought up to current design and code standards. The Barrett Building could continue to serve as the backup site for the E-911 functions. Also recommend Veteran's Affairs be relocated to the Senior Services building.

#### **Old Murphy Road (Housing Department)**

See above Tier II projects.

The facility at Old Murphy Road where the Housing Department is located consists of several structures and a good size parcel of property, a portion of which is being utilized by the Sheriff's Office as a long-term impound lot. The structures at this location are in very poor condition, some of which are no longer being utilized. Due to the age and construction type, it is expected some hazardous materials could be present in the structures.

Recommendation is to demolish all the structures at this location and relocate the Housing Department to another location, possibly the National Guard Armory Building. Further analysis of the storage needs, and programmatic functions of the Department need to be evaluated to determine the most suitable location.

The buildings at this site are not suitable for continued use and should be demolished. Recommend the property be sold.

#### **Thomas Heights (Soil & Water, Cooperative Extension)**

This building, built in the 1970s/1980s, was last renovated around 2001 and was constructed to house the Senior Center. Currently, the building is utilized by the NC Cooperative Extension, Soil and Water, Rural Development and USDA/ FSA programs.

A few issues with the building have been noted however no major deficiencies were observed. The building provides enough space for the current occupants. Upgrades are needed for ADA compliance at the front entrances; storefront entry and sidewalk

approach is difficult to navigate. The entry doors are easily broken into and need to be replaced. The electric water coolers are not ADA compliant and need to be replaced. Damages to the exterior wood siding due to a carpenter bee infestation were observed. Hollow metal doors and frames need to be repainted. Storage is inadequate at the facility.

Overall the facility is suitable for continued use as programmed with some upgrades needed.

### **Senior Services**

See above Tier III projects.

The building was built in the 1980s as the Franklin Library and has been renovated and added onto over the years. Currently, the building houses the Senior Services and Adult Day Care programs for the County. The building is a split-level design with a large dining room and kitchen on the lowest level; administrative offices, activity spaces and the adult daycare on the middle level; and exercise room, activity room and lounge area on the upper level.

The design of the building provides some challenges to navigate for the clientele the programs serve. The elevator is unreliable and frequently breaks down. The design of the stairs poses a danger for occupant egress. Handrails at stairs do not have appropriate extensions as required by code, leading to some “near-miss” incidents among seniors with mobility issues. Toilet rooms include some accessibility provisions but in some cases are designed for a different population (former library clientele). More accessible toilets are needed. Men’s urinals need dividers and restroom doors need to be rearranged to reduce sightlines to toilet/ urinal areas.

Increased visibility between the adult daycare and the lobby area is desired to create a more inclusive environment. Activity spaces are not sufficiently separated for acoustics, and activity programming is limited by the amount of space available. Additional lobby seating is needed to allow for those waiting for transit.

There are several site-related issues at this facility. Parking is inadequate and roadwork currently underway in front of the site has reduced available parking below the already insufficient amount. The rear driveway is too narrow for elderly drivers and transit vehicles to navigate safely. The main entry approach is unsuitably sloped. Accessible parking location requires navigating a steep grade and/or encroachment into the drive aisle to approach the building. A sufficient drop-off area for County Transit vans is not present.

Overall the facility is suitable for the current use of the programs housed there with necessary renovation. Renovations should include addressing ADA issues and parking/transit issues.

### **Robert C. Carpenter Recreation Center**

The building was built in the 1970s for the current purposes and was recently



renovated. Generally, the building is in good condition with little to no repairs/renovations necessary. A door access control system could be added to the facility for better access management and to improve overall building security.

During an interview with the Parks and Recreation Department it was noted that a new auxiliary gymnasium will be needed within the next 5 years. This is the only growth projected by the department. It is anticipated that the new gym will function as a stand-alone building, so additional support spaces will be part of that new facility. It is anticipated the new addition could be located on the current property.

Recommendation is that there is no need to do anything to the facility until the County is ready to build the new auxiliary gymnasium.

#### **Nantahala Recreation Park**

The facilities were built in the early 2000s. The only structure at the location is a maintenance/ storage building. Generally, the building is in good condition for continued use for this purpose.

The facility is suitable for continued use by current program functions.

#### **Business Incubator**

The building was built in the 1980s and is a pre-engineered metal building. The facility is owned by the County and space within the building is leased to various small start-up companies for their use as office and/or manufacturing activities. Generally, the building is showing signs of wear and could use some repairs, however a cost-to-benefits analysis should be performed to determine a budget for the facility if the County chooses to invest additional resources into facility renovations.

Generally, a few roof leaks were observed and noted. Restrooms are not fully compliant with current accessibility codes and overall finishes could be replaced. Exterior siding and trim have faded in places due to sun exposure and with general building age.

The building is suitable for continued use by current program functions.

#### **Franklin Library**

The building was built in 2006 for the current purpose. The facility is generally in good overall condition with no need for major repairs/ renovations. Office areas are adequate for current use however may be limited to allow for future staff expansion. Interior and exterior finishes are in good shape with minor signs of age and wear as expected.

The building is suitable for continued use by current program functions.

#### **Nantahala Library**

See above Tier III projects.

The building was constructed in the 1980s and is a modular building system. The facility has limited office space and does not allow for expansion and projected future growth.

The building is not suitable for continued use and should be demolished.

### **Highlands Library**

The building was built in the 1980s with an exterior remodel completed in 2012. The facility is generally in good overall condition with no need for major repairs/renovations. There is limited office space and does not allow for future expansion if needed. Interior and exterior finishes are in good shape with minor signs of age and wear as expected.

The building is suitable for continued use by current program functions.

### **Hyatt Road EMS**

See above Tier III projects.

The building was built in the late 1980s and is a single-story pre-engineered metal building, with an adjacent three-vehicle bay pre-engineered metal building. The facility houses EMS administration, central storage, training operations, and the Franklin Base EMS. This facility also serves as the back-up site for the E-911 communications center.

No major issues were noted with the structure of the building. No accessibility issues were noted. Sleeping rooms in the facility are too small. The E-911 backup center is also too small and will not allow a full mirrored setup of the main facility. Door access controls exist but can be overridden at apparatus bays. Interior finishes are in good condition. Some noticeable rust staining was observed on the exterior metal panels due to failing roof gutter seams. Multiple site drainage issues behind both buildings and in the patio area was observed. An enclosed, and possibly covered, area is needed for additional equipment currently stored on-site in order to reduce the risk of vandalism, theft, and weather damage.

The building is suitable for continued use by current program functions. If County elects to construct a new Emergency Management Headquarters facility, that would relieve overcrowding at this facility and allow for future growth and expansion of the EMS services at this site.

### **Highlands EMS**

The building was built in the 1980s and is a two-story structure masonry structure. There are three vehicle bays on the lowest level and offices/administration spaces on the upper level. Concerns were noted about the potential need for a radon mitigation system in the facility. The restrooms are not ADA compliant. Water intrusion issues were observed in the basement. Interior finishes were in poor condition and are showing signs of wear and age. Office spaces are minimal and cramped and future growth/expansion, if needed, is not feasible. Parking at the facility is minimal and not adequate.

The building is suitable for continued use by current program functions; however, replacement of the facility should be considered within the next 10 years.

**Nantahala EMS**

The building was built in 2002 and is a single-story pre-engineered metal building. The building is generally in good condition with a few minor issues noted. Some condensation was observed on the exterior windows. Some exterior wall penetrations have not been properly sealed with some moisture intrusion occurring. Interior finishes are in good condition. Office spaces are minimal; future growth and expansion may not be feasible. Parking and access to the facility seems adequate. Future addition(s) to the facility may be considered if growth is necessary.

The building is suitable for continued use by the current program functions.

**National Guard Armory Building**

See above Tier II projects.

The building was built in the late 1980s and is a single-story of masonry construction. The facility currently does not house any county department or functions; however, was included as the State of NC will be turning over ownership of the building to the County.

The building overall is in good shape with obvious signs of wear and age as expected for its current use. Exterior repairs and improvements have been recently made; it appears the facility has a new roof membrane; new parapet cap flashing and signs of exterior brick joint re-pointing are evident. Exterior windows appear to be original.

Restrooms are not ADA compliant. There are no access control or video surveillance systems. Interior finishes are in average condition. There is ample parking on the site. A large, covered, open-air storage building is located behind the main building. This building is a pre-engineered structure. The structure itself appears to be in fair condition. The “insulation-in-a-bag” system has deteriorated and should be removed and/or replaced if necessary, depending upon future uses.

The building is suitable for continued use by the County. Recommended use would be to relocate the Housing Department to this site and relocated SCC’s functions from the downtown SCC Annex building to this site. The Armory facilities might also lend themselves to becoming the home for the proposed future SCC Public Safety Training Center.

**Dental Clinic (Leased Space)**

See above Tier II projects.

The County leases approximately 2,000 square feet in an existing retail center for use as a Dental Clinic for the Health Department. The facility is not owned by the County. The facility is not feasible for the continued growth of the dental clinic needs.

Recommendation is to relocate the Dental Clinic to the DHHS building; provided other recommendations are in place to allow for space within the existing building; and to eliminate the continued cost to the County of leasing space for this function.

**PROBABLE COST STATEMENTS**

The following pages are estimated probable costs of the project recommendations noted within this report.

**OPINION OF PROBABLE TOTAL PROJECT COST**



Client: Macon County, NC  
 Project Name: Macon County Master Facilities Needs Study  
 Description: Courthouse Facility  
 Project #582899 New Construction - 61,000 SF

Date: October 29, 2019  
 Computed By: DRM  
 Checked By: DRM  
 Sheet Number: 1 of 1

Item No.	Description	Area	Unit	Unit Cost	Total Cost
<b>Construction Costs</b>					
1	New Construction - New Courthouse Facility	61,000	\$/SF	\$325.00	\$19,825,000.00
2	Parking, and Site Development	N/A	N/A	lump sum est.	\$3,000,000.00
3	Construction / Design Contingency	N/A	%	5.00%	\$1,141,250.00
4	Cost Escalation Contingency - 12 months (note - add this % for each additional year to actual bid date)	N/A	%	10.00%	\$2,396,625.00
	<b>Subtotal</b>				<b>\$26,362,875.00</b>
	<b>Estimated Construction Cost</b>	<b>61,000</b>	<b>SF</b>	<b>\$432.18</b>	<b>\$26,362,875.00</b>
<b>Project Costs</b>					
1	Fixtures, Furnishings & Equipment (FF&E of finished space)	61,000	\$/SF	\$30/SF	\$1,830,000.00
2	Site and Construction Testing	N/A	%	0.50%	\$131,814.38
3	Misc. Fees / Costs	N/A	%	10.00%	\$2,636,287.50
4	Site Acquisition (assume County-owned property)	N/A	N/A	15 acres	\$0.00
	<b>Subtotal</b>				<b>\$4,598,101.88</b>
	<b>TOTAL ESTIMATED PROJECT BUDGET</b>				<b>\$30,960,976.88</b>
<b>Notes:</b>					
<b>Anticipates a County-owned site with good access to utilities and minimal demolition / site preparation</b>					

CY = Cubic Yard  
 LF = Lineal Foot  
 LS = Lump Sum  
 SF = Square Foot  
 SY = Square Yard



**OPINION OF PROBABLE TOTAL PROJECT COST**



Client: Macon County, NC  
 Project Name: Macon County Master Facilities Needs Study  
 Description: Detention Facility  
 Project #582899 New Construction - 67,000 SF

Date: October 29, 2019  
 Computed By: DRM  
 Checked By: DRM  
 Sheet Number: 1 of 1

Item No.	Description	Area	Unit	Unit Cost	Total Cost
<b>Construction Costs</b>					
1	New Jail Construction - "Conditioned" square feet	60,000	\$/SF	\$400.00	\$24,000,000.00
2	New Jail Construction - Vehicle Sallyport	2,000	\$/SF	\$250.00	\$500,000.00
3	New Jail Construction - Recreation Yards	5,000	\$/SF	\$275.00	\$1,375,000.00
4	Site Development	N/A	N/A	lump sum est.	\$3,000,000.00
5	Construction / Design Contingency	N/A	%	5.00%	\$1,443,750.00
6	Cost Escalation Contingency (12 months)	N/A	%	10.00%	\$3,031,875.00
	<b>Subtotal</b>				<b>\$33,350,625.00</b>
	<b>Estimated Construction Cost - Building and Sitework</b>	<b>67,000</b>	<b>SF</b>	<b>\$497.77</b>	<b>\$33,350,625.00</b>
<b>Misc. Project Costs</b>					
1	Fixtures, Furnishings & Equipment (FF&E of finished space)	N/A	%	2.00%	\$667,012.50
2	Site and Construction Testing	N/A	%	0.50%	\$166,753.13
3	Misc. Fees / Costs	N/A	%	10.00%	\$3,335,062.50
4	Property Acquisition (assume County-owned land)	0	acres	\$0.00	\$0.00
	<b>Subtotal</b>				<b>\$4,168,828.13</b>
	<b>TOTAL ESTIMATED PROJECT BUDGET - 231 beds</b>				<b>\$37,519,453.13</b>
<b>Notes:</b>					
<b>Housing units to consist of:</b>					
1 - maximum security male unit - 20 beds/single cells					
4 - medium security male units - 39 beds each					
1 - medium / maximum security female unit - 39 beds					
2 - administrative segregation units - 8 beds each					
"Core" spaces sized for 300 inmates ultimate capacity					

CY = Cubic Yard  
 LF = Lineal Foot  
 LS = Lump Sum  
 SF = Square Foot  
 SY = Square Yard





# OPINION OF PROBABLE TOTAL PROJECT COST



Client: Macon County, NC  
 Project Name: Macon County Master Facilities Needs Study  
 Description: Sheriff's Office Facility  
 Project #582899 New Construction - 19,500 SF

Date: October 29, 2019  
 Computed By: DRM  
 Checked By: DRM  
 Sheet Number: 1 of 1

Item No.	Description	Area	Unit	Unit Cost	Total Cost
<b>Construction Costs</b>					
1	New Construction - Law Enforcement Facility	19,500	\$/SF	\$225.00	\$4,387,500.00
2	Site Development	N/A	N/A	lump sum est.	\$2,000,000.00
3	Construction / Design Contingency	N/A	%	5.00%	\$319,375.00
4	Cost Escalation Contingency	N/A	%	10.00%	\$670,687.50
	<b>Subtotal</b>				<b>\$7,377,562.50</b>
	<b>Estimated Construction Cost</b>	<b>19,500</b>	<b>SF</b>	<b>\$378.34</b>	<b>\$7,377,562.50</b>
<b>Project Costs</b>					
1	Fixtures, Furnishings & Equipment (FF&E of finished space)	N/A	%	10.00%	\$737,756.25
2	Site and Construction Testing	N/A	%	1.50%	\$110,663.44
3	Misc. Fees	N/A	%	10.00%	\$737,756.25
4	Property Acquisition (assume County-owned land)	N/A	N/A	lump sum est.	\$0.00
	<b>Subtotal</b>				<b>\$1,586,175.94</b>
	<b>TOTAL ESTIMATED PROJECT BUDGET</b>				<b>\$8,963,738.44</b>
	<b>Notes:</b>				

CY = Cubic Yard  
 LF = Lineal Foot  
 LS = Lump Sum  
 SF = Square Foot  
 SY = Square Yard



**OPINION OF PROBABLE TOTAL PROJECT COST**



Client: Macon County, NC  
 Project Name: Macon County Master Facilities Needs Study  
 Description: Existing Courthouse/CH Annex/SCC Annex  
 Project #582899 Renovations - Approximately 53,450 SF

Date: October 29, 2019  
 Computed By: DRM  
 Checked By: DRM  
 Sheet Number: 1 of 1

Item No.	Description	Area	Unit	Unit Cost	Total Cost
<b>Construction Costs</b>					
1	New Construction	0	SF	\$0.00	\$0.00
2	"Heavy" Renovations - Existing Courthouse	42,750	SF	\$250.00	\$10,687,500.00
3	"Heavy Renovations - Existing Courthouse Annex Facility	5,900	SF	\$200.00	\$1,180,000.00
4	"Heavy" Renovations - SCC Annex Building	4,800	SF	\$200.00	\$960,000.00
5	Miscellaneous Building and Maintenance Improvements	N/A	N/A	lump sum est.	\$1,000,000.00
6	General Demolition / Site Improvements	N/A	N/A	lump sum est.	\$1,000,000.00
7	Construction / Design Contingency	N/A	%	10.00%	\$1,482,750.00
8	Cost Escalation Contingency - 12 months	N/A	%	10.00%	\$1,631,025.00
	<b>Subtotal</b>				<b>\$17,941,275.00</b>
	<b>Estimated Construction Cost</b>	<b>53,450</b>	<b>SF</b>	<b>\$335.66</b>	<b>\$17,941,275.00</b>
<b>Project Costs</b>					
1	Fixtures, Furnishings & Equipment (FF&E of finished space)	N/A	%	10.00%	\$1,794,127.50
2	Construction Testing	N/A	%	0.50%	\$89,706.38
3	Miscellaneous Fees	N/A	%	10.00%	\$1,794,127.50
	<b>Subtotal</b>				<b>\$3,677,961.38</b>
	<b>TOTAL ESTIMATED PROJECT BUDGET</b>				<b>\$21,619,236.38</b>
	<b>Notes:</b>				
	<b>Departments to include Administration, Commissioners,</b>				
	<b>Planning &amp; Permitting, Environmental Health, Board of</b>				
	<b>Elections, Mapping / GIS, Register of Deeds, Tax, IT, and</b>				
	<b>Veterans Services</b>				

CY = Cubic Yard  
 LF = Lineal Foot  
 LS = Lump Sum  
 SF = Square Foot  
 SY = Square Yard



**OPINION OF PROBABLE TOTAL PROJECT COST**



Client: Macon County, NC  
 Project Name: Macon County Master Facilities Needs Study  
 Description: Existing National Guard Armory  
 Project #582899 Renovation - 15,800 SF

Date: October 29, 2019  
 Computed By: DRM  
 Checked By: DRM  
 Sheet Number: 1 of 1

Item No.	Description	Area	Unit	Unit Cost	Total Cost
<b>Construction Costs</b>					
1	New Construction	0	SF	\$225.00	\$0.00
2	"Light" Renovation	0	SF	\$135.00	\$0.00
3	"Medium" Renovation	15,800	SF	\$175.00	\$2,765,000.00
4	"Heavy" Renovation	0	SF	\$200.00	\$0.00
5	Site Development	N/A	N/A	lump sum est.	\$150,000.00
6	Site Demolition	N/A	N/A	lump sum est.	\$50,000.00
7	Construction / Design Contingency	N/A	%	5.00%	\$148,250.00
8	Cost Escalation Contingency - 12 months	N/A	%	10.00%	\$311,325.00
	<b>Subtotal</b>				<b>\$3,424,575.00</b>
	<b>Estimated Construction Cost</b>	<b>15,800</b>	<b>SF</b>	<b>\$216.75</b>	<b>\$3,424,575.00</b>
<b>Project Costs</b>					
1	Fixtures, Furnishings & Equipment (FF&E of finished space)	N/A	%	5.00%	\$171,228.75
2	Construction Testing	N/A	%	2.00%	\$68,491.50
3	Miscellaneous Fees	N/A	%	10.00%	\$342,457.50
	<b>Subtotal</b>				<b>\$582,177.75</b>
	<b>TOTAL ESTIMATED PROJECT BUDGET</b>				<b>\$4,006,752.75</b>
	<b>Notes:</b>				
	<b>Renovate for County Storage Facility</b>				

CY = Cubic Yard  
 LF = Lineal Foot  
 LS = Lump Sum  
 SF = Square Foot  
 SY = Square Yard



**OPINION OF PROBABLE TOTAL PROJECT COST**



Client: Macon County, NC  
 Project Name: Macon County Master Facilities Needs Study  
 Description: Existing DHHS Building  
 Project #582899 Renovation - 37,800 SF

Date: October 29, 2019  
 Computed By: DRM  
 Checked By: DRM  
 Sheet Number: 1 of 1

Item No.	Description	Area	Unit	Unit Cost	Total Cost
<b>Construction Costs</b>					
1	New Construction	0	SF	\$225.00	\$0.00
2	"Light" Renovation	37,800	SF	\$135.00	\$5,103,000.00
3	"Medium" Renovation	0	SF	\$175.00	\$0.00
4	"Heavy" Renovation	0	SF	\$200.00	\$0.00
5	Site Development / Improvements	N/A	N/A	lump sum est.	\$250,000.00
6	Site Demolition	N/A	N/A	lump sum est.	\$25,000.00
7	Construction / Design Contingency	N/A	%	10.00%	\$537,800.00
8	Cost Escalation Contingency - 12 months	N/A	%	10.00%	\$591,580.00
	<b>Subtotal</b>				<b>\$6,507,380.00</b>
	<b>Estimated Construction Cost</b>	<b>37,800</b>	<b>SF</b>	<b>\$172.15</b>	<b>\$6,507,380.00</b>
<b>Project Costs</b>					
1	Fixtures, Furnishings & Equipment (FF&E of finished space)	N/A	%	5.00%	\$325,369.00
2	Construction Testing	N/A	%	2.00%	\$130,147.60
3	Miscellaneous Fees	N/A	%	10.00%	\$650,738.00
	<b>Subtotal</b>				<b>\$1,106,254.60</b>
	<b>TOTAL ESTIMATED PROJECT BUDGET</b>				<b>\$7,613,634.60</b>
	<b>Notes:</b>				

CY = Cubic Yard  
 LF = Lineal Foot  
 LS = Lump Sum  
 SF = Square Foot  
 SY = Square Yard





**OPINION OF PROBABLE TOTAL PROJECT COST**



Client: Macon County, NC  
 Project Name: Macon County Master Facilities Needs Study  
 Description: Emergency Management & 911 Facility  
 Project #582899 New Construction - 16,200 SF

Date: October 29, 2019  
 Computed By: DRM  
 Checked By: DRM  
 Sheet Number: 1 of 1

Item No.	Description	Area	Unit	Unit Cost	Total Cost
<b>Construction Costs</b>					
1	New Construction - Emergency Management / 911 Facility	16,200	\$/SF	\$350.00	\$5,670,000.00
2	Site Development	N/A	N/A	lump sum est.	\$1,500,000.00
3	Construction / Design Contingency	N/A	%	5.00%	\$358,500.00
4	Cost Escalation Contingency	N/A	%	10.00%	\$752,850.00
	<b>Subtotal</b>				<b>\$8,281,350.00</b>
	<b>Estimated Construction Cost</b>	<b>16,200</b>	<b>SF</b>	<b>\$511.19</b>	<b>\$8,281,350.00</b>
<b>Project Costs</b>					
1	Fixtures, Furnishings & Equipment (FF&E of finished space)	N/A	%	25.00%	\$2,070,337.50
2	Site and Construction Testing	N/A	%	1.50%	\$124,220.25
3	Misc. Fees	N/A	%	10.00%	\$828,135.00
4	Property Acquisition (assume County-owned land)	N/A	N/A	lump sum est.	\$0.00
	<b>Subtotal</b>				<b>\$3,022,692.75</b>
	<b>TOTAL ESTIMATED PROJECT BUDGET</b>				<b>\$11,304,042.75</b>
	<b>Notes:</b>				
	<b>Construct to "Essential Building" criteria per 911</b>				
	<b>Standards to include redundant emergency power and</b>				
	<b>wind, ballistic, and seismic resistance</b>				
	<b>FF&amp;E includes console purchase</b>				

CY = Cubic Yard  
 LF = Lineal Foot  
 LS = Lump Sum  
 SF = Square Foot  
 SY = Square Yard



**OPINION OF PROBABLE TOTAL PROJECT COST**



Client: Macon County, NC  
 Project Name: Macon County Master Facilities Needs Study  
 Description: Existing Senior Services Center  
 Project #582899 Renovation - 16,000 SF - Option A

Date: October 29, 2019  
 Computed By: DRM  
 Checked By: DRM  
 Sheet Number: 1 of 1

Item No.	Description	Area	Unit	Unit Cost	Total Cost
<b>Construction Costs</b>					
1	New Construction	0	SF	\$225.00	\$0.00
2	"Light" Renovation	0	SF	\$135.00	\$0.00
3	"Medium" Renovation	16,000	SF	\$175.00	\$2,800,000.00
4	"Heavy" Renovation	0	SF	\$200.00	\$0.00
5	Site Development / Improvements	N/A	N/A	lump sum est.	\$250,000.00
6	Site Demolition	N/A	N/A	lump sum est.	\$25,000.00
7	Construction / Design Contingency	N/A	%	5.00%	\$153,750.00
8	Cost Escalation Contingency - 12 months	N/A	%	10.00%	\$322,875.00
	<b>Subtotal</b>				<b>\$3,551,625.00</b>
	<b>Estimated Construction Cost</b>	<b>16,000</b>	<b>SF</b>	<b>\$221.98</b>	<b>\$3,551,625.00</b>
<b>Project Costs</b>					
1	Fixtures, Furnishings & Equipment (FF&E of finished space)	N/A	%	5.00%	\$177,581.25
2	Construction Testing	N/A	%	2.00%	\$71,032.50
3	Miscellaneous Fees	N/A	%	10.00%	\$355,162.50
	<b>Subtotal</b>				<b>\$603,776.25</b>
	<b>TOTAL ESTIMATED PROJECT BUDGET</b>				<b>\$4,155,401.25</b>
	<b>Notes:</b>				
	<b>Renovate Existing Facility Option A</b>				
	<b>(Option B consists of replacement with new construction)</b>				

CY = Cubic Yard  
 LF = Lineal Foot  
 LS = Lump Sum  
 SF = Square Foot  
 SY = Square Yard



**OPINION OF PROBABLE TOTAL PROJECT COST**



Client: Macon County, NC  
 Project Name: Macon County Master Facilities Needs Study  
 Description: Senior Services & VA Center  
 Project #582899 New Construction - 25,600 SF - Option B

Date: November 14, 2019  
 Computed By: BP  
 Checked By: DRM  
 Sheet Number: 1 of 1

Item No.	Description	Area	Unit	Unit Cost	Total Cost
<b>Construction Costs</b>					
1	New Construction	25,600	\$/SF	\$215.00	\$5,504,000.00
2	Site Development	N/A	N/A	lump sum est.	\$1,000,000.00
3	Construction / Design Contingency	N/A	%	5.00%	\$325,200.00
4	Cost Escalation Contingency	N/A	%	10.00%	\$682,920.00
	<b>Subtotal</b>				<b>\$7,512,120.00</b>
	<b>Estimated Construction Cost</b>	<b>25,600</b>	<b>SF</b>	<b>\$293.44</b>	<b>\$7,512,120.00</b>
<b>Project Costs</b>					
1	Fixtures, Furnishings & Equipment (FF&E of finished space)	N/A	%	10.00%	\$751,212.00
2	Site and Construction Testing	N/A	%	2.50%	\$187,803.00
3	Misc. Fees	N/A	%	10.00%	\$751,212.00
4	Property Acquisition (assume County-owned land)	N/A	N/A	lump sum est.	\$0.00
	<b>Subtotal</b>				<b>\$1,690,227.00</b>
	<b>TOTAL ESTIMATED PROJECT BUDGET</b>				<b>\$9,202,347.00</b>
	<b>Notes:</b>				
	<b>Replacement Option B</b>				
	<b>(Option A consists of renovating current facility)</b>				

CY = Cubic Yard  
 LF = Lineal Foot  
 LS = Lump Sum  
 SF = Square Foot  
 SY = Square Yard



**OPINION OF PROBABLE TOTAL PROJECT COST**



Client: Macon County, NC  
 Project Name: Macon County Master Facilities Needs Study  
 Description: Nantahala Library & Community Center  
 Project #582899 New Construction - 10,000 SF

Date: October 29, 2019  
 Computed By: DRM  
 Checked By: DRM  
 Sheet Number: 1 of 1

Item No.	Description	Area	Unit	Unit Cost	Total Cost
<b>Construction Costs</b>					
1	New Construction - Library and Community Center	10,000	\$/SF	\$215.00	\$2,150,000.00
2	Site Development	N/A	N/A	lump sum est.	\$750,000.00
3	Construction / Design Contingency	N/A	%	5.00%	\$145,000.00
4	Cost Escalation Contingency	N/A	%	10.00%	\$304,500.00
	<b>Subtotal</b>				<b>\$3,349,500.00</b>
	<b>Estimated Construction Cost</b>	<b>10,000</b>	<b>SF</b>	<b>\$334.95</b>	<b>\$3,349,500.00</b>
<b>Project Costs</b>					
1	Fixtures, Furnishings & Equipment (FF&E of finished space)	N/A	%	10.00%	\$334,950.00
2	Site and Construction Testing	N/A	%	2.50%	\$83,737.50
3	Misc. Fees	N/A	%	10.00%	\$334,950.00
4	Property Acquisition (assume County-owned land)	N/A	N/A	lump sum est.	\$0.00
	<b>Subtotal</b>				<b>\$753,637.50</b>
	<b>TOTAL ESTIMATED PROJECT BUDGET</b>				<b>\$4,103,137.50</b>
	<b>Notes:</b>				

CY = Cubic Yard  
 LF = Lineal Foot  
 LS = Lump Sum  
 SF = Square Foot  
 SY = Square Yard





## Appendix i – Detention Bed Projections

Moseley Architects is pleased to present the future bed needs projections for the Macon County Detention Center as part of Macon County Master Facility Plan Space Needs Assessment Study.

### Introduction

The Macon County Detention Center facility was originally built in 1999 and houses the Sheriff's Office Patrol and Detention Divisions. The building consists of two 24-bed dormitories, one 12-bed female dormitory, one 12-bed double-cell unit and three segregation/ isolation cells for a rated capacity of 75 beds. The rated capacity does not take into consideration the need for proper separation and ability to properly classify inmates. Based on best correctional practices as well as the National Institute of Corrections a jail is considered full when it reaches 75% to 80% of that rated capacity which makes Macon County's operational capacity 56 beds.

The facility was constructed at a time when dormitory-style inmate housing units were popular, which typically requires higher staffing requirements. The building is a split-level design with Housing Unit floors and a small medical suite located on the lower level, and Intake, Processing, Administration, Vehicle Sally port and Control Rooms on the upper level. Laundry, Property Storage, and Food Services spaces are provided; however, all are undersized for the current population and the kitchen is not currently utilized.

Recreation areas appear to be undersized to allow for adequate area of refuge. Staff injuries have occurred from interior spiral stairs when responding to emergencies. Non-ADA compliant and Non-Detention grade water fountains are present. Polycarbonate windows have been cleaned with materials that have clouded and scratched the glazing surface, therefore causing limited vision. Generally, there is not enough storage provided throughout the building.

There is insufficient classification ability on both the housing unit and the holding cells sides of the facility. The split-level design requires constant use of the elevator, isolating inmates and officers in confined spaces unnecessarily. Video arraignment is available using the detention center multipurpose room, but video visitation is not implemented. Inmate programs use the patrol roll-call room which is located outside the secure perimeter and provides easy access to the exterior. The same roll-call room is used by the sheriff's office personnel, including evidence storage and meetings with members of the public. The booking counter should be higher for the protection of the intake officer. The lobby receptionist/ desk sergeant should be protected behind glazing. Vehicle sally port is small and requires backup and escapes have occurred over the fenced enclosure.

Moseley Architects as part of this master plan study also developed a detailed bed projection analysis for the Macon County jail facility utilizing historic jail data collected and county population statistics data provided by the North Carolina Office of Budget management. Historically the county population statistics have proven to be very conservative. The remainder of this report will display current jail population trends as well as future bed needs through the year 2040.

### Historical Trends in Average Daily Detention Center Populations

An analysis of the historical trends of the Macon County Jail’s average daily population (ADP) can serve as a great indicator of the need for future bed-space the current Macon County Jail has an overall rated capacity of 75. Because the ADP reflects the average number of offenders being housed, it is used to establish a baseline figure for future bed-space needs.

The ADP for the Macon County Jail over the past 5 years is reflected in Table I below:

Table I		
Inmate Average Daily Population per year		
YEAR	ADP	Amount of change from previous year
2014	59.79	-
2015	72.32	+12.53
2016	80.60	+8.28
2017	108.65	+28.05
2018	104.70	-3.95
Average Daily Population during study period	85.12	+44.91

As indicated by these figures, the ADP has displayed some ups and downs throughout this study period, with an increase of 48.86 from 2014 to 2017; a decrease of 3.95 from 2017 to 2018; Overall, there has been an ADP of 85.12 inmates per day for this study period. The growth rate variances of the ADP are due to numerous reasons when later compared to the number of admissions, as well as alternatives and diversion programs that the county has employed. Over the study period, the ADP had an increase of 44.91 from 2014 to 2018. The county’s overall population growth trends continue to increase at a steady rate.

Macon County is bordered by; Swain County, Jackson County, Clay County, and Cherokee County all of which are showing some growth in overall county population. All these Counties have all either expanded their jail bed capacity or built larger replacement facilities over the past 10 years. Overall Macon County’s population is projected to increase to 47606 by the year 2040 per the NC State office of Budget Management projections which is an overall increase of 10,446 residents from 2020 to 2040.

### Offender Admissions (Bookings)

One of the first steps towards computing long-range projections is to calculate the **projected admissions** for the local detention system. This requires information pertaining to the historical and projected number of offender admissions and the average length of stay of inmates. To compute the number of **projected admissions**, the historical number of admissions must be determined.

Table II below displays the number of offenders admitted into the jail each year from 2012 until 2016.

Table II	
Admissions to Macon County Jail	
YEAR	Number of Offenders admitted into the jail.
2014	1231
2015	1264
2016	1311
2017	1475
2018	1556

The numbers contained in Table III on the following page do not reflect when the population was much higher than the recorded average (these are called “peaks”) and times when it was much lower (these are classified as “valleys”).

When considering the total number of new beds needed, if the county should construct a new facility, or add bed-space to an existing one, “peaking” must also be considered. Adjusting for peaking factors helps to see that the county can reasonably accommodate the large number of inmates that may be admitted for housing at certain times. This is especially true when such peaks occur with some degree of frequency.

It is advisable that planning provide for sufficient housing for times when the offender population may peak. Often, local government officials fail to accommodate for peaking and later find themselves faced with costly lawsuits filed by inmates claiming the conditions of confinement are inadequate due to overcrowding.

<b>Table III</b>	
<b>YEAR</b>	<b>Using highest admission rate of 430.82205</b>
2020	1601
2025	1713
2030	1826
2035	1938
2040	2051

### **Average Length of Stay (ALOS)**

Determining the Average Length of Stay (ALOS) is critical to bed-space projections. While the number of offender admissions is a factor used to project future bed-space needs, the ALOS has a greater impact on bed-space. The amount of time that inmates are incarcerated while awaiting trial directly impacts available space and forecasted future needs. The longer the ALOS, the greater need for bed-space. Often when the detention center's daily population starts to exceed the rated capacity, you may see an increase in ALOS for a combination of reasons. Most often it is contributed to lower level crimes being moved out of the facility much faster or actions taken to prevent admission into the jail. As such, only the more serious crimes, which require longer lengths of stay to be processed through the justice system, are being housed.

Table IV displays the ALOS for each year 2013-2017

<b>Table IV</b>	
Macon County Average Length of Stay (ALOS)	
2014	17.73
2015	20.88
2016	22.44
2017	26.89
2018	24.56
Average ALOS for the period of study	22.50

In this case, the overall average length of stay was 22.50. Due to the importance that ALOS plays in bed-space projections, all efforts should be made to continue reducing the amount of time that inmates are incarcerated prior to trial and sentencing, especially after additional beds are available. *For example, if the average length of stay were 12 days and the number of inmates admitted for one year were 3000, using the formula # admitted X ALOS/365 = 3000 x (12/365), the average number of beds needed would be 99. Suppose that by changing some of the practices, the detention center reduces the average length of stay to 10 days. The number of beds needed would be reduced from 99 to 82. A decrease in the average length of stay can have a dramatic impact on the number of beds that must be built and maintained. It should be noted that 22.50 is a medium to high average ALOS in comparison with other North Carolina counties. This indicates that your Judicial system is operating in comparison to many counties in North Carolina.*

### **Projected Detention Center Capacity**

The average daily population alone cannot be used to determine the total bed-space requirements. Additional space must be allocated to include peak admissions (highest admissions) and classified bed space for specific categories of inmates. To accommodate these occasions, a peaking factor must be determined.

Table V			
Macon County Jail Calculation of Peaking Ratio			
YEAR	ADP for Study Years	Highest Population for study year	Peaking ratio
2014	59.79	83	1.39
2015	72.32	99	1.37
2016	80.60	111	1.38
2017	108.65	136	1.25
2018	104.70	130	1.24
Averages	85.21		1.33

*Separate housing is needed for disciplinary reasons, the separation of co-defendants, protective custody, medical isolation, etc. This additional space is referred to as “classified”, and is calculated by adding an additional 20 percent to the forecasted number. The average daily population, coupled with the peak and classified factors, provides the base for determining the actual number of beds that will be needed.*

Table VI on the following page illustrates projected ADP for the Macon County Jail and includes the classified (ADP increased by 20%) and the peaked and classified (classified multiplied by the peaking ratio) population projections through 2040. These projections reflect the future growth of the Macon County Jail.

Table VI				
Macon County Forecasted Population using the <i>Highest</i> Admission rate				
YEAR	FORECASTED ADP	CLASSIFIED ADP (+20 %)	PEAKED ADP	CLASSIFIED & PEAKED
			1.33	
2020	117.94	141.53	1.33	187.60
2025	126.23	151.49	1.33	200.79
2030	134.52	161.42	1.33	213.96
2035	142.80	171.36	1.33	227.15
2040	151.10	181.32	1.33	240.34

The classified and peaked projections reflect the highest offender population that the Macon County Jail may expect to have on any given day. This is the worst-case scenario to allow for unique classification and separation developments and not the average. The forecasted and classified projections are more likely to reflect the actual number of detainees being housed in Macon County Jail.

### Conclusion & Recommendations

Based on the above projections utilizing the *highest* admission rate, a total of 240 beds would be required to meet the classification and peaking requirements through the year 2040 and Macon County continue with the aggressive inmate management programs which will aid the county in controlling its jail population. Should the jail use increase significantly or if the county grows faster than state projections suggest, jail bed space needs could grow at a much higher rate. Another factor could be a change in state sentencing laws which also could impact jail population. Macon County should plan a facility with a rated capacity of 240. Macon County has also shown an increase special needs beds such as medical and mental health inmates as well as female inmates. These classification bed type needs are following national trends in offender confinement data. Specialized housing units to accommodate these types of offenders will be discussed during the design phases.





## **Appendix ii – Master List of County Properties**

Macon County provided Moseley Architects with the following Master List of County Properties that was utilized as the basis for the Building Assessments included within this report.



MACON COUNTY  
PROPERTY SCHEDULE

<b>COURTHOUSE</b>							
<u>Building</u>	<u>Departments</u>	<u>PIN</u>	<u>Year Built/Eff</u>	<u>Building Sq. Ft.</u>	<u>Acreage</u>	<u>Building Value</u>	<u>Land Value</u>
SCC Annex	DWS	6595100017	1952/1990	5880		\$453,172	
	SCC						
Courthouse Annex	Tax	6595100017	1952/1990	4830	0.74	\$699,583	\$407,000
	Administration						
	Finance						
	HR						
	Economic Development						
Courthouse	Civil Process	6595100179	1972/1982	42,726	1.61	\$3,512,490	\$760,000
	BOE						
	Mapping & Register of Deeds						
	IT						
	DPS						
	DA						
	Clerk of Court						
<b>TOTAL COURTHOUSE</b>				<b>53,436</b>	<b>2.35</b>	<b>\$4,665,245</b>	<b>\$1,167,000</b>
<b>LAKESIDE DRIVE</b>							
<u>Building</u>	<u>Departments</u>	<u>PIN</u>	<u>Year Built/Eff</u>	<u>Building Sq. Ft.</u>	<u>Acreage</u>	<u>Building Value</u>	<u>Land Value</u>
DHHS	Building Inspections	6595371587	2000	37,816	185.14	\$2,324,800	\$10,007,000
	Health Department						
	DSS						
Detention Center	Jail/Sheriff	6595371587	2000	25,546		\$2,615,760	
Maintenance Shed	Garage	6595371587	2003	12,264		\$953,160	
	Maintenance						
Transit Building	Transit	6595371587	2003	1,920		\$154,620	
Animal Control		6595371587	2009	4,680		\$205,500	
Sierra Drive	Landfill	6595260611	1973/1996	2,316	1.66	\$221,470	\$140,060
New Landfill Admin	Landfill	6595482707	2006	2,142	14.58	\$224,040	\$412,950
<b>TOTAL LAKESIDE DRIVE</b>				<b>86,684</b>	<b>201.38</b>	<b>\$6,699,350</b>	<b>\$10,560,010</b>
<b>EMERGENCY SERVICES</b>							
<u>Building</u>	<u>Departments</u>	<u>PIN</u>	<u>Year Built/Eff</u>	<u>Building Sq. Ft.</u>	<u>Acreage</u>	<u>Building Value</u>	<u>Land Value</u>
Yellow Building	Sheriff Admin	6594199962	2006	3,520	0.37	\$240,500	\$598,560
Barrett Building	Emergency Management	6595109027	1935/1975	10,396	0.31	\$549,210	\$251,880
	E911 Dispatch						
	Veterans Administration						
<b>TOTAL EMERGENCY SERVICES</b>				<b>13,916</b>	<b>0.68</b>	<b>\$789,710</b>	<b>\$850,440</b>
<b>SATELLITE OFFICES</b>							
<u>Building</u>	<u>Departments</u>	<u>PIN</u>	<u>Year Built/Eff</u>	<u>Building Sq. Ft.</u>	<u>Acreage</u>	<u>Building Value</u>	<u>Land Value</u>
Old Murphy Road	Housing	6584369478			2.00		\$225,000
	Storage		1961	2,400		\$12,732	
			1981	3,200		\$27,841	
Thomas Heights	Soil and Water	6594680116	1980/1990	7,536	8.66	\$676,490	\$624,000
	Cooperative Extension						
Senior Services	Senior Services	6594072427	1977/1997	15,998	1.30	\$2,096,050	\$325,000
		6594074511			0.36		\$117,000
<b>TOTAL SATELLITE OFFICES</b>				<b>29,134</b>	<b>12.32</b>	<b>\$2,813,113</b>	<b>\$1,291,000</b>

MACON COUNTY  
PROPERTY SCHEDULE

<b>RECREATION</b>							
<u>Building</u>	<u>Departments</u>	<u>PIN</u>	<u>Year Built/Eff</u>	<u>Building Sq. Ft.</u>	<u>Acreage</u>	<u>Building Value</u>	<u>Land Value</u>
Robert C. Carpenter	Recreation/Maintenance	6584810165	1977/1987	16,208	8.80	\$1,322,100	\$3,200,000
		6584818142			21.50	\$626,670	\$1,075,000
		6584811767			7.26	\$50,100	\$2,190,000
Nantahala Rec Park	Recreation/Maintenance	6506985866	LEASED		27.20		\$217,600
<b>TOTAL RECREATION</b>				<b>16,208</b>	<b>64.76</b>	<b>\$1,998,870</b>	<b>\$6,682,600</b>
<b>ECONOMIC DEVELOPMENT</b>							
<u>Building</u>	<u>Departments</u>	<u>PIN</u>	<u>Year Built/Eff</u>	<u>Building Sq. Ft.</u>	<u>Acreage</u>	<u>Building Value</u>	<u>Land Value</u>
Business Incubator		6574437543	1984	17,560	2.72	\$670,300	\$136,000
<b>TOTAL ECONOMIC DEVELOPMENT</b>				<b>17,560</b>	<b>2.72</b>	<b>\$670,300</b>	<b>\$136,000</b>
<b>LIBRARIES</b>							
<u>Building</u>	<u>Departments</u>	<u>PIN</u>	<u>Year Built/Eff</u>	<u>Building Sq. Ft.</u>	<u>Acreage</u>	<u>Building Value</u>	<u>Land Value</u>
Library (Franklin)		6594016894	2006	30,196	5.00	\$4,544,490	\$500,000
Library (Nantahala)	Includes School	6517790447	1988	1,728	6.29	\$1,933,680	\$22,000
Library (Highlands)	Hudson Library Owned	7540501521	1985	6,300	1.10	\$1,201,010	\$1,375,000
<b>TOTAL LIBRARIES</b>				<b>38,224</b>	<b>12.39</b>	<b>\$7,679,180</b>	<b>\$1,897,000</b>
<b>EMS</b>							
<u>Building</u>	<u>Departments</u>	<u>PIN</u>	<u>Year Built/Eff</u>	<u>Building Sq. Ft.</u>	<u>Acreage</u>	<u>Building Value</u>	<u>Land Value</u>
Hyatt Road EMS		6595902244	1988	4,952	3.64	\$336,620	\$728,000
Highlands EMS	(Town of Highlands owned)	7540411078	1980	3,840	5.00	\$1,016,910	\$2,500,000
Nantahala EMS		6516232773	2002	2,100	2.00	\$100,000	\$196,550
<b>TOTAL EMS</b>				<b>10,892</b>	<b>10.64</b>	<b>\$1,453,530</b>	<b>\$3,424,550</b>
<b>SUBTOTAL</b>				<b>266,054</b>	<b>307.24</b>	<b>\$ 26,769,298</b>	<b>\$ 26,008,600</b>
<b>OTHERS</b>							
<u>Building</u>	<u>Departments</u>	<u>PIN</u>	<u>Year Built/Eff</u>	<u>Building Sq. Ft.</u>	<u>Acreage</u>	<u>Building Value</u>	<u>Land Value</u>
Superior Court Judge Leased Space		6595106302			0.27	\$603,810	\$155,920
Dental Clinic Leased Space	Health Dept	6595841834			1.99	\$823,280	\$335,810
Leased Storage Units	Various						
Other Land Holdings - Siler Road		6594004924			33.52		\$1,776,000
Other Land Holdings - Siler Road		6594115867			26.64		\$1,332,000
<b>TOTAL OTHERS</b>				<b>-</b>	<b>62.42</b>	<b>\$ 1,427,090</b>	<b>\$ 3,599,730</b>
<b>GRAND TOTAL</b>				<b>266,054</b>	<b>369.66</b>	<b>\$ 28,196,388</b>	<b>\$ 29,608,330</b>

## Appendix iii – Questionnaire Feedback

Moseley Architects distributed a Space Programming Questionnaire form to key project stakeholders including County Administrative personnel and the Heads of each Department to better understand each group's space needs and functional requirements. The information contained in the completed questionnaires along with several face to face meetings with project stakeholders was utilized as the basis for development of the Program of Space Needs included within this report.

The following pages are copies of the completed questionnaire forms:



# MOSELEYARCHITECTS

## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE: COURTHOUSE

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This questionnaire will give the Moseley Architects team an initial understanding of some of the issues that are important in the planning and design of space for your department in the Macon County courthouse. The design team will also meet with you in person to discuss these and other issues in more detail, but the time you spend responding to the questions below is extremely valuable in “jump starting” the face to face discussions, and in focusing everyone’s thinking on some of the relevant issues prior to that meeting.

Please answer the questions as they apply to your specific department or division within the department. *Just click within the gray boxes to enter your response. For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”.* Feel free to print the questionnaire and complete it by hand if you prefer.

Please answer every applicable question as accurately and thoughtfully as you can. The quality of information you provide has a direct impact on the success of the project. Please make an effort to realistically answer the questions about future staffing levels based on your staffing history and projected changes in population, case filings, or services, and other factors that may be relevant.

Feel free to attach additional sheets if needed. Your time and effort are appreciated and we look forward to meeting with you!

**Your Name:** *Vic Perry*

**Your Department/Division Within the Department:** *Clerk of Superior Court*

**Your Telephone Number:** *828-349-7230*

**Your Email Address:** *victor.h.perry@nccourts.org*

## SPACE PROGRAMMING QUESTIONNAIRE

1. Briefly describe the general scope of your department/division's services and functions, including any special policies or procedures that impact your functional and space needs, and indicate major operational goals and objectives.

*Services and functions:*

*The Clerk of Superior Court is the repository for all court filings. We create and maintain the files for criminal, civil, special proceeding matters and decedents' estates, and create court dockets and keep the minutes for each court session. We provide counter service to citizens/attorneys filing documents, seeking information related to court proceedings, or applying for passports.*

*In addition to the clerical/administrative functions, the Clerk in North Carolina is also a judicial official with jurisdiction to hear and decide certain types of cases, including but not limited to adoptions, legal guardianships, foreclosures, partitions of real property and matters involving decedents' estates.*

*The Clerk is authorized to appoint personal representatives for decedents' estates, guardians for incompetent adults and certain minors, and to see to it that those matters are administered in accordance with North Carolina law.*

*Operational goals and objectives:*

*To provide competent, fair service to the citizens of Macon County and to do our part to ensure that the court system functions in as efficient and effective manner as possible.*

*Objectives include adequate staffing, training and utilization of resources provided by Macon County and the Administrative Office of the Courts to achieve our goals.*



## SPACE PROGRAMMING QUESTIONNAIRE

2. What changes do you anticipate in your services or functions in the next ten years, and why?

*Changes anticipated:*

*I expect the state to provide electronic filing of court documents, hopefully within 10 years, but I am not sure that would mean there would be no need for paper backups.*

*Why?*

# SPACE PROGRAMMING QUESTIONNAIRE

3. Please list the job title of each position currently budgeted and authorized for your department/division. Adjacent to each job title, indicate how many such positions are currently budgeted and authorized. This tells us what your current staff breakdown is. Then, to the best of your ability, indicate in each column the total number of budgeted and authorized positions you think there will be for each job title in future years 2022, 2027, and 2032. Base your estimate on how you believe the amount and nature of your department/division's services and workload will change. Add new job titles for the future if appropriate. Then indicate what type of workspace is required for each position. Examples of the intended response format are shown below.

Job Title	How many now?	How many in 5 years?	How many in 10 years?	How many in 20 years?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
Clerk of Court	1	1	1	1	x			
Deputy Clerk	5	6	6	7			x	
Administrative Assistant	3	3	4	5			x	
<b>YOUR RESPONSES:</b>								
<i>Clerk of Court</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>x</i>			
<i>Deputy Clerk</i>	<i>5</i>	<i>5</i>	<i>6</i>	<i>7</i>			<i>x</i>	
<i>Bookkeeper</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>x</i>			
<i>Assistant Clerk</i>	<i>3</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>x</i>			

4. What percentage of your staff is female? *100%* male? %

## SPACE PROGRAMMING QUESTIONNAIRE

5. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

6. If yes, please describe features that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

*We need a larger area for customer service, including more counter space and a waiting area. We currently have two customer access computers on our counter, which limits space for customer service, so we need more counter space or an area dedicated just to those computers. We need a private space away from the areas the general public has access to for domestic violence victims to be able to safely complete court documents. Currently, the area we have for accepting and receipting money is too small and not as secure as it needs to be. We have space for just one cashier window, we need another.*

*Need office space and a hearing room (for small claims court) for the magistrate.*

7. Describe any special space or functional requirements that are important for the particular types of customers you interact with.

*As noted above, we regularly interact with victims of domestic violence and need a safe space for them while in our office, away from the area(s) the general public can access. A semi-private space for interviews for our estates deputy clerk would be helpful. As it is now, in our one conference room is occupied, she has to interview in the waiting area.*

*We need hearing rooms for both the Clerk of Court and the Magistrate, that would each accommodate 10-12 people.*

*We need a jury assembly room for checking in prospective jurors. We currently have to use the main courtroom, which often delays court proceedings.*

*We need security so that the public doesn't have uninvited access to the staff.*

*We currently have three courtrooms, but two of them are too small. We need three courtrooms of adequate size. Our current largest courtroom has a seating capacity of 136; we need two others of similar size.*

8. Does your department/division deal directly with visitors other than customers on a regular basis (for example, vendors, staff from other departments, etc.)?

Yes

No

## SPACE PROGRAMMING QUESTIONNAIRE

If yes, describe any special space or functional requirements that are important in dealing with these visitors. Feel free to suggest features that are different from your current space or method of doing business.

*n/a. We have vendors or Administrative Office of the Courts support staff visit occasionally, but we have adequate space for their needs.*

9. Does your department/division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 3

What is the maximum number? 8

Please attach any data or documentation you have about the amount of your customer/visitor traffic. I don't have any data, but it is common to have customers backed up into the hallway because our counter area is so small.

10. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 4

What is the maximum number? 10

For what types of meetings will the space(s) be used?

## SPACE PROGRAMMING QUESTIONNAIRE

*Estate interviews prior to opening a decedent estate.*

*Small hearings involving 3-4 people.*

*Conferences with attorneys and the public.*

*We currently use it, if available, for domestic violence victims to prepare paperwork for filing. It is frequently unavailable for this use.*

Please describe any audio-visual equipment or other special features you regularly need for meetings.

*n/a*

11. Does the work space for your department/division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter, microfiche reader/printer)?

Yes

No

If yes, please describe briefly.

*Bulk mail machine, fax machine, digital scanner, a computer used for selection of jurors, 2 large copiers, two large printers.*

12. Does your department/division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy centralized files you must keep to increase over time?

Yes

No

## SPACE PROGRAMMING QUESTIONNAIRE

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

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13. Not sure. Although the state may implement electronic filing, there remains the possibility that a paper backup would be needed.

## SPACE PROGRAMMING QUESTIONNAIRE

14. Please indicate below the number of centralized file storage units of each type you have now. Include only centralized files used by multiple staff and/or customers. Do not include files that are (or should be) in a staff member's individual office or workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		48	4	75	
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

0%

Could those inactive files be stored at a location other than your building?

Yes

No

15. Other than filing, for what items does your department/division require storage space?

*The usual office supplies, passport applications, statute books, forms for court actions. The criminal staff needs space in their desk area for pending files they are working on.*

16. Place an **X** in the appropriate box to indicate how your department/division should ideally be located in the building relative to each of the other department/divisions or individuals listed. Leave the row for your own department/division blank.

Department or Division	Very close	Same floor	Same building	Proximity not important	Department or Division	Very close	Same floor	Same building	Proximity not important
Superior Court			<b>X</b>		Magistrate		<b>X</b>		
District Court			<b>X</b>		District Attorney			<b>X</b>	
Clerk of Court					Juvenile Probation			<b>X</b>	
Adult Probation			<b>X</b>		Other-_____				

## SPACE PROGRAMMING QUESTIONNAIRE

17. Describe any special requirements or concerns your department/division may have regarding security.

*Currently there is no security for our building or for my office. The public has unchecked access to both.*

18. Describe any unusual heating, cooling, lighting, or electrical power requirements for your department/division.

19. How many copiers does your department/division have? 3

How many fax machines? 1

19. Please describe any special parking needs or considerations your agency/department may have:

Need parking for staff that is separated from the general public because we regularly deal with frustrated and/or angry people both in court and in the office.



## SPACE PROGRAMMING QUESTIONNAIRE

20. Please note any other suggestions or concerns you may have about the nature of the space your department/division needs or make any other comments you want to communicate to the design team.

*We need a space dedicated to holding evidence that has been presented in court. By policy, access to this space should be limited to clerk's office employees.*

*Need consultation rooms in which attorneys could meet with clients on court days.*

*Need an office near the courtrooms for non-clerk support staff. (Community service).*

*Need a room large enough to accommodate 18 grand jurors and a witness for grand jury proceedings.*

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you!





**MACON COUNTY MASTER FACILITY PLAN  
SPACE PROGRAMMING QUESTIONNAIRE:  
COURTHOUSE**

This questionnaire will give the Moseley Architects team an initial understanding of some of the issues that are important in the planning and design of space for your department in the Macon County courthouse. The design team will also meet with you in person to discuss these and other issues in more detail, but the time you spend responding to the questions below is extremely valuable in “jump starting” the face to face discussions, and in focusing everyone’s thinking on some of the relevant issues prior to that meeting.

Please answer the questions as they apply to your specific department or division within the department. *Just click within the gray boxes to enter your response. For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”.* Feel free to print the questionnaire and complete it by hand if you prefer.

Please answer every applicable question as accurately and thoughtfully as you can. The quality of information you provide has a direct impact on the success of the project. Please make an effort to realistically answer the questions about future staffing levels based on your staffing history and projected changes in population, case filings, or services, and other factors that may be relevant.

Feel free to attach additional sheets if needed. Your time and effort are appreciated and we look forward to meeting with you!

**Your Name:** David Underwood & Sheriff Robert Holland

**Your Department/Division Within the Department:** Support Services

**Your Telephone Number:** (828) 349-2223

**Your Email Address:** dunderwood@maconnc.org

## SPACE PROGRAMMING QUESTIONNAIRE

1. Briefly describe the general scope of your department/division's services and functions, including any special policies or procedures that impact your functional and space needs, and indicate major operational goals and objectives.

*Services and functions:*

Process and maintain all files for concealed handgun permits.  
Process and maintain all files for pistol purchase permits.  
Background investigations for new hires.  
Process and maintain files for domestic violence orders.  
Process and storage for evidence.  
Admin work and office work.

*Operational goals and objectives:*

Larger working area and storage.

## SPACE PROGRAMMING QUESTIONNAIRE

2. What changes do you anticipate in your services or functions in the next ten years, and why?

*Changes anticipated:*

We will continue to grow as the population continues to grow.

*Why?*

New residents are constantly moving here.

**SPACE PROGRAMMING QUESTIONNAIRE**

3. Please list the job title of each position currently budgeted and authorized for your department/division. Adjacent to each job title, indicate how many such positions are currently budgeted and authorized. This tells us what your current staff breakdown is. Then, to the best of your ability, indicate in each column the total number of budgeted and authorized positions you think there will be for each job title in future years 2022, 2027, and 2032. Base your estimate on how you believe the amount and nature of your department/division’s services and workload will change. Add new job titles for the future if appropriate. Then indicate what type of workspace is required for each position. Examples of the intended response format are shown below.

Job Title	How many now?	How many in 5 years?	How many in 10 years?	How many in 20 years?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
Clerk of Court	1	1	1	1	x			
Deputy Clerk	5	6	6	7			x	
Administrative Assistant	3	4	5	5			x	
<b>YOUR RESPONSES:</b>								
Administration	2	3	4	5	X			

4. What percentage of your staff is female?      %      male? 100%

## SPACE PROGRAMMING QUESTIONNAIRE

5. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

6. If yes, please describe features that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Need more space while working and dealing with the public.

7. Describe any special space or functional requirements that are important for the particular types of customers you interact with.

Sometimes need privacy.

8. Does your department/division deal directly with visitors other than customers on a regular basis (for example, vendors, staff from other departments, etc.)?

Yes

No

## SPACE PROGRAMMING QUESTIONNAIRE

If yes, describe any special space or functional requirements that are important in dealing with these visitors. Feel free to suggest features that are different from your current space or method of doing business.

More work area and for privacy.

9. Does your department/division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 4

What is the maximum number? 10

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

10. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 5

What is the maximum number? 25

For what types of meetings will the space(s) be used?

Training



## SPACE PROGRAMMING QUESTIONNAIRE

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Computer, TVs, Wifi

11. Does the work space for your department/division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter, microfiche reader/printer)?

Yes

No

If yes, please describe briefly.

Large copier, mail boxes for officers.

12. Does your department/division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy centralized files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

**SPACE PROGRAMMING QUESTIONNAIRE**

13. Please indicate below the number of centralized file storage units of each type you have now. Include only centralized files used by multiple staff and/or customers. Do not include files that are (or should be) in a staff member’s individual office or workstation. (Note: “Inactive files” are those you rarely need to access. “Active files” are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	14				
Inactive files in your office area	14	2	2		
Inactive files <u>not</u> in your office area	14				

What percentage of your inactive files could be stored away from your department/division’s office area?

0 %

Could those inactive files be stored at a location other than your building?

Yes

No

14. Other than filing, for what items does your department/division require storage space?

Yes - evidence
----------------

15. Place an **X** in the appropriate box to indicate how your department/division should ideally be located in the building relative to each of the other department/divisions or individuals listed. Leave the row for your own department/division blank.

Department or Division	Very close	Same floor	Same building	Proximity not important	Department or Division	Very close	Same floor	Same building	Proximity not important
Superior Court				✓	Magistrate				✓
District Court				✓	District Attorney				✓
Clerk of Court				✓	Juvenile Probation				✓
Adult Probation				✓	Other-_____				

## SPACE PROGRAMMING QUESTIONNAIRE

16. Describe any special requirements or concerns your department/division may have regarding security.

17. Describe any unusual heating, cooling, lighting, or electrical power requirements for your department/division.

Normal HVAC – Adequate lighting and electrical

18. How many copiers does your department/division have? 4

How many fax machines? 1

19. Please describe any special parking needs or considerations your agency/department may have:

## SPACE PROGRAMMING QUESTIONNAIRE

20. Please note any other suggestions or concerns you may have about the nature of the space your department/division needs or make any other comments you want to communicate to the design team.

Need more work area, and need more evidence storage.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you!



**MACON COUNTY MASTER FACILITY PLAN  
SPACE PROGRAMMING QUESTIONNAIRE:  
COURTHOUSE**

This questionnaire will give the Moseley Architects team an initial understanding of some of the issues that are important in the planning and design of space for your department in the Macon County courthouse. The design team will also meet with you in person to discuss these and other issues in more detail, but the time you spend responding to the questions below is extremely valuable in “jump starting” the face to face discussions, and in focusing everyone’s thinking on some of the relevant issues prior to that meeting.

Please answer the questions as they apply to your specific department or division within the department. *Just click within the gray boxes to enter your response. For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”.* Feel free to print the questionnaire and complete it by hand if you prefer.

Please answer every applicable question as accurately and thoughtfully as you can. The quality of information you provide has a direct impact on the success of the project. Please make an effort to realistically answer the questions about future staffing levels based on your staffing history and projected changes in population, case filings, or services, and other factors that may be relevant.

Feel free to attach additional sheets if needed. Your time and effort are appreciated and we look forward to meeting with you!

**Your Name:** Lt. Gary A. Wishon & Sheriff Robert Holland

**Your Department/Division Within the Department:** Civil Process/Courthouse Security

**Your Telephone Number:** (828) 371-7351

**Your Email Address:** awishon@maconnc.org

## SPACE PROGRAMMING QUESTIONNAIRE

1. Briefly describe the general scope of your department/division's services and functions, including any special policies or procedures that impact your functional and space needs, and indicate major operational goals and objectives.

*Services and functions:*

To serve all civil papers for the county and provide security for the courthouse. We currently have two offices in the courthouse that are too small for our division. In one office, I am housing two officers and in the other office we have three officers. I will be gaining two additional officers in February and I do not have any space for them.

*Operational goals and objectives:*

I would like to see some additional office space. Right now, the Lt., Sgt., and administrative assistant share the same office. I would like to have a separate office for the Lt. and Sgt. which would free up two desks for the officers coming in February. Ideally, a new law enforcement complex to house court, jail, and office space would be very beneficial.

## SPACE PROGRAMMING QUESTIONNAIRE

2. What changes do you anticipate in your services or functions in the next ten years, and why?

*Changes anticipated:*

- 1) Increase in courts and number of defendants
- 2) Increase in amount of civil papers being served
- 3) Increased amount of employees in my unit

*Why?*

- Courts are overpopulated as is and will only increase with time.
- Papers are increasing each year
- My unit will have to have more employees to provide adequate security for the courthouse

**SPACE PROGRAMMING QUESTIONNAIRE**

3. Please list the job title of each position currently budgeted and authorized for your department/division. Adjacent to each job title, indicate how many such positions are currently budgeted and authorized. This tells us what your current staff breakdown is. Then, to the best of your ability, indicate in each column the total number of budgeted and authorized positions you think there will be for each job title in future years 2022, 2027, and 2032. Base your estimate on how you believe the amount and nature of your department/division’s services and workload will change. Add new job titles for the future if appropriate. Then indicate what type of workspace is required for each position. Examples of the intended response format are shown below.

Job Title	How many now?	How many in 5 years?	How many in 10 years?	How many in 20 years?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
Clerk of Court	1	1	1	1	x			
Deputy Clerk	5	6	6	7			x	
Administrative Assistant	3	4	5	5			x	
<b>YOUR RESPONSES:</b>								
Lt.	1	1	1	1		X		
Sgt.	1	1	1	2		X		
Admin. Assistant	1	1	1	1	X			
Baliff	2	4-5	7-8	10		X	X	

4. What percentage of your staff is female? 20% male? 80%



## SPACE PROGRAMMING QUESTIONNAIRE

5. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

6. If yes, please describe features that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Need the administrative assistant in a separate office than the Lt. and Sgt.  
This would cut down on noise and distractions when speaking to the public.

7. Describe any special space or functional requirements that are important for the particular types of customers you interact with.

Right now our offices are so small that they do not accommodate handicap individuals. We need offices to be easily accessible to all of general public.

8. Does your department/division deal directly with visitors other than customers on a regular basis (for example, vendors, staff from other departments, etc.)?

Yes

No

## SPACE PROGRAMMING QUESTIONNAIRE

If yes, describe any special space or functional requirements that are important in dealing with these visitors. Feel free to suggest features that are different from your current space or method of doing business.

We are in need of a lobby area to meet with vendors and public who are seeking information other than what our unit handles specifically.

9. Does your department/division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? Varies, but generally block the hallway while waiting in line.

What is the maximum number? Same.

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

10. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 5-20

What is the maximum number? 20

For what types of meetings will the space(s) be used?

Unit meeting or briefings, courthouse security committee meetings, to meet with lawyers and public.

## SPACE PROGRAMMING QUESTIONNAIRE

Please describe any audio-visual equipment or other special features you regularly need for meetings.

11. Does the work space for your department/division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter, microfiche reader/printer)?

Yes

No

If yes, please describe briefly.

X-ray machines and metal detectors.

12. Does your department/division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy centralized files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

**SPACE PROGRAMMING QUESTIONNAIRE**

13. Please indicate below the number of centralized file storage units of each type you have now. Include only centralized files used by multiple staff and/or customers. Do not include files that are (or should be) in a staff member’s individual office or workstation. (Note: “Inactive files” are those you rarely need to access. “Active files” are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		✓	✓	✓	
Inactive files in your office area		✓	✓	✓	
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division’s office area?

0%

Could those inactive files be stored at a location other than your building?

Yes

No

14. Other than filing, for what items does your department/division require storage space?

Office supplies and law books on civil process.

15. Place an **X** in the appropriate box to indicate how your department/division should ideally be located in the building relative to each of the other department/divisions or individuals listed. Leave the row for your own department/division blank.

Department or Division	Very close	Same floor	Same building	Proximity not important	Department or Division	Very close	Same floor	Same building	Proximity not important
Superior Court		<b>X</b>			Magistrate		<b>X</b>		
District Court		<b>X</b>			District Attorney			<b>X</b>	
Clerk of Court			<b>X</b>		Juvenile Probation				<b>X</b>
Adult Probation				<b>X</b>	Other-_____				

## SPACE PROGRAMMING QUESTIONNAIRE

16. Describe any special requirements or concerns your department/division may have regarding security.

Right now we are not on the same floor as courtrooms which slow down response time to incidents. We need more employees to cover the building and grounds.

17. Describe any unusual heating, cooling, lighting, or electrical power requirements for your department/division.

None

18. How many copiers does your department/division have? 1

How many fax machines? 1

19. Please describe any special parking needs or considerations your agency/department may have:

Employees currently have to park with the general public. We need a separate parking area for employees.

## SPACE PROGRAMMING QUESTIONNAIRE

20. Please note any other suggestions or concerns you may have about the nature of the space your department/division needs or make any other comments you want to communicate to the design team.

The entire courthouse is our responsibility. We need larger courtrooms and more office space. On court dates, we are over capacity and in violation of fire codes.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you!



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in “jump starting” that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Lt. Gary A. Wishon & Sheriff Robert Holland

Your Department: MCSO

Your Division within the Department (if applicable): Civil Process & Courthouse Security

Your Telephone Number: (828) 371-7351

Your email address: awishon@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Operational goals and objectives:

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

More growth in number of employees in every unit.
Why? The work load increases each year.



SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.


5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? \_\_\_\_\_

What is the maximum number? \_\_\_\_\_

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? \_\_\_\_\_

What is the maximum number? \_\_\_\_\_

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE



8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files					
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

\_\_\_\_\_ % if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

13. How many copiers does your division have? \_\_\_\_\_

How many fax machines? \_\_\_\_\_

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



**MACON COUNTY MASTER FACILITY PLAN  
SPACE PROGRAMMING QUESTIONNAIRE:  
COURTHOUSE**

This questionnaire will give the Moseley Architects team an initial understanding of some of the issues that are important in the planning and design of space for your department in the Macon County courthouse. The design team will also meet with you in person to discuss these and other issues in more detail, but the time you spend responding to the questions below is extremely valuable in “jump starting” the face to face discussions, and in focusing everyone’s thinking on some of the relevant issues prior to that meeting.

Please answer the questions as they apply to your specific department or division within the department. *Just click within the gray boxes to enter your response. For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”.* Feel free to print the questionnaire and complete it by hand if you prefer.

Please answer every applicable question as accurately and thoughtfully as you can. The quality of information you provide has a direct impact on the success of the project. Please make an effort to realistically answer the questions about future staffing levels based on your staffing history and projected changes in population, case filings, or services, and other factors that may be relevant.

Feel free to attach additional sheets if needed. Your time and effort are appreciated and we look forward to meeting with you!

**Your Name:** Major Andy Shields & Sheriff Robert Holland

**Your Department/Division Within the Department:**

**Your Telephone Number:** (828) 349-2015

**Your Email Address:**

## SPACE PROGRAMMING QUESTIONNAIRE

1. Briefly describe the general scope of your department/division's services and functions, including any special policies or procedures that impact your functional and space needs, and indicate major operational goals and objectives.

*Services and functions:*

House inmates, store evidence and records, service the public, etc.

*Operational goals and objectives:*

Increase inmate housing capabilities.

Increase file storage area.

Increase evidence storage area.

Increase patrol cubicles to accommodate more officers.



## SPACE PROGRAMMING QUESTIONNAIRE

2. What changes do you anticipate in your services or functions in the next ten years, and why?

*Changes anticipated:*

Increase in number of inmates.

Increase in amount of evidence.

Increase in records retention.

Increase in number of officers requiring work space and training.

*Why?*

- More arrests
- More crimes committed and investigated
- Greater number of CCHP/DVO training records and background investigations.

**SPACE PROGRAMMING QUESTIONNAIRE**

3. Please list the job title of each position currently budgeted and authorized for your department/division. Adjacent to each job title, indicate how many such positions are currently budgeted and authorized. This tells us what your current staff breakdown is. Then, to the best of your ability, indicate in each column the total number of budgeted and authorized positions you think there will be for each job title in future years 2022, 2027, and 2032. Base your estimate on how you believe the amount and nature of your department/division’s services and workload will change. Add new job titles for the future if appropriate. Then indicate what type of workspace is required for each position. Examples of the intended response format are shown below.

Job Title	How many now?	How many in 5 years?	How many in 10 years?	How many in 20 years?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
Clerk of Court	1	1	1	1	x			
Deputy Clerk	5	6	6	7			x	
Administrative Assistant	3	4	5	5			x	
<b>YOUR RESPONSES:</b>								
Jail Admin.	1	1	1	1	X			
CCHP & Background	1	2	2	3		X		
Evidence Tech	1	1	2	2		X		

4. What percentage of your staff is female?      %      male?      %

## SPACE PROGRAMMING QUESTIONNAIRE

5. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

6. If yes, please describe features that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Increase waiting room area, visitation technology and cubicles.

7. Describe any special space or functional requirements that are important for the particular types of customers you interact with.

Visitation for inmates.

8. Does your department/division deal directly with visitors other than customers on a regular basis (for example, vendors, staff from other departments, etc.)?

Yes

No

## SPACE PROGRAMMING QUESTIONNAIRE

If yes, describe any special space or functional requirements that are important in dealing with these visitors. Feel free to suggest features that are different from your current space or method of doing business.

9. Does your department/division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time?

What is the maximum number?

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

10. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 6-10

What is the maximum number?

For what types of meetings will the space(s) be used?

Training and meetings.

## SPACE PROGRAMMING QUESTIONNAIRE

Please describe any audio-visual equipment or other special features you regularly need for meetings.

11. Does the work space for your department/division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter, microfiche reader/printer)?

Yes

No

If yes, please describe briefly.

Fingerprint equipment and secure office space needed, interview recording equipment and secure office space needed, interview room and secure office needed, DCI computer and secure office required.

12. Does your department/division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy centralized files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

**SPACE PROGRAMMING QUESTIONNAIRE**

13. Please indicate below the number of centralized file storage units of each type you have now. Include only centralized files used by multiple staff and/or customers. Do not include files that are (or should be) in a staff member’s individual office or workstation. (Note: “Inactive files” are those you rarely need to access. “Active files” are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files					
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division’s office area?

%

Could those inactive files be stored at a location other than your building?

Yes

No

14. Other than filing, for what items does your department/division require storage space?

15. Place an **X** in the appropriate box to indicate how your department/division should ideally be located in the building relative to each of the other department/divisions or individuals listed. Leave the row for your own department/division blank.

Department or Division	Very close	Same floor	Same building	Proximity not important	Department or Division	Very close	Same floor	Same building	Proximity not important
Superior Court					Magistrate				
District Court					District Attorney				
Clerk of Court					Juvenile Probation				
Adult Probation					Other-_____				

## SPACE PROGRAMMING QUESTIONNAIRE

16. Describe any special requirements or concerns your department/division may have regarding security.

17. Describe any unusual heating, cooling, lighting, or electrical power requirements for your department/division.

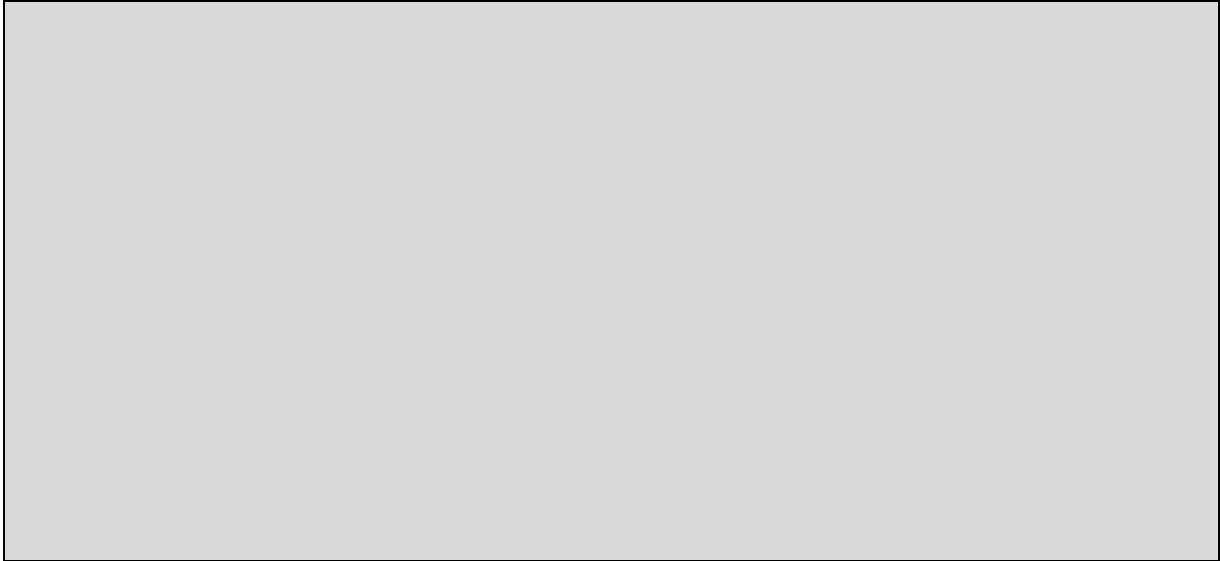
18. How many copiers does your department/division have?

How many fax machines?

19. Please describe any special parking needs or considerations your agency/department may have:

## SPACE PROGRAMMING QUESTIONNAIRE

20. Please note any other suggestions or concerns you may have about the nature of the space your department/division needs or make any other comments you want to communicate to the design team.



This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you!





**MACON COUNTY MASTER FACILITY PLAN  
SPACE PROGRAMMING QUESTIONNAIRE:  
COURTHOUSE**

This questionnaire will give the Moseley Architects team an initial understanding of some of the issues that are important in the planning and design of space for your department in the Macon County courthouse. The design team will also meet with you in person to discuss these and other issues in more detail, but the time you spend responding to the questions below is extremely valuable in “jump starting” the face to face discussions, and in focusing everyone’s thinking on some of the relevant issues prior to that meeting.

Please answer the questions as they apply to your specific department or division within the department. *Just click within the gray boxes to enter your response. For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”.* Feel free to print the questionnaire and complete it by hand if you prefer.

Please answer every applicable question as accurately and thoughtfully as you can. The quality of information you provide has a direct impact on the success of the project. Please make an effort to realistically answer the questions about future staffing levels based on your staffing history and projected changes in population, case filings, or services, and other factors that may be relevant.

Feel free to attach additional sheets if needed. Your time and effort are appreciated and we look forward to meeting with you!

**Your Name:** *William H. Coward, Sr. Res. Superior Court Judge*

**Your Department/Division Within the Department:** *Judge’s chambers and judicial assistant area/office*

**Your Telephone Number:** *828-369-7299*

**Your Email Address:** *William.H.Coward@nccourts.org*

## SPACE PROGRAMMING QUESTIONNAIRE

1. Briefly describe the general scope of your department/division's services and functions, including any special policies or procedures that impact your functional and space needs, and indicate major operational goals and objectives.

*Services and functions:* This is the Sr. Resident Superior Court Judge's office. We will require a two offices, one for the judicial assistant and one for the Judge, a conference room and a sitting area. The judicial assistant will require an office area sufficient to handle the work done by her. A small kitchen/counter area for coffee, microwave, small refrigerator and if room, table and chairs for eating.

The judicial assistant prepares calendars for 5 counties, handles all phone calls received, prepares reports, court pleadings and handles all mail and paperwork requiring the Judge's signature. There can be a tremendous amount of paperwork passing through the office on a weekly basis.

*Space needs:* In addition to Judge's chambers, Judge's conference room, sitting area, this area would need its own secured bathroom for the Judge and Judicial Assistant.

A kitchen area or countertop for coffee pot, small refrigerator, microwave and sitting area for eating.

*Operational goals and objectives:*

Due to security concerns, it would be recommended that the Judge's office be in a location not accessible by the general public. The judicial assistant can be located in a front area and will be the only one able to access the judge's chambers. All persons must go through the judicial assistant to gain entry to chambers.

## SPACE PROGRAMMING QUESTIONNAIRE

2. What changes do you anticipate in your services or functions in the next ten years, and why?

*Changes anticipated:*  
*None that can be anticipated.*

*Why?*

**SPACE PROGRAMMING QUESTIONNAIRE**

3. Please list the job title of each position currently budgeted and authorized for your department/division. Adjacent to each job title, indicate how many such positions are currently budgeted and authorized. This tells us what your current staff breakdown is. Then, to the best of your ability, indicate in each column the total number of budgeted and authorized positions you think there will be for each job title in future years 2022, 2027, and 2032. Base your estimate on how you believe the amount and nature of your department/division’s services and workload will change. Add new job titles for the future if appropriate. Then indicate what type of workspace is required for each position. Examples of the intended response format are shown below.

Job Title	How many now?	How many in 5 years?	How many in 10 years?	How many in 20 years?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
Clerk of Court	1	1	1	1	x			
Deputy Clerk	5	6	6	7			x	
Administrative Assistant	3	4	5	5			x	
<b>YOUR RESPONSES:</b>								
<i>Superior Court Judge</i>	<i>1</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>X</i>			
<i>Judicial Assistant</i>	<i>1</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>X</i>			

4. What percentage of your staff is female? 100%                      male? 0%

## SPACE PROGRAMMING QUESTIONNAIRE

5. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

6. If yes, please describe features that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

*Most people that come to this office are merely dropping off documents or are just asking questions.*

*Meetings are regularly scheduled by the judicial assistant for the Judge and those meetings would take place in the Judge's conference room.*

*A formal sitting area would be beneficial for up to 6 people.*

7. Describe any special space or functional requirements that are important for the particular types of customers you interact with.

*Space must be able to be secured.*

*Conference room and Judge's chambers must be soundproof.*

8. Does your department/division deal directly with visitors other than customers on a regular basis (for example, vendors, staff from other departments, etc.)?

Yes

No

## SPACE PROGRAMMING QUESTIONNAIRE

If yes, describe any special space or functional requirements that are important in dealing with these visitors. Feel free to suggest features that are different from your current space or method of doing business.

*A formal sitting area.  
A kitchen/countertop space.  
A dedicated secured bathroom.*

9. Does your department/division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? *1*

What is the maximum number? *6*

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

10. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? *3*

What is the maximum number? *8*

For what types of meetings will the space(s) be used?

*Judge would require a secured conference room separated from others. Conferences used to discuss cases, discussions of court procedures, issues, meet with law enforcement, etc. Conference room and Judge's chambers must be soundproof.*

## SPACE PROGRAMMING QUESTIONNAIRE

Please describe any audio-visual equipment or other special features you regularly need for meetings.

*none*

11. Does the work space for your department/division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter, microfiche reader/printer)?

Yes

No

If yes, please describe briefly.

*n/a*

12. Does your department/division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy centralized files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

**SPACE PROGRAMMING QUESTIONNAIRE**

13. Please indicate below the number of centralized file storage units of each type you have now. Include only centralized files used by multiple staff and/or customers. Do not include files that are (or should be) in a staff member’s individual office or workstation. (Note: “Inactive files” are those you rarely need to access. “Active files” are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	0	0	0	0	0
Inactive files in your office area	0	0	0	0	0
Inactive files <u>not</u> in your office area	0	0	0	0	0

What percentage of your inactive files could be stored away from your department/division’s office area?

0%

Could those inactive files be stored at a location other than your building?

Yes

No

14. Other than filing, for what items does your department/division require storage space?

*Judge’s notes from each session attended; copies of documents that have been signed by the Judge.*

15. Place an **X** in the appropriate box to indicate how your department/division should ideally be located in the building relative to each of the other department/divisions or individuals listed. Leave the row for your own department/division blank.

Department or Division	Very close	Same floor	Same building	Proximity not important	Department or Division	Very close	Same floor	Same building	Proximity not important
Superior Court					Magistrate				<b>X</b>
District Court				<b>X</b>	District Attorney			<b>X</b>	
Clerk of Court		<b>X</b>			Juvenile Probation				<b>X</b>
Adult Probation				<b>X</b>	Other-_____				



## SPACE PROGRAMMING QUESTIONNAIRE

16. Describe any special requirements or concerns your department/division may have regarding security.

*To have the Judge's area, including area of judicial assistant, in a secured environment. The judge's chambers and conference room should be soundproof.*

17. Describe any unusual heating, cooling, lighting, or electrical power requirements for your department/division.

*Dedicated thermostat for Judge and Judicial Assistant's offices*

18. How many copiers does your department/division have? 1

How many fax machines? 1

19. Please describe any special parking needs or considerations your agency/department may have:

Secured parking for Judge

## SPACE PROGRAMMING QUESTIONNAIRE

20. Please note any other suggestions or concerns you may have about the nature of the space your department/division needs or make any other comments you want to communicate to the design team.

*For the Judge's office, separate conference room that is soundproofed.*

*Private bathroom for Judge.*

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you!



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in “jump starting” that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: William H. Coward

Your Department: Superior Court Judge's Office

Your Division within the Department (if applicable): \_\_\_\_\_

Your Telephone Number: 828-369-7299

Your email address: William.H.Coward@nccourts.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Judge's office prepares calendars for the Superior Court Division for 5 counties. Works closely with Sr. Resident Judge, visiting Judges, District Attorney's office, Clerk's office. Handles all correspondence. Fields telephone calls. Meets with Law Enforcement.

All done in a timely manner.

Operational goals and objectives:

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

none

Why?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Sr. Resident Judge	1	1	2	2	X			
Judicial Assistant	1	1	2	2	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

*Most people that come to this office are merely dropping off documents or are just asking questions. Meetings are regularly scheduled by the judicial assistant for the Judge and those meetings would take place in the Judge's conference room.*

*A formal sitting area would be beneficial for up to 6 people.*

*A kitchen area or countertop with a sink and space for coffee maker, microwave, small refrigerator.*

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 1

What is the maximum number? 6

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 3

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

What is the maximum number? 8

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Discussion of cases, meetings with law enforcement. Special feature - soundproofing
--

Please describe any audio-visual equipment or other special features you regularly need for meetings.

none
------

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	0	0	0	0	0
Inactive files in your office area	0	0	0	0	0
Inactive files <u>not</u> in your office area	0	0	0	0	0

What percentage of your inactive files could be stored away from your department/division's office area?

0% if they are in the same building

0% if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Judge's notes from each session attended; Judicial Assistant retains copies of all documents signed by Judge.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Private bathroom, kitchen area

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

None that I am aware of

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Secured parking for Judge

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Dedicated thermostat for Judge and Judicial Assistant's offices, if permissible.

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Small kitchen/counter space with sink and enough room for a coffee maker, microwave, small refrigerator, small table and chair(s) for eating.

Private bathroom for Judge and Judicial Assistant.

Private conference room, soundproofed.

Private office for Judge (chambers), soundproofed and inaccessible by public.

Total square footage for Judge and staff – approx. 1440 sq. ft.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in “jump starting” that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Lt. Ken Lane & Sheriff Robert Holland

Your Department: Macon County Sheriff's Office

Your Division within the Department (if applicable): Road Patrol

Your Telephone Number: (828) 349-2266

Your email address: klane@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Macon County Sheriff's Office is currently parceled into 3 separate facilities in town. It would benefit greatly if the department was operated under one roof.

Operational goals and objectives:

Expand the operational space as there is desperate need for office space.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

With the current growth of the county and the demands for service, MCSO must increase its workforce to accommodate such changes.

Why?

Logic of supply and demand.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Patrol Lt.	1	1	1	1	X			
Patrol 1 <sup>st</sup> Sgt.	1	1	1	1	X			
Sgt.	4	4	4	4		X		
Cpl.	4	4	4	4		X		
Deputy	15	19	19	19		X		

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

There is no available office space for interaction with the public. The professional standard is at a minimum when dealing with the public, especially when it involves privacy on confidential issues.

23 deputies share 2 computers at any given moment. Deputies do not have the space even for a filing cabinet. Most keep their day to day files in the trunks of their patrol vehicles because of the lack of storage space and equipment.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? \_\_\_\_\_

What is the maximum number? 6

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? It varies.

What is the maximum number? 20

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Unit meetings, in-service training, staging area for emergency related events, educational opportunities.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

2 large screen monitors.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		4	25		
Inactive files in your office area				multiple	
Inactive files <u>not</u> in your office area				multiple	

What percentage of your inactive files could be stored away from your department/division's office area?

100% if they are in the same building

100% if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Evidence locker which is currently filled to its capacity.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Each deputy should/must have their own locker assigned to them. At minimum, each shift should have their own work space rather than a shared one with the entire unit as currently stands.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

The entire department should be housed under the same roof.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

There is currently NO security at the facility other than the detention area of the jail.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Heating and cooling is often under repair.

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

There is no real kitchen area other than a refrigerator and microwave. This room is shared with a stand-up locker which is used for evidence storage. There is no shower room, and there is no evidence processing area.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



**MACON COUNTY MASTER FACILITY PLAN  
SPACE NEEDS ASSESSMENT QUESTIONNAIRE:  
SHERIFF'S OFFICE AND JAIL FACILITIES**

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Please answer every applicable question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated, and we look forward to meeting with you.

Your Name: Lt. Tony Carver & Sheriff Robert Holland

Your Department: Macon County Sheriff's Office

Your Division within the Department (if applicable): Training

Your Telephone Number: (828) 371-1373

Your email address: tcarver@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Scope: Provide all state mandated in-service training to approximately 55 sworn LE and 30 non-sworn detention officers (85 employees). Each sworn officer must complete 24 hours. Each non-sworn detention officer must complete 16 hours.

Operational goals and objectives:

Goals: Identify any future training needs by evaluating current training. Maintain and store records indicating each officer's attendance and completion of training events.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

More mandated training hours to include mandates on testing and the addition of scenario based training.

Mandates on physical conditioning.

Why?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position currently authorized for your subdivision within the department. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
Sheriff	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
In-service training coordinator	2	3		4				
Instructors/Part time	10			10				

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

North Carolina Training Standards visit and audit training records.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? \_\_\_\_\_

What is the maximum number? \_\_\_\_\_

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 25

What is the maximum number? 100

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

In-service training/classroom lecture and practical exercises. Non-mandated training. Daily meetings.
---

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Power Points, video, audio, dry erase boards, laptops, internet access, TVs, storage/training material, copier, tables, chairs.
---

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files					
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

\_\_\_\_\_ % if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space?

Training equipment.

10. What other divisions within your department should be located near yours in order to facilitate coordination and efficient service?

What types of spaces or building features would help your group to more effectively interact and collaborate with other functions?

Armory, indoor range, space for practical/exercises.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Training records must be secure.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division.

13. How many copiers does your division have? 0

How many fax machines? 0

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs or make any other comments you want to communicate to the design team.

(See number 10)

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



**MACON COUNTY MASTER FACILITY PLAN  
SPACE NEEDS ASSESSMENT QUESTIONNAIRE:  
SHERIFF'S OFFICE AND JAIL FACILITIES**

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Please answer every applicable question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated, and we look forward to meeting with you.

Your Name: Lt. Dereck E. Jones & Sheriff Robert Holland

Your Department: Macon County Sheriff's Office

Your Division within the Department (if applicable): Detention Center

Your Telephone Number: (828) 349-2264

Your email address: djones@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Receive and process inmates, transport inmates to court/prison/other detention facilities/medical appointments or emergency care facilities/mental institutions. Search inmates, maintain detention center security, provide meals/medical/housing for inmates, provide for storage of housed inmates' property. Record keeping, provided services or programs to incarcerated persons.

Operational goals and objectives:

To provide a modern, safe detention facility to ensure all inmates' needs are met while in custody. To provide adequate space for housing as well as for record keeping and all other storage as needed.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Lack of space for housing, storage of property/records, and office space.

Why?

The current facility lacks adequate space for storage of property and record keeping as is. In the next five years, this will more than double as inmate populations continue to increase. As those numbers rise, housing will also continue to be an issue as seen currently.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position currently authorized for your subdivision within the department. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
Sheriff	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Lieutenant	1	1	1	1	X			
Sergeant(s)	2	2	3	3		X		
Medical Officer(s)	2	2	2	2		X		
Administrative Assistant	1	1	2	2	X			
Receptionist	1	1	1.5	1.5			X	
Transport Officer	1	1.5	1.5	2				X
Detention Officer(s)	12	14	16	20				X
Evidence Technician	1	1	2	2	X			
DCI/TAC Officer	1	1	2	2	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

On a daily basis, in excess of 25 (slow day) do business in our lobby. This consists of filing police reports, bonding inmates, depositing money into inmate accounts, picking up concealed carry permits, applying for purchase permits or applying for new/renewal permits, background check(s) requests, fingerprinting, collecting property, etc. Currently, there is a traditional counter. For security purposes however, I'd recommend a semi-private cubicle that is enclosed and only accessible to public at a glass window.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? Ranges from 1-10

What is the maximum number? \_\_\_\_\_

Please attach any data or documentation you have about the amount of your customer/visitor traffic. December 2018 = 1,074 , Total 2018= 16,373

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 10

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

What is the maximum number? 30+

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Command staff meeting, in-service training, special called meetings, inmate programs (unless a separate location can be established).

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Television, computer, wifi connection, speakers, projector (if other is not available).

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

On occasion, the Health Department utilizes our facility for training/meeting purposes, as well as the Safe Kids Coalition.

20+ in attendance.

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Proper interview room furniture, proper visitation cell equipment (phone, seating, security features), printers, fax machines, lounge area, kitchen area, rest/bath area, fingerprint machine and room.

8. Does your division have centralized files?

Yes  
to lack of storage space)

No (files are spread out due

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No (must retain paper copy)

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		✓			
Inactive files in your office area		✓			
Inactive files <u>not</u> in your office area				✓	

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

\_\_\_\_\_ % if they are not in the same building

Other than filing, for what items does your division require storage space?

Inmate personal belongings/property, medical supplies, cleaning supplies, food preparation supplies, employee supplies, employee storage, canteen/commissary storage, bedding surplus, inmate clothing, laundry room, evidence storage, permit storage/filing.

10. What other divisions within your department should be located near yours in order to facilitate coordination and efficient service?

Possibly the courthouse (clerk of court, register of deeds, probation offices, court rooms).

What types of spaces or building features would help your group to more effectively interact and collaborate with other functions?

Entire Sheriff's Office in one building.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

The front desk has direct interaction with the visiting public, overcrowding inmate populations are a constant concern, lack of space including that for storage and office space is a concern as well.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division.

A backup generator is required as well as adequate heating/cooling/lighting and by code must be provided.

13. How many copiers does your division have? 2

How many fax machines? 2

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs or make any other comments you want to communicate to the design team.

Detention facility with a "pod type" design with lockable cells and a dayroom, a medical isolation with a minimum of (5) separate cells along with another (10) segregation cells. With the pod design, (4) separate pods of males (50 per pod) and an additional female pod (50). This enhances the ability to properly classify inmates. In addition, a (20-40) capacity lockdown area for males and a lockdown area for females (10-20). A booking area with (5) holding cells and (1) holding area/room.

4 male pods of 50 = 200. 1 female pod of 50 = 50.

1 male lockdown of 20x2 = 40. 1 female lockdown of 20x2 = 40.

1 medical isolation of 5x1 = 5.

1 male segregation of 5x1 = 5.

1 female segregation of 5x1 = 5.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



**MACON COUNTY MASTER FACILITY PLAN  
SPACE NEEDS ASSESSMENT QUESTIONNAIRE:  
SHERIFF'S OFFICE AND JAIL FACILITIES**

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Your time and effort are appreciated, and we look forward to meeting with you.

Your Name: Lt. Don Willis & Sheriff Robert Holland

Your Department: Macon County Sheriff's Office

Your Division within the Department (if applicable): Investigations

Your Telephone Number: (828) 349-2107

Your email address: dwillis@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Solving crimes through our process and interviews.

Operational goals and objectives:

Create safer neighborhoods by reducing criminal activity and condition that foster crime and fear within the community.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Why?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position currently authorized for your subdivision within the department. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
Sheriff	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Property Crimes Detective(s)	4	4	5	6	X			
Juvenile Detective(s)	2	3	4	5	X			
Narcotics Detective(s)	2	4	5	6	X			
Investigations Sergeant	1	1	2	2	X			
Investigations Lieutenant	1	1	1	2	X			
SROs	11	11	11	15	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Private cubicles for meetings with victims.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 3

What is the maximum number? 4

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 10-12

What is the maximum number? 16

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

In-service training, daily briefings, monthly investigations meetings.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Audio/visual recordings done with all suspects.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Each year we host citizen's academy where 15-20 residents of Macon County attend a course once a week for 11 weeks.

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE



8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		25			
Inactive files in your office area			10		
Inactive files <u>not</u> in your office area			50		

What percentage of your inactive files could be stored away from your department/division's office area?

100 % if they are in the same building

0 % if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space?

10. What other divisions within your department should be located near yours in order to facilitate coordination and efficient service?

Road Patrol & Detention Center

What types of spaces or building features would help your group to more effectively interact and collaborate with other functions?

If they could all be located within one facility.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

We currently do not have a secure building.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division.

13. How many copiers does your division have? 2

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs or make any other comments you want to communicate to the design team.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



**MACON COUNTY MASTER FACILITY PLAN  
SPACE NEEDS ASSESSMENT QUESTIONNAIRE:  
SHERIFF'S OFFICE AND JAIL FACILITIES**

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Your time and effort are appreciated, and we look forward to meeting with you.

Your Name: Michael A. Lewis & Sheriff Robert Holland

Your Department: MCSO - Administration

Your Division within the Department (if applicable): Support Services

Your Telephone Number: (828) 349-2575

Your email address: mlewis@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Custodian of property and evidence. Entry of records into state DCIN system.

Operational goals and objectives:

To store, maintain, and keep records of property and evidence. To enter records into DCIN in a timely manner.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Greater influx of property and evidence, creating a need for more storage space that is secure.

Why?

As population increases, so will crime.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position currently authorized for your subdivision within the department. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
Sheriff	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Property/evidence	1	1	2	3	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Property and evidence should have its own entrance for public and a private room for the return of property of evidence. There should be a waiting area for public with a secure window for staff to interact with public.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 1-2

What is the maximum number? 4

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 5

What is the maximum number? 10

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Training and operational briefings.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Property and evidence related equipment, an evidence processing area with tables and cabinets. A drying chamber, a fuming chamber, etc. Also, pass-through lockers for evidence submission.

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		2			
Inactive files in your office area		2			
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

100% if they are in the same building

0% if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space?

Property and evidence.

10. What other divisions within your department should be located near yours in order to facilitate coordination and efficient service?

Road patrol and investigations.

What types of spaces or building features would help your group to more effectively interact and collaborate with other functions?

Property/evidence department in its own space, or sequestered within building.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Cameras-evidence must be kept secure with limited access.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division.

Air filtration for property/evidence storage. Also, dehumidification.

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs or make any other comments you want to communicate to the design team.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in “jump starting” that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Warren Cabe

Your Department: Emergency Services

Your Division within the Department (if applicable): 9-1-1 Addressing

Your Telephone Number: 828-349-2067

Your email address: wcabe@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Verification and assignment of all new roads and addresses in Macon County.  
Updates and verifications of addresses in 9-1-1 CAD system.  
Installation and maintenance of all street name road signs in Macon County.

Operational goals and objectives:

1. Correct assignment of addresses and related information.
2. Accurate updates to county map as needed.
3. All road signs installed quickly and maintained effectively.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

1. Conversion in database maintenance from in-house to cloud-based solution.

Why?

1. NC 911 Board switching phone system over to ESINet system with cloud-based database and phone. Office requirements will probably not change.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
911 Addressing Coordinator	1	1	1	1	X			
911 Sign Tech	1	1	1	1	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes     No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Traditional customer service counter with room for meeting customers in the office.

5. Does your division require a customer/visitor waiting area?

Yes     No

If yes, what is the typical number of customers/visitors present at one time? 1-3

What is the maximum number? 3

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily     2 to 3 times a week     Once a week

Twice a month     Monthly     Once in a while

What is the usual number of meeting participants? 6

What is the maximum number? 6

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Occasional planning meetings with IT staff, etc.
--

Please describe any audio-visual equipment or other special features you regularly need for meetings.

None
------

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Vinyl Cutter  
 Sign Posts  
 Sign Blades  
 Sign maintenance equipment (trimmer, etc)

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		1			
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

\_\_\_\_\_ % if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Sign maintenance items

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

9-1-1 Communications  
Fire Marshal  
Emergency Mgmt  
Radio Maintenance  
Fire Services (County)  
EMS Coordinator

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Parking area to secure addressing vehicle. We have had a couple of instances of theft from the parking area.

Room for delivery truck to drop sign posts off at the addressing office instead of double-hauling to this location.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Database is crucial to 9-1-1 Center and security of the building is very important.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Generator to maintain all functional aspects of facility during electrical outages, utilities should remain functional, backup potable water source.

13. How many copiers does your division have? 1 (Shared with EM)

How many fax machines? 1 (Shared with EM)

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Warren Cabe

Your Department: Emergency Services

Your Division within the Department (if applicable): 9-1-1 Communications

Your Telephone Number: 828-349-2067

Your email address: wcabe@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Receive, process and dispatch all 9-1-1 (and other) emergency calls in Macon County

Operational goals and objectives:

Maintain between minimum 99.995% preferred 99.999% functionality of the 9-1-1 system within defined response parameters.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

1. Additional staff added to process and dispatch calls for assistance

Why?

Increased call volume

Increased number and complexity of available accesses to 9-1-1 (Text, etc)

Increased number of response units added by responding agencies (More officers, EMS, etc)

Increased demands from non-traditional emergency services, such as after-hours utilities dispatching, animal control, etc.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Communications Supv	1	1	1	1	1			
Telecommunicators	10	12	16	16		X		

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes      XNo

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.


5. Does your division require a customer/visitor waiting area?

X Yes                                       No

If yes, what is the typical number of customers/visitors present at one time? 1-3  
(Shared with EM)

What is the maximum number? 3

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily     2 to 3 times a week     Once a week

Twice a month    XMonthly    Once in a while

What is the usual number of meeting participants? 6-8

What is the maximum number? 16

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Training
----------

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Wireless connectivity, AV equipment
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Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Communications equipment desk units, computer units, server units

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		1			
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

\_\_\_\_\_ % if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Records storage for DCI records

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Fire Services  
Fire Marshal  
Emergency Mgmt  
911 Addressing  
Radio Maintenance  
EMS Coordinator

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Admin staff need to be in the same location to function in overflow capacities

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

9-1-1 Center and associated infrastructure should be secure and monitored for intrusions.

Secure parking for employee personal vehicles due to a couple of instances of vandalism/theft.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Generator to maintain all functional aspects of facility during electrical outages, utilities should remain functional, backup potable water source.

UPS provisions for all equipment.

Backup electrical connection for emergency replacement generator

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Small kitchen/dining room.

Adequate space for back-up 9-1-1 center location

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Warren Cabe

Your Department: Emergency Services

Your Division within the Department (if applicable): Emergency Management

Your Telephone Number: 828-349-2067

Your email address: wcabe@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Emergency Management coordinates emergency response activities to man-made and natural disasters. Work involves mitigation, planning, response and recovery activities

Operational goals and objectives:

1. Efficient and effective coordination of response and recovery agencies.
2. Implementing planning strategies to effectively prepare for response and recovery.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

1. Increased frequency of full operation of fully staffed emergency operations center (EOC)
2. At least one operation of a disaster recovery center (DRC) or site.

Why?

1. Increasing number of natural or manmade events that have required States of Emergency declarations in Macon County over the past five years and also required partial to almost full operation of the EOC.
2. With increasing events requiring SOE's, eventually one will require a fully functional DRC to be operational.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
EM Director	1	1	1	1	X			
EM Admin Asst	1	1	1	1	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes     No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Traditional customer service counter.

5. Does your division require a customer/visitor waiting area?

Yes     No

If yes, what is the typical number of customers/visitors present at one time? 1-3

What is the maximum number? 3

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily     2 to 3 times a week     Once a week

Twice a month     Monthly     Once in a while

What is the usual number of meeting participants? 6

What is the maximum number? 30

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Emergency Operations Center staffing with representatives from all agencies affected.  
Coordination of Disaster recovery agencies.  
Planning meetings with various emergency response and human service agencies, including fire.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Internet connectivity, wireless  
Monitor screens for CAD (Computer Aided Dispatch), WebEOC, public TV.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Occasionally

Probably no more than 30

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Plotter
---------

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		14			
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

\_\_\_\_\_ % if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Organized key storage area for multiple vehicles, equipment, etc.

Large shelf storage for plans, maps, etc. that have not been converted to electronic versions

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

9-1-1 Communications  
Fire Marshal  
9-1-1 Addressing  
Radio Maintenance  
Fire Services (County)  
EMS Coordinator

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

In addition to EOC space, there should be a smaller meeting space available for 6-8 command staff separate from general EOC staffing and a small space for public briefings.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Emergency Management needs to have some public access but EOC and related meeting room(s) need to have the availability to be separated as needed from public access. Access should be electronically controlled so credentials can be issued to visitors/other EOC staff members as needed.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Generator to maintain all functional aspects of facility during electrical outages, utilities should remain functional, backup potable water source.

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Access to a kitchen/eating area.

Access to at least one area for private sleeping only occasionally and with cot only

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Warren Cabe

Your Department: Emergency Services

Your Division within the Department (if applicable): EMS

Your Telephone Number: 828-349-2067

Your email address: wcabe@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Receive and respond to emergency medical calls.

Operational goals and objectives:

Deliver quality patient care within national recommendations for response times throughout the county and provide 90% fractile availability

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

1. Additional staff to complete shift structure
2. Additional staff to shift focus toward integrated healthcare model

Why?

Increased call volume lead to shift changes with increased hours. System is moving toward decreasing shift hours/decreasing OT with more employees while maintaining a minimal fiscal impact

Increased popularity of Community Medic Program has demand for services exceeding fiscal ability of existing staff structure to manage effectively.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
EMS Coordinantor	1	1	1	1	X			
EMS Supv/Training Officer	1	1	1	1	X			
EMS Shift Supv	3	4	4	4	X			
EMS Providers	35	36	38	40		X		
Community Medic		1	2	2	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes     No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Space needed for admin staff to meet the public, but not at all locations on a regular basis.
Each facility in each community has different needs, such as community meeting space in Natahala, etc.

5. Does your division require a customer/visitor waiting area?

Yes                       No

If yes, what is the typical number of customers/visitors present at one time? 1-3  
(Shared with EM)

What is the maximum number? 3

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily     2 to 3 times a week     Once a week

Twice a month     Monthly     Once in a while

What is the usual number of meeting participants? 12

What is the maximum number? 45

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Training
----------

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Wireless connectivity, AV equipment
-------------------------------------

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Consumable medical supply storage at each location.

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		4			
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

\_\_\_\_\_ % if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Narcotics storage at central location.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

EMS Coordinator would be able to more easily interact with admin staff and processes if it were located at the same facility instead of an EMS location.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Future staffing changes may need to consider remote community placement of ambulances at significantly impacted areas, such as fire departments, etc.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Nantahala area tends to be the only county facility open in the area that attracts numerous walkins, such as medical, LE issues, etc.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Generator to maintain all functional aspects of facility during electrical outages, utilities should remain functional, backup potable water source.

Each ambulance location that currently exists requires one bay per staffed truck and one bay for a reserve apparatus.

13. How many copiers does your division have? 3

How many fax machines? 3

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Kitchen/dining/sleeping/general purpose room needed at all locations.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Warren Cabe

Your Department: Emergency Services

Your Division within the Department (if applicable): Fire Marshal / Fire Services

Your Telephone Number: 828-349-2067

Your email address: wcabe@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

1. Oversight of contractual agreements with county FDs
2. Fire inspections
3. Fire and emergency response assistance to local FDs

Operational goals and objectives:

1. Accurate and efficient fire inspection process
2. Management assistance with FD contracts
3. Assisting local departments to remain active and vital

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

1. Additional staff added to Fire Services to supplement local FDs

Why?

1. Volunteer departments experiencing difficulties with recruiting/maintaining volunteers but inefficient for each department to keep adding additional career staff.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Fire Marshal	1	1	1	1	1			
Firefighters	4	8	12	16	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes     No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Normal office space

5. Does your division require a customer/visitor waiting area?

Yes     No

If yes, what is the typical number of customers/visitors present at one time? 1-3  
(Shared with EM)

What is the maximum number? 3

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily     2 to 3 times a week     Once a week

Twice a month     Monthly     Once in a while

What is the usual number of meeting participants? 6

What is the maximum number? 6

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Occasional planning meetings with FDs, plan reviews, etc
--

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Wireless connectivity
-----------------------

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

PPE, spare uniforms, chargers for equipment, additional consumable supplies

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		1			
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

\_\_\_\_\_ % if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

9-1-1 Communications  
Fire Marshal  
Emergency Mgmt  
911 Addressing  
Radio Maintenance  
EMS Coordinator

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

In same building as 9-1-1 center as firefighters are trained to provide additional support to 9-1-1 telecommunicators as needed.

Fire crews also assist radio maintenance with installs as time allows.

Easy access for emergency vehicles

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Secure location for employee personal vehicles

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Generator to maintain all functional aspects of facility during electrical outages, utilities should remain functional, backup potable water source.

At least one vehicle bay for fire services response vehicle.

13. How many copiers does your division have? 1 (Shared with EM)

How many fax machines? 1 (Shared with EM)

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Small kitchen/dining room.

Ability to expand to 24hr crew quarters in the next 5 years with approved sleep area as needed.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Warren Cabe

Your Department: Emergency Services

Your Division within the Department (if applicable): Radio Maintenance

Your Telephone Number: 828-349-2067

Your email address: wcabe@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Repair, maintenance, and operation of fixed, portable, and mobile communications equipment.  
Installation of equipment into new emergency response vehicles.

Operational goals and objectives:

1. Maintain functionality of 911 communications system
2. Maintain subscriber unit functionality, updating as needed.
3. Complete new equipment installs.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

1. Possible utilization of contractors for some new installs.
2. Transition from analog to more digital communications

Why?

1. Existing staff cannot complete all installations in a timely fashion for all agencies.
2. Radio communications system is being systematically upgraded to a digital system with more reliance on IP connectivity.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Communications Tech	2	2	2	2	X	X		

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes     No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Small table area near workspace

5. Does your division require a customer/visitor waiting area?

Yes                       No

If yes, what is the typical number of customers/visitors present at one time? 1-3

What is the maximum number? 3

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily     2 to 3 times a week     Once a week

Twice a month     Monthly     Once in a while

What is the usual number of meeting participants? 6

What is the maximum number? 6

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Occasional planning meetings with vendors, etc. Shared with EM staff.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Wireless connectivity

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Service monitors
------------------

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		2			
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

\_\_\_\_\_ % if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Storage space for all equipment for new installs.  
Storage space for all used but functional replacement equipment

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

9-1-1 Communications  
Fire Marshal  
Emergency Mgmt  
911 Addressing  
Fire Services (County)  
EMS Coordinator

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Parking area that allows for deliveries from semi-trucks without blocking public roadways.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Communications equipment is often high value so secure storage area is important

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Generator to maintain all functional aspects of facility during electrical outages, utilities should remain functional, backup potable water source.

At least two(2) vehicle bays for new installs or to allow two(2) vehicles to be in repair area at one time.

13. How many copiers does your division have? 1 (Shared with EM)

How many fax machines? 1 (Shared with EM)

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Needs to be close/in the 9-1-1 Center

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Andy Muncey

Your Department: 4210 DP (IT)

Your Division within the Department (if applicable): \_\_\_\_\_

Your Telephone Number: 828-349-2177

Your email address: amuncey@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Engineer, develop, deploy and support technology solutions across an enterprise network spanning 20 physical addresses at 18 sites.

Operational goals and objectives: Keep it running, keep it updated keep it secure , keep it documented and manageable.

Primary IT Concerns: Confidentiality, Integrity and Accessibility of information

IT also manages several enterprise wide systems such as Access Control, Security and surveillance.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Expect relocation of some services, expect a few new sites, and expect technology dependencies to increase.

Why? Based on experiences with the County and Technology over my career and adjustments in the organizations plans. Telecommuting could alleviate some office space needs over the next 10 years.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
*IT Director	1	1	1	1	X			
*Asst. IT Director	1	1	1	0	X			
*Network Administrator	1	1	1	1	X			
*Asst. Network Administrator	1	1	1	1	X			
*Network Support Specialist	1	2	1	3	X			
*Computer Support Specialist II	1	1	2	1	X			
*Computer Support Specialist I	0	1			X			
*GIS Analyst	1	1	0	1	X			
GIS Coordinator	0	0	1	1	X			
Business Analyst	0	1		1	X			
Database Administrator	0	0	1	1	X			
Security Specialist	0	1	1	1	X			
Note: telecommuting occurs frequently for IT support staff								x
( * Currently authorized)								

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Current IT on the 3<sup>rd</sup> floor of the Courthouse has a Lobby for visitors who bring equipment for service, Visit support for consults, ID badging

Each of the switch locations have highly restricted space, it is difficult for most IT staff to reach and get behind equipment.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? ≤5

What is the maximum number? 8

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 6

What is the maximum number? 12

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Training, Webinars and presentations involving IT and various county staff
--

Please describe any audio-visual equipment or other special features you regularly need for meetings.

A Projector and whiteboard, and conference speakerphone
---

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Board of County Commissioners meetings are broadcast and recorded in our studio, IT assist with Media needs, presentations, AV. Max Occupancy for the BOCC meeting room is 49.
--

We frequently host vendors who visit to demo equipment and technologies. Sometimes just drop ins, or unannounced. We utilize the commissioner's kitchen or boardroom for such presentations.
--

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Occasional of delivery receiving of large deliveries of equipment on pallets. Housing and palletization of equipment for surplus sale or disposal. Repair of larger multifunctional devices.

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		2 Drawer per office (x7)	7	Some, mostly hardw are and surplus equip ment storag e	
Inactive files in your office area		NA			
Inactive files <u>not</u> in your office area		NA			



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

What percentage of your inactive files could be stored away from your department/division's office area?

NA% if they are in the same building

NA% if they are not in the same building

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

The majority of our storage is used for equipment tools, deliveries, and parts.

We maintain storage areas at each major facility which vary in size from an equipment room to an office space, such as the Human services building where 2 office spaces are available one on the DSS side one on the Health side. PR and DR data centers each have small workspaces with storage shelves used for media and supplies.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

GIS is located with Mapping as they share a client access area with the public and other Mapping resources and equipment, plotters printers etc. Land records also frequently consults with GIS at the same location.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

We have lost our training room, and intern office space. This makes staging training sessions and equipped meeting rooms more time consuming and less effective. Office areas are cluttered with equipment storage despite ongoing attempts to keep the area free of clutter and junk. Disposal brings more in as soon as a space becomes vacant. HVAC ducting and controls don't allow control over temperatures in separate areas and return do not feed many offices. When the area was revamped several spaces were divided without changes to the air ducting.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Being on the 3<sup>rd</sup> floor of the courthouse we are at the level most commonly used for those who are coming to court. We get a lot of questions, and give a lot of directions. We get a few every couple months that are intimidating or angry. Occasional disturbances in the main hallway cause us to secure the door, mostly to relieve the noise. When the new secure courtroom is used on third we almost always keep the door closed.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Each equipment room will have devices that produce excess heat and noise. THE PR and DR data centers require auxiliary HVAC. Several equipment rooms overheat in the summer. Some wiring closets have other environmental concerns such as water, and humidity. The Courthouse phone room a central hub of communications has water producing equipment over equipment racks. Roof leaks have damaged some equipment.

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

At our current primary location we have access to the commissioner's kitchen. We are within walking distance to the PR (Primary) and DR (Disaster recovery) data centers however considering courthouse security the current location will no longer be suitable for Receiving and staging shipments of equipment or surplus for post processing. Everybody wants a window, and more fresh air. Work areas need some enhanced lighting that can be used when needed but not continuous. Several staff are exempt employees and it is not uncommon in times of outage for employees to work long hours several days in a row, sometimes up to a week. It would be of value to have a place to nap out and relax when the heat is on. Several equipment areas need to be enclosed, secured, and readily accessible to IT. Several wire closets are also used for storage, mop rooms, euthanasia...

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Derek C. Roland

Your Department: County Manager

Your Division within the Department (if applicable): County Manager

Your Telephone Number: 828-349-2022

Your email address: droland@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

- Oversee the operations of the Macon County Government to ensure they are carried out with effectiveness, efficiency and transparency.

Operational goals and objectives:

- Develop and oversee implementation of the annual budget.
- Ensure that the goals and objectives as set by the Macon County Board of Commissioners are carried out by the organization.
- Act as representative for Macon County on all capital projects as authorized by the Macon County Board of Commissioners.
- Clerk to the Macon County Board of Commissioners.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

- Technology continuing to impact the way business is conducted on a daily basis.
- Training
- Increased Accountability

Why?

Changing technology including the continued rise of popularity among social media platforms will result in demand for increased accountability from all government offices. Training a new assistant could potentially come as a result of staff turnover.

# SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	1	1	2	x			
<b>YOUR RESPONSES:</b>								

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

The second floor of the annex building is very accommodating for face-face meetings as we have multiple meeting rooms in addition to private office space.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 1-2

What is the maximum number? 4

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 3-6

What is the maximum number? 10

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Budget Meetings with department representatives Interviews Committee Meetings Staff Meetings
---

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Projection capabilities
-------------------------

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Monthly Board of Commissioners Meetings, held in the Commissioners Boardroom of the Macon County Courthouse 25-50 Average attendees. This meeting room however, is located in the adjoining building.

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE



8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	16		1		
Inactive files in your office area					
Inactive files <u>not</u> in your office area	10			60	

What percentage of your inactive files could be stored away from your department/division's office area?

60% if they are in the same building

40% if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

None

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

None

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

I think the top floor of our building is set up well with Finance, HR and Administration all on the same hall. Our phone system as well as email makes for effective means of interaction and collaboration with those outside of the floor/building.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

None at this time. We have a controlled access system that works well, separating us from the SCC Annex as well as the Courthouse. In addition we have a glassed in reception area at the main entrance to the building in the tax office. Lastly we have a gated parking area which allows us to park in a designated location, away from the general public.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

General Office Space Requirements

13. How many copiers does your division have? 1 \_\_\_\_\_

How many fax machines? 1 \_\_\_\_\_

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Jack Morgan

Your Department: Planning Permitting and Development

Your Division within the Department (if applicable): \_\_\_\_\_

Your Telephone Number: 828-349-2170

Your email address: jmorgan@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Receive and process all requests for building, electrical, mechanical, plumbing permits. Administer and enforce all land use regulations for the County. Conduct all inspections as required by law. Oversee County owned building/renovation projects  
We staff the Planning Board, are responsible for research and maintain demographic information for the County as well as writing new ordinances or plans for the County and modifying existing ordinances or plans as required.  
We meet in our office or on site as necessary with Architects, Engineers, Land Surveyors, contractors, developers, property owners and interested parties and/or any of these parties' legal advisors for discussion regarding proposed or existing developments within our jurisdiction.

Operational goals and objectives:

Perform all functions of our Department as listed above in a timely manner.

To provide a quiet and professional atmosphere for conducting business as outlined above.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

None really with the exception of additional staff as economy improves.

Why?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Office administrator	1	1	1	1		x		
Administrative assistant	1	2	2	3		x		
Chief Building Inspector	1	1	1	1	x			
Code Enforcement Official	3	4	6	6		x		
Assistant Planner/Planner	1	1	2	2	x			
Director	1	1	1	1	x			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

A larger and readily available private meeting room

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 1-6

What is the maximum number? 8

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 4

What is the maximum number? 14

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Private, public, open Comfortable and adequate seating Visual i.e. powerpoint etc. Conference calls on speaker phone
---

Please describe any audio-visual equipment or other special features you regularly need for meetings.

See above
-----------

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Once a month typically but up to four a month. Up to 30 attendees at times, sometimes just the participants

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		13	8	unlimited	
Inactive files in your office area		6			
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

0% if they are in the same building

0% if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Large plans and maps

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Larger and accessible meeting/conference room

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

13. How many copiers does your division have? 5

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

We need storage space to store equipment, tools etc. in order to keep these items out of the public's eye

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Jennifer Hollifield

Your Department: Social Services

Your Division within the Department (if applicable): Senior Services

Your Telephone Number: 828-349-2060

Your email address: jhollifield@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Provide a variety of services to the senior population in Macon County.

- Adult Day Care Center (up to 24-36 participants)
- Congregate Meal (up to 76 participants)
- Variety of classes (yoga, Tai Chi, walking, Matter of Balance, etc)
- Community Resource Center
- Home-delivered meals
- SHIIP
- Community Education on topics effecting the senior population
- STARR
- Options Counseling
- Senior Protection Program

Operational goals and objectives:

Our primary goal is partnering to promote, protect and strengthen our community.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

As Macon County's senior population continues to grow, the need for all of the services that we provide will continue to grow. With that, the current space we have for all facets is at its capacity (and over-capacity sometimes) and will not accommodate the increase we anticipate in the near future. Our agency needs additional space (parking and building space for classes, programs and staff) to adequately serve the needs of our senior adult population.

We also anticipate the need for a commercial kitchen in the next five years. Currently, we contract with local non-profit hospitals for these services. These non-profit hospitals are becoming part of a for-profit hospital system and we are unclear about what this means for the future of the hospitals continue to provide this service to our agency. The commercial kitchen would enable our agency to contract with someone to come to the facility and prepare the meals we need onsite for our participants. In addition, a commercial kitchen space could also be shared to prepare meals for the inmates in the county detention center.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

### Why?

According to 2018 American Community Survey, 49.3% (approximately 16,840) of Macon County's 34,160 residents are 50 and over. (compared to NC rate of 34.6%)

Median Age of Macon County residents is 49.5 years compared to NC median age of 38.7. (City-Data.com)

Macon County is still growing. The projected 2017 growth rate 1.23% increase.

Baby boomers began turning 65 in 2011 and will continue to do so for many years to come (US Census Bureau)

The Senior Center does not have sufficient parking spaces for our staff and participants. On our property, we currently have 54 parking spaces. With upcoming road construction projects, we are anticipating losing at least 6 parking spaces in the near future. We already have 3 county vehicles in our parking lot. Due to the parking shortage, there are 13 parking spots for employees in the adjoining church parking lot that staff can currently utilize. (several of these spots will also be impacted by the road construction). Currently, there are 17 staff at the senior center.

In Macon County, the only real options for travel within the county are Macon County Transit or personal cars. We do not have alternate sources such as buses, cabs or Uber so most participants are driving themselves to the Senior Center.

A major factor that impacts the Crawford Senior Center is the seasonal population influx we experience in the summer and fall seasons. According to the Town of Franklin website, the population nearly doubles in the summer and fall in the area.

In addition, during October – December every year, there is an influx of visitors (1,100-1,400) due to Open Enrollment for SHIP

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Administrative Officer	1	1	1	1	X			
Community Social Services Assistant	8	9	10	12	1	7		
Senior Center Coordinator	1	1	1	1	X			
Nutrition Project Site Supervisor	1	1	1	1	X			
Nutrition Project Coordinator I	1	1	1	1	X			
Processing Assistant III	1	1	1	1		X		
Administrative Assistant I	1	1	1	1	X			
Processing Assistant IV	1	1	1	1	X			
Program Assistant V	1	1	1	1	X			
Senior Aides	3	3	3	3	1	1		1
Custodian	1	2	2	2		X		
SHIIP Volunteers	8	10	12	15	4	4		

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Some of the features would include:

- Secure front desk reception area (with counter) with clear view of front door
- 1 fulltime front desk receptionist
- 1 fulltime activities coordinator
- Up-to-date exercise equipment
- 2-3 private rooms for customer intake (confidentiality is main concern)
- 2-3 customer accessible computers (computer lab that is not in main lobby)
- Large space with dining room and sick room for the Adult Day Care
- Large space with separate heating/cooling controls for exercise activities
- Large space for congregate meals with food service line and commercial kitchen
- Covered drop-off area for participants to enter the building for ADC
- Covered drop-off area for participants of activities/classes (if a separate entrance)
- Covered drop-off area for congregate meal area
- 1 floor – no elevators/stairs
- More wheelchair accessibility at all entrances
- More and better accessible bathrooms for all
- Family restroom (where spouse could assist the other spouse as needed)
- Designated volunteer parking and entrance for home delivered meals

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 125

What is the maximum number? 135

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 30

What is the maximum number? 40



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

In the meeting space, we have included the activities room.

In our multi-purpose rooms (activities room, conference room, and congregate meal room), we hosts many activities including Zumba, yoga, Tai Chi, business/community meetings, educational meetings, wood carving, painting, jewelry, etc

According to the North Carolina Division of Aging, Senior Center Operations guidelines:  
All senior center facilities shall be adequate in size and designed to carry out the center's program of activities and services.  
All senior center facilities shall be environmentally comfortable and conducive to participant use.  
The total completed structure must be a minimum of 4,000 square feet with at least 3,200 square feet dedicated to senior center activities. Senior center facilities must be accessible for a broad cross-section of individuals – the well, the frail, and people with disabilities – because the programming is broad. (see attachment for additional details)

Some special features for the activities room would include:  
Laminate/wooden floors  
Mirrors on wall  
Handrail on wall

Special Community events require more space as up to 75 people may attend (we currently use the congregate meal space – which is only available after 2pm)

Please describe any audio-visual equipment or other special features you regularly need for meetings.

**In the activities room:**  
TV  
DVD/VHS player  
Sound system

**In the conference room:**  
TV  
Projector and screen

**In the congregate meal room:**  
Projector and screen  
Microphone system

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

### In the Adult Day Care:

TV

DVD player

Microphone with speakers

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Average 1 per day (Conference Room)

Average of 15 attendees

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

A. In the Adult Day Care (ADC), 40 sq. feet for each participant (excludes hallways, offices and restrooms) is required by NC DHHS. We need approximately 25 large recliners for participants. There is also a bedroom (twin bed, recliner, etc) setup in the ADC for participants who need to rest. In addition, larger restrooms with more space in each stall.

B. Bathrooms in congregate meal area – away from the main eating area

C. More age appropriate seating for older adults (who may need to rest as they move from location to location)

D. Seating area that allows members to watch for Macon County Transit

E. Breakroom/dining area for employees

F. Dedicated employee restrooms

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

G. Ergonomic shelving for home delivered meal equipment

H. Brochure racks for CRC

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	8	28	6	0	2
Inactive files in your office area	3	2	0	3	0
Inactive files <u>not</u> in your office area	0	0	0	20	0

What percentage of your inactive files could be stored away from your department/division's office area?

25% if they are in the same building

75% if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Food storage needs in congregate meal areas – freezer, refrigerator, pantry for dry goods, home delivered meal equipment, storage for cleaning supplies in kitchen and food containers

General equipment storage (furniture, arts and supplies, exercise equipment, ambulatory devices, participant incentives)

Adult Day Care – food storage (refrigerator and pantry), bathroom supplies storage. Currently, participant medication is stored in a locked box in a locked cabinet. Arts and crafts supplies

Educational materials (brochures, pamphlets, etc)

Storage space for cleaning supplies

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

In congregate meal area, per the North Carolina Division of Aging Nutrition Service standards, the following requirements must be met:

12-14 sq. feet person

Adequate number of tables and chairs appropriate for older adults

Adequate aisle space (3'8") to accommodate persons with canes, crutches, wheelchairs to move with ease.

Tables need to be 2'8" high to permit persons in fixed arm wheelchair to dine comfortably.

In the activities area, the following is needed: (see attached information)

Enough space for participants to do the activities (space for exercise). According to the NC Division of Aging, Senior Center Operations guidelines, the total completed structure must be a minimum of 4,000 square feet with at least 3,200 square feet dedicated to senior center activities. Senior Center facilities must be accessible for a broad cross-section of individuals – the well, the frail, and people with disabilities – because the programming is broad. (see attachment for additional details)

Separate spaces for exercise and classes (watercolor, jewelry making, etc)

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

All activities on 1 floor – no elevators or stairs

Need separate space for drop-in activities (such as pool) that is not so close to exercise room (due to noise)

Adequate and accessible parking for older adults – prefer a flat parking lot with multiple wheelchair ramps for entering the building (see photos)

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Some of our security concerns include:

The ADC will need to have secure/alarmed entry and exit as these participants must be picked up by someone.

The ADC will need a secure/alarmed exterior space also for participants to safely be outside.

Better cameras in building

Better camera at main door entrance – there is no camera that truly records the foyer entrance into the building

Windows in doors are too high for visual access

Dining room door does not close properly all the time (right hand side)

ADC – outside door does not accept code

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Separate heating/cooling control for activities room (due to needing to keep room cooler during exercise classes) and kitchen (due to heating of room during preparation and cleanup time)

Additional electrical outlets in conference room, computer room and ADC

Washing machine & Dryer hookups

Steam table hookup (5 unit and 3 unit tables) in congregate meal kitchen

Double oven hookup in congregate meal kitchen

Refrigerator/freezer hookups (congregate kitchen and ADC)

Icemaker hookup (congregate kitchen)

During winter months, congregate site temperature must be maintained at 72 while participants are present (according to NC Division of Aging Nutrition Services standard)

ADC – need to be able to run a microwave and toaster oven at same time without blowing a fuse.

Stove, oven, microwave and refrigerator hookups in employee breakroom

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Exterior light for county cars that are parked overnight

In regards to parking, currently there are 54 parking places on the senior services property (2 of are handicapped designated). Of these, we are anticipating losing at least 6-8 parking places to road construction projects over the next 2 years. In addition, there are 13 parking spaces that are being used by 18 paid staff to park in an adjacent lot (which is owned by a church). Of those 13, it is anticipated that 4 of those parking spots will be lost due to road construction. During busy days at the Senior Center, every spot in the parking lot is full and there have been members leave because there was no parking spaces. In an ideal situation, there would be at least 100 parking spaces (on a level lot) for our members, visitors, and staff to safely park.

13. How many copiers does your division have? 3

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Presentation space (such as small stage) for community events in the congregate meal area

Senior Services Coordinator office should not be in the activities room. (should be outside that room)

Congregate meal space could be configured for multi-purpose space (with room dividers) for larger community events

More handicapped parking spots in parking lot (due to age of our population) and level parking lot

Safe secure areas in the event of evacuation or safety drills (current locations are in road construction area and church childcare parking lot)

Facility is a designated closed POD in the event of a crisis which could mean large amounts of people here at one time if a crisis ever occurs (which would also bring up additional security concerns)

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.







## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: John L Fay

Your Department: Housing

Your Division within the Department (if applicable): N/A

Your Telephone Number: 828-369-2605

Your email address: jfay@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Housing operates the following programs:

1. Weatherization & Heating & air – NEEDS: Small temperature controlled warehouse, Flammable storage, small workshop, garage/carport for two 24'(+) box trucks and one pickup truck. Office reception area. Combined confidential intake interview & records room. Training/Conference room. Director's office, Coordinator's office. Two handicap accessible restrooms (one public).
  2. Single Family Home Rehabilitation: same needs as Weatherization
  3. Urgent Repair: same needs as Weatherization
  4. Duke Weatherization: same needs as Weatherization.
- All programs need to adhere to ADA and OSHA requirements.

Operational goals and objectives:

1. Provide available services in a professional manner to those most in need in conformance with various program requirements.
2. Increase public awareness of programs with signage that indicates the general nature of available services, location and contact information.
3. Provide a safe & inviting parking area and building for potential clients, monitors and other visitors.
4. Increase work flow efficiency through floor plans that assist in the flow of persons and documents as they are processed through to completion.
5. Minimize employee turnover by providing safe, comfortable and effective work spaces for employees including assignable employee parking.
6. Obtaining and Maintaining Employee Certifications: provide space and equipment for modern communication including but not limited to computers, ITv, outdoor space for demonstration & practice with materials applications.
7. Security through the use of effective locks & surveillance systems.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Uncertainty in funding and capacity needs.
2. Increase in the number of dwellings that meet program requirements.
3. Growth in aging population.
4. Growth in low income population.

Why? 1. Government funding dependent upon many variables. The department requires a strategic planning approach to all facets of management including facilities. I would plan a facility capacity for two additional field employees and one additional office employee within the next five years.

2. The existing housing stock increases in age and wear as each year passes meaning more dwellings will develop conditions that are eligible for assistance.
3. As with the housing stock people who occupy those dwellings will age increasing the pool of eligible persons who, very likely, live in deteriorating dwellings.
4. The recent increase in low/ moderate income apartments has increased the number of persons in those income categories. These persons may transition from renting to home ownership via the purchase of the more affordable existing aged housing stock creating more service demands.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Housing Director	1	1	1	1	1			
Housing Coordinator	1	1	1	1	1			
Housing Administrative Assistant/Intake/clerical	1	2	2	3		1		
Housing Crew Member	2	3	4	5		1		

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

- |  |
|--|
| <ol style="list-style-type: none"><li>1. Separate Reception/Waiting area (ADA compliant), service counter, provisions for applicants to complete pre-application, display for brochures and required informational postings. ADA bathroom accessible from reception/waiting area.</li><li>2. Private intake office, Intake person's computer and client accessible computer (no internet).</li></ol> |
|  |

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 2

What is the maximum number? 3

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 5

What is the maximum number? 15

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Recently Macon County hosted a regional training for western North Carolina. Ten persons attended the week long training which was conducted by state Weatherization office personnel. The state has expressed a desire to continue regional trainings which would save the agencies from otherwise expensive travel, per-diem and lodging costs. The desired space would provide room for 2 long tables each suitable for 6 people. Tables facing parallel to a long wall. This space would serve multiple purposes, daily meetings, training, document layout and sorting. Office supplies storage beneath coffee/break station.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Large screen tv/monitor, projector, training computer with internet connection, pull down screen, coffee/break station. Computer connections and power outlets (12) at tables for attendees. Facilitator/Trainer's podium with power outlet and microphone. Surround speakers. One work bench with power outlets for in classroom demonstrations.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

N/A

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

N/A

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		5			
Inactive files in your office area		1			
Inactive files <u>not</u> in your office area				30(+)	

What percentage of your inactive files could be stored away from your department/division's office area?

90% if they are in the same building

0% if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Housing Department stores flammables and materials that require temperature control i.e. paints, caulk, adhesive tapes, drywall paste etc.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Environmental controlled workshop for prefabricating parts, enclosed demonstrations and hands on training. One connected garage for 24' box truck

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

No additional



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

The Housing Department would like to see an auto card pass system where the continual default is locked. The client intake door to have a keyed lock system with dead bolt 1" minimum into steel reinforced frame with pan screw head hinge mount screws.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

All area environments controlled with HVAC system, adequate 110vac outlets throughout all spaces, 240vac outlet in shop for heavier equipment such as welder and large compressor. Led Lighting throughout all areas.  
It is very desirable for the building and its components to be as energy efficient as possible. The central issue of most of the programs administered is energy efficiency and it would be a tremendous bonus for the building to be an example of the principles at work.

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

As Director I would suggest consideration of locating several services in the same building or location. Some candidates for sharing space and function would be Department on Aging, Public Transportation, and Veterans Affairs. These agencies could share a common intake person who could route the public to the appropriate office. An issue with some applicants is inability to get to the office to make application working directly with Public Transportation would be a great remedy with the possibility of the Housing Department picking up the rider's fee. Approximately 70%(+) of Housing applicants are elderly and the Department on Aging is a great pool of citizens who could benefit from Housing programs. Especially in recent times Veterans have become a focal point of government program attention. As with the rest of the population veterans are aging and becoming less mobile, they would benefit from a one stop access to these service providers. There are many other services that could share common functions and exploring these possibilities could be very rewarding to those in need as well as the tax payer.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



# MOSELEYARCHITECTS

## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Leigh Tabor Holbrooks

Your Department: Veteran Services

Your Division within the Department (if applicable): \_\_\_\_\_

Your Telephone Number: 828-349-2171

Your email address: ltabor@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

My departments functional needs currently involve handicap accessible parking that is actually handicap accessible. Being located on Main Street, we have one handicap spot directly in front of our office that is shared with all the other businesses on Main Street. It is also NOT really accessible as the entry to the sidewalk is very far away from the actual parking spot. Also, one spot is not really sufficient as most of our veterans are disabled. We also have service dogs who come with some veterans, and this is not something that has been addressed as far as signage and accessibility. Privacy is of concern at times as well. Our layout is probably not the best scenario for privacy concerns. Also safety. We deal with veterans with PTSD and outbursts. We have no emergency "bell" or system in place.

Operational goals and objectives: To have more spaces for handicap or even "veteran" parking that is safe and functional for our veterans and/or their widows and family members. To ensure privacy for our clients while they are here in our office. To ensure the safety of my employees and those who work in neighboring offices as well as the safety of other veterans/families who come to our office.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

The biggest change will likely be more clients and also more clients dealing with mental health issues such as PTSD which raises safety concerns.

Why?

We have a lot of veterans returning from multiple tours overseas, which results in major mental health and physical disabilities.

# SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	X			
Administrative Assistant	1	2	3	4			X	
<b>YOUR RESPONSES:</b>								
Veteran Service Officer, Director	1	1	1	1	1			
Veteran Service Officer	1	2	2	2	1			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

We have a very awkward "check-in" window at this point in time. Also a large window in between our offices which takes away from privacy when clients are here. We could very much benefit from a customer accessible computer for veterans to access their e-benefits account as well as other VA functions which are now online.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 2-4

What is the maximum number? 6

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 10-20

What is the maximum number? 30

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

No special features required aside from a table and seating. I host planning meetings for veteran events as well as occasional continuing education events.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Computer access or projector would be useful but not required.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

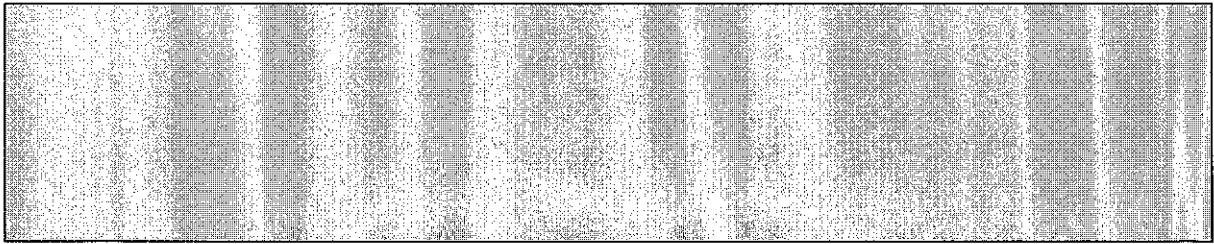
7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE



8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		10			
Inactive files in your office area		4			
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

100% if they are in the same building

\_\_\_\_\_ % if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

We have some items that are donated that we do store for veterans, such as durable medical equipment at times, and things such as clothing and toiletry items. Otherwise our storage is basic office needs/equipment.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

The only other space would be some sort of conference room that is accessible to my department as mentioned above.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

All have been addressed in previous questions

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

We have veterans who have mental health issues such as PTSD who sometimes have outbursts and get angry over VA decisions. They have on occasions made threats or been so agitated that they have struck walls or made threats. At this point we have no type of emergency "bell" or anything aside from our phones to alert someone if we have a veteran who has gotten out of hand.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

None are applicable

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Lori M. Hall

Your Department: Finance

Your Division within the Department (if applicable): \_\_\_\_\_

Your Telephone Number: 828-349-2027

Your email address: lhall@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

The Finance Department consists of 6 staff members. Each staff member has their own office. I have a small conference room attached to my office that contains a table and chairs, some filing cabinets, some bookcases used for storage, and a fax machine. We also have a vault that is used for storage and a storage room on the 1<sup>st</sup> floor of the courthouse. A breezeway joins the courthouse with the courthouse annex which is where the finance department is located. We have a larger conference room on our hallway that we share with Human Resources and the County Manager's office. It contains a fax machine and our folder/insertor used for accounts payable checks. We are primarily a service department to other County departments.

Operational goals and objectives:

The Finance Department processes payroll and accounts payable checks for the entire County. We oversee the County budget, manage the County's investments, and post all cash receipts – both those collected by the County departments and those received electronically. We also issue purchase orders for County departments and assist them with procurement when needed. We are responsible for debt issuance, financial statement issuance in conjunction with an outside audit firm, and reporting property/liability claims.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

I don't anticipate any changes in the next five years.

Why?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Finance Director	1	1	1	1	X			
Accountant/Purchasing Agent	1	1	1	1	X			
Accounting Specialist	1	1	1	1	X			
Payroll Specialist	1	1	1	1	X			
Accounting Assistant	2	2	2	2	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.


5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? \_\_\_\_\_

What is the maximum number? \_\_\_\_\_

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 5

What is the maximum number? 10

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

The conference room is used for budget meetings for about 2 weeks during the month of April. The County Manager and I meet with department heads as needed to discuss budget issues throughout the year. We meet with our insurance broker a few times during the year. We meet with the Health Insurance Committee a few times a year.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

We sometimes use a projector connected to a laptop during health insurance committee meetings. The IT department provides the equipment and sets it up for us.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE



8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files					2 sets
Inactive files in your office area	2	1.5	6	30	
Inactive files <u>not</u> in your office area				130	

What percentage of your inactive files could be stored away from your department/division's office area?

100% if they are in the same building

\_\_\_\_\_ % if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

N/A

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

N/A

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

N/A

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

N/A

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

N/A

13. How many copiers does your division have? 1

How many fax machines? 2

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

N/A

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in “jump starting” that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Melanie D. Thibault

Your Department: 4170-Board of Elections

Your Division within the Department (if applicable): \_\_\_\_\_

Your Telephone Number: 828-349-2035

Your email address: mthibault@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Voter Registration, Filing Candidates for Offices, Campaign Finance, Absentee By Mail Voting, Early Voting, Training Poll Workers, holding all Elections for the Voters (26,000) of Macon County

Operational goals and objectives:

To acquire the adequate space to perform the above duties

To be ADA compliant as required by NC Statute (we are not at this time)

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

The Board of Elections will run out of space

Why?

There is an increase of voter registration totals each year.

We are required by the State Board of Elections to keep records for a longer period of time. We have had a steady increase in Voter Registrations in Macon County for quite some time. In the last decade we saw an increase from 20,748 to a peak of 26,517. Consequently, more voters equal more records to retain. This means we need more space and were already at capacity. In fact right now we're trying to utilize an area that has a bad water leak when it rains.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Elections Specialist	1	2	2	3		X		
Deputy Director	1	1	2	1	X			
Director	1	1	1	1	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes     No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Traditional customer service counter, a cubicle for Voter ID photos required by the State of NC in 2020, a cubicle for customer accessible computer

5. Does your division require a customer/visitor waiting area?

Yes     No

If yes, what is the typical number of customers/visitors present at one time? 4

What is the maximum number? 8

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily     2 to 3 times a week     Once a week

Twice a month     Monthly     Once in a while

What is the usual number of meeting participants? 6

What is the maximum number? 8

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Monthly required Board Meetings required by NC Statue, Weekly during Elections per Statue

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Phone

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

During odd years twice a year. 150-175 attendees-Precinct Official training  
During even years 3 times a year. 150-175 attendees-Precinct Official training

Board Meeting –Monthly (unless Election, and they meet weekly per Statue)  
These meetings are open to the general public. With 6 BOE attendees and Board members, any additional visitors makes for a very tight space

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

Voting equipment, Precinct supplies for Elections, Voter photo booth (required in 2020) for Voter ID

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	X				
Inactive files in your office area	X			X	
Inactive files <u>not</u> in your office area				X	

What percentage of your inactive files could be stored away from your department/division's office area?

50% if they are in the same building

30% if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Voting equipment (ballot boxes, M-100, Automarks, Signs, Precinct supplies) voting booths

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

A dedicated space for training sessions for Precinct Officials (we now use the Courtroom and it is impossible to have slides, videos used for training)

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

A space located on one level, no elevators, no stairs, restrooms, a dedicated parking lot adequate for voters during an Election.  
Over 50% of Macon Counties voters are 50+ years old. Some are in wheelchairs or have disabilities; we are NOT ADA compliant at this time. We are supposed to be per NC Statue. The biggest complaints we have is the parking available to voters during Elections. We average 627+ voters a day during a General Election during early voting, if Court is in session there are no spaces for voters to park.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

During Elections security is needed

Voters cannot be required to enter through a metal detector, if this is implemented into the Courthouse the Board of Elections will have to be moved, or Elections will have to be held off site.

We are in the basement with Probation, some days it gets pretty hostile!

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

100 plus during an Election, 3 dedicated Handicapped spaces for Curb-side voting

13. How many copiers does your division have? 2

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Would like to have a dedicated break area, private restrooms. We currently share a restroom with the State Probation Office. The same restroom is used for drug testing of the Probationers. At times this area becomes a very hostile environment. This basement floor should be used for Probation only. It is not an ideal place for the Board of Election to be placed, to work, and for the voters of Macon County.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



**MACON COUNTY MASTER FACILITY PLAN  
SPACE PROGRAMMING QUESTIONNAIRE:  
COURTHOUSE**

This questionnaire will give the Moseley Architects team an initial understanding of some of the issues that are important in the planning and design of space for your department in the Macon County courthouse. The design team will also meet with you in person to discuss these and other issues in more detail, but the time you spend responding to the questions below is extremely valuable in “jump starting” the face to face discussions, and in focusing everyone’s thinking on some of the relevant issues prior to that meeting.

Please answer the questions as they apply to your specific department or division within the department. *Just click within the gray boxes to enter your response. For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”.* Feel free to print the questionnaire and complete it by hand if you prefer.

Please answer every applicable question as accurately and thoughtfully as you can. The quality of information you provide has a direct impact on the success of the project. Please make an effort to realistically answer the questions about future staffing levels based on your staffing history and projected changes in population, case filings, or services, and other factors that may be relevant.

Feel free to attach additional sheets if needed. Your time and effort are appreciated and we look forward to meeting with you!

**Your Name:** *Michael Hall*

**Your Department/Division Within the Department:** *Mapping*

**Your Telephone Number:** *8283492168*

**Your Email Address:** *mhall@maconnc.org*

**SPACE PROGRAMMING QUESTIONNAIRE**

- 1. Briefly describe the general scope of your department/division’s services and functions, including any special policies or procedures that impact your functional and space needs, and indicate major operational goals and objectives.

*Services and functions:* Review and sign off on deeds and plats brought in by attorneys, surveyors and general public. Perform mapping/maintenance of county parcel data in the GIS. Verification of deed information versus existing Tax and Land Records information. Creation and printing of custom maps from parcel data for public use. Assisting the public regarding land records information and questions.

*Operational goals and objectives:* Efficiently and correctly maintain parcel information in GIS/land records based on best available information and to respond to public information requests in a timely manner.

## SPACE PROGRAMMING QUESTIONNAIRE

2. What changes do you anticipate in your services or functions in the next ten years, and why?

*Changes anticipated: Possible need for a fourth employee in the future depending on Land Records Department workload/job functions added. Depending on transfer of data entry work from the Tax Department  
Current space in Mapping Department would allow for that.*

*Why? Currently there are three employees in the department and office space is shared with the GIS Analyst(IT Department employee). Prior to 2012 there were four Land Records employees(Three under the Tax Department and one under IT Department) in addition to a GIS Analyst(IT). In 2012 some job functions were transferred to the Tax Department and a position was eliminated. If the data entry work functions are transferred back to Mapping an additional employee needs to be added in the current office space.*

## SPACE PROGRAMMING QUESTIONNAIRE

3. Please list the job title of each position currently budgeted and authorized for your department/division. Adjacent to each job title, indicate how many such positions are currently budgeted and authorized. This tells us what your current staff breakdown is. Then, to the best of your ability, indicate in each column the total number of budgeted and authorized positions you think there will be for each job title in future years 2022, 2027, and 2032. Base your estimate on how you believe the amount and nature of your department/division's services and workload will change. Add new job titles for the future if appropriate. Then indicate what type of workspace is required for each position. Examples of the intended response format are shown below.

Job Title	How many now?	How many in 5 years?	How many in 10 years?	How many in 20 years?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
Clerk of Court	1	1	1	1	x			
Deputy Clerk	5	6	6	7			x	
Administrative Assistant	3	4	5	5			x	
<b>YOUR RESPONSES:</b>								
<i>Mapping Supervisor</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>x</i>			
<i>GIS Technician</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>x</i>			
<i>Mapper</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>2</i>			x	

4. What percentage of your staff is female? 0%                      male? 100%

## SPACE PROGRAMMING QUESTIONNAIRE

5. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

6. If yes, please describe features that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

*Traditional customer service counter, with two to three customer accessible computers.*

7. Describe any special space or functional requirements that are important for the particular types of customers you interact with.

*Space to layout survey plats, maps and deeds. Customer accessible computers to allow public to look up parcel data on the GIS web service and to view data with Mapping employees regarding land records inquiries.*

8. Does your department/division deal directly with visitors other than customers on a regular basis (for example, vendors, staff from other departments, etc.)?

Yes

No

## SPACE PROGRAMMING QUESTIONNAIRE

If yes, describe any special space or functional requirements that are important in dealing with these visitors. Feel free to suggest features that are different from your current space or method of doing business.

*Currently there is a conference table area in Land Records to lay out maps and documents for review and to meet with attorneys surveyors and general public.*

9. Does your department/division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? *1-5*

What is the maximum number? *5+*

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

10. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? *Varies*

What is the maximum number? *10-12*

For what types of meetings will the space(s) be used?

*Periodically we have need of a access to a larger conference area to meet with officials from the State or other counties for training purposes.*



## SPACE PROGRAMMING QUESTIONNAIRE

Please describe any audio-visual equipment or other special features you regularly need for meetings.

*Video projectors and screen for presentations.*

11. Does the work space for your department/division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter, microfiche reader/printer)?

Yes

No

If yes, please describe briefly.

*1-36" roll printer, 1-36" roll blue print copier and 2-full size office copiers, 4-42" wide file cabinets, and 5-standard 4 drawer file cabinets*

12. Does your department/division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy centralized files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

**SPACE PROGRAMMING QUESTIONNAIRE**

13. Please indicate below the number of centralized file storage units of each type you have now. Include only centralized files used by multiple staff and/or customers. Do not include files that are (or should be) in a staff member’s individual office or workstation. (Note: “Inactive files” are those you rarely need to access. “Active files” are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	4	5	2		1
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division’s office area?

0%

Could those inactive files be stored at a location other than your building?

Yes

No

14. Other than filing, for what items does your department/division require storage space?

*Plotter, printer and copier paper, toners, ink, and general office supplies*

15. Place an **X** in the appropriate box to indicate how your department/division should ideally be located in the building relative to each of the other department/divisions or individuals listed. Leave the row for your own department/division blank.

Department or Division	Very close	Same floor	Same building	Proximity not important	Department or Division	Very close	Same floor	Same building	Proximity not important
Superior Court				<b>X</b>	Magistrate				<b>X</b>
District Court				<b>X</b>	District Attorney				<b>X</b>
Clerk of Court				<b>X</b>	Juvenile Probation				<b>X</b>
Adult Probation				<b>X</b>	Register of Deeds	<b>X</b>			

**SPACE PROGRAMMING QUESTIONNAIRE**

16. Describe any special requirements or concerns your department/division may have regarding security.

*The Land Records Department is located next to a main entrance to the courthouse. As such we have an issue with people just walking into the office even if the inner door is closed. We have a magnetically locking inner access door that should be kept locked and safety glass with limited access opening that helps with our office security at the front counter.*

17. Describe any unusual heating, cooling, lighting, or electrical power requirements for your department/division.

*Normal office requirements*

18. How many copiers does your department/division have? 2

How many fax machines? Built into copier

19. Please describe any special parking needs or considerations your agency/department may have:

None, we have to use in public parking.

## SPACE PROGRAMMING QUESTIONNAIRE

20. Please note any other suggestions or concerns you may have about the nature of the space your department/division needs or make any other comments you want to communicate to the design team.

*The Land Records Department needs to be kept in close proximity to the Register of Deeds office due to the amount of interaction between these two departments. While a great deal of information in the RoD office is online Land Records still needs to be able to easily access the hard copies maintained in RoD vault.*

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you!

# MOSELEYARCHITECTS

## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in “jump starting” that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Mike Breedlove

Your Department: Soil and Water Conservation

Your Division within the Department (if applicable): N/A

Your Telephone Number: (828) 524-3311

Your email address: mbreedlove@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Provide technical assistance to county landowners concerning erosion and agriculture practices.

Operational goals and objectives:

Prevention of soil erosion and best management practices for agricultural operations.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

More urban BMPs.

Why?

Agriculture is diminishing.

# SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
District Director	1	1	1	1	X			
Stream Technician	1	2	2	2		X		
Administrative Assistant	1	1	1	1				
District Conservationist	1	1	1	1				

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Good as is.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 2

What is the maximum number? 12

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 8

What is the maximum number? 14



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Monthly District Board Meeting
--------------------------------

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Power Point presentations
---------------------------

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Two to five times annually. 8 to 40 attendees.

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	X	X			
Inactive files in your office area				X	
Inactive files <u>not</u> in your office area				X	

What percentage of your inactive files could be stored away from your department/division's office area?

100% if they are in the same building

\_\_\_\_\_ % if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Farm Equipment Shovels, Surveying equipment Soil sampling equipment
---

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

None
------

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

None known at this time.
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SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Security is a concern. Other than allowing employees with Concealed Carry Permits to lawfully possess a firearm at work I don't know.  
Automatic doors don't work as well as they should.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

None known.

13. How many copiers does your division have? 2

How many fax machines? 0

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

None known

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.

# MOSELEYARCHITECTS

## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in "jump starting" that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For "Yes" and "No" or other check boxes, double click the appropriate box and select "Checked". Then click "OK"). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Mike Decker

Your Department: Human Resources

Your Division within the Department (if applicable): N/A

Your Telephone Number: 828 349 2020

Your email address: mdecker@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

<p>See attached page.</p>
<p>Operational goals and objectives:</p>

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

<p>See attached page.</p>
<p>Why?</p>

1

Human Resources provides a wide variety of personnel-related matters, including but not limited to: Personnel Action Form (PAF) processing, job postings, pre-employment background checks, handling/processing of medical insurance information, data entry of personnel information into Munis, benefits administration, E-Verify, Family Medical Leave Act administration, assistance with retirement planning/documentation for the Local Government Employees Retirement System (LGERS), conducting annual open enrollment, along with ongoing maintenance of personnel records. The statutory requirement to keep those personnel records for 30 years after the employee's retirement creates significant storage issues, which we are working to resolve by scanning records into LaserFisch and then destroying the paper copies. Our operational goals are to meet the needs of employees, department heads and county administration with regard to all personnel matters.

2

Our department operates with a very small staff relative to the size of the employment population. Additional staff is needed to properly carry out a number of essential functions, as the department director also serves as the clerk to the board of commissioners and has safety responsibilities that include administration of Workers Compensation. Ideally, the department would meet the private sector model of one HR staff person per 100 employees, but we are far from this. However, the addition of more than one staff member would likely create the need to relocate the department from the second floor of the Courthouse Annex, due to limited available office space. As technology changes, more and more of the vendors related to HR (insurance companies, etc.) depend upon existing HR staff to "key" employee changes into their respective systems, which increases internal workload, and leads to the need for additional personnel.

# SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	

YOUR RESPONSES:								
HR & Safety Director/Clerk	1	2	2	2	x	(ideally, position would be split into 2)		
HR Coordinator	1	1	1	1	x			
HR Specialist	0	1	1	2	x			
HR Processing Assistant	0	1	1	2			x	
Risk Manager	0	1	1	1	x			



SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

See attached page.

5. Does your division require a customer/visitor waiting area?

Yes *Ideally*

No

If yes, what is the typical number of customers/visitors present at one time? 1

What is the maximum number? 4/5

Please attach any data or documentation you have about the amount of your customer/visitor traffic. *None available.*

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 3-5

What is the maximum number? 8

4

When we have an employee who needs a face-to-face meeting, we are often discussing something of a personal or sensitive nature, and with the need for confidentiality, the need for enclosed office space is key for the director, coordinator and, if applicable, the specialist. At this time, someone waiting to see an HR staff member can find themselves standing in the hallway outside our offices, which is not an ideal situation. However, this can be addressed by ensuring that the person is “held” in the reception area of the annex on the first floor until they are called to come upstairs. When we have the need to perform new employee orientations for more than one person at a time, we currently have use of the conference room on the second floor, which is ideal, because we often need to have use of it to “build” our new employee packs, which contain county policies and benefit information that becomes rather paper-intensive to produce.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Employee orientations.  
Insurance meetings.  
Safety meetings.  
Open enrollment must be held offsite at a larger facility.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Projector/screen.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	7	0	0	0	2
Inactive files in your office area	5	0	0	0	0
Inactive files <u>not</u> in your office area	0	0	0	multiple	0

What percentage of your inactive files could be stored away from your department/division's office area?

100 % if they are in the same building

0 % if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Possible additional electronic storage space (Laser Fische)

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Ideally, we need a room large enough to hold department head meetings and the occasional retirement reception.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Co-location with the county manager/administration, finance and information technology for work flow purposes.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

There are always concerns about potential "disgruntled" employees. Sometimes we see employees at some of the most stressful and emotional points/times in their lives.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

None

13. How many copiers does your division have? 1

How many fax machines? 1 \*Note: same machine.

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Access to a "true" break room w/ vending machines would be nice.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Patrick Betancourt, Director

Your Department: Social Services

Your Division within the Department (if applicable): N/A

Your Telephone Number: 828-349-2130 office | 919-594-7398 mobile

Your email address: pbetancourt@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Dept. of Social Services provides general welfare assistance to low-income and special needs or at-risk citizens. Services include: Food and Nutrition Services (FNS, formerly known as Food Stamps); Medicaid for Adults, Families, and Children; Child Support Enforcement; Energy Assistance; Temporary Assistance to Needy Families (TANF, also known as Work First); and Adult and Child Welfare Services.

Confidentiality of service provision and worker safety are two primary impacts to our functional and space needs. Physical barriers to prevent breach of confidential information and large volume record retention are challenges in our current space. Additionally, because of the intrusive and non-voluntary nature of some of our work, staff safety both in the office and out become a concern and have prompted some changes in our physical space layout.

Standards for office space, equipment, and facilities for county departments of social services (including agency suboffices such as Senior Services) are found in [North Carolina Administrative Code 10A NCAC 67A .0103](#) including required space contract employees such as attorney, etc.

Operational goals and objectives:

The primary operational goals are to enable individuals and families to become economically self-sufficient and to provide a safe and stable environment for children and families. Work is done primarily through data entry and some field-based work. A smaller portion of direct client contact occurs in our front office operations including reception and interview spaces. Continued need for public interview spaces to remain separate from general employee areas with employee identification badge controlled access.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Based on Macon County's population growth (primarily in our citizens over 60 years of age) the Dept. of Social Services anticipates serving significantly more individuals especially in our Adult and Child Welfare (social work) units. This will necessitate an increase in our social work space, which is currently beyond its intended capacity. Conversely, as work continues to be processed through an enterprise benefits system, we anticipate somewhat less space needed for physical paper records. Additionally, with services to older citizens increasing, space that is more handicapped / mobility accessible is needed.



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Why?

See explanation above.

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Social Svcs. Director	1	1	1	1	x			
Social Svcs. Business Officer	1	1	1	1	x			
Human Svcs. Planner / Eval.	1	1	1	1	x			
Computing Support Tech.	1	1	1	1	x			
Income Maint. Supervisors	2	2	3	3	x			
Income Maint. – Public Intake	3	3	4	4	x			
Income Maint. Team Leads	3	4	4	5	x	x		
Income Maint. Investigator	1	1	1	2	x			
Income Maint. Caseworkers	16	18	22	26			x	
Child Support Team Lead	1	1	1	1	x			
Child Support Agents	2	3	4	4		x	x	
Social Work Supervisors	2	3	3	4	x			
Social Workers	13	15	17	22		x	x	

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Processing Assistants	6	8	10	12		x	x	
Contract Attorney	1	1	1	2		x		

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Public intake flow to maximize entrance and egress of customers; separate entrance for staff with accessible parking to increase staff safety. Surface space for customers to be able to write / complete applications (bar/counter space, etc.). Enhanced cubicle areas (taller/semi-private partitions, etc.) that minimize overflow noise from adjoining spaces (VOIP telephones are very sensitive and outside conversations are picked up easily and jeopardize confidentiality). Safe space / contained for foster children that may be at agency for daytime hours that is easily monitored by social work staff while maintaining access to their on-going case work. Consolidation / reduction of existing record storage areas to use for expanded office space. Enhanced lighting in primary staff areas to reduce worker fatigue and provide greater energy savings. Overall increased audio/visual monitoring in all areas where public contact occurs to increase staff safety. Increased lighting in parking areas for both public and staff safety. Enhanced natural areas to grass replacing gravel that becomes a fall hazard to customers. Outdoor child friendly wait area with remote notification. Secured, disaster proof storage for indestructible file storage needs such as adoptions records and local personnel records.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 25

What is the maximum number? 120

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

What is the usual number of meeting participants? 8-15

What is the maximum number? 50

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Because of the multiple program areas within Dept. of Social Services, conference space is needed on a daily basis and often simultaneously by different groups. Dedicated conference space to be used with the public including safe "setup" (easy exits in times of client crisis) is needed.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Built-in A/V conferencing and webinar capabilities are needed in all conference areas as many interactions with supervising state entities are accomplished through webinar/conference calling. Smart board technology for on-going staff training purposes. Continued space need for close-by monitoring of supervised foster care visitation with remote A/V recording capabilities.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Child welfare is required to have Permanency Planning Meeting with public 2-3 times monthly. Child and Family Team Meetings for child welfare occur 7-10 times weekly and would benefit from a residential type setting. These space needs should be dedicated conference spaces (because of confidentiality requirements) to be used with the public including safe "setup" (easy exits in times of client crisis) is needed.

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

Space is currently allocated to multiple large multi-function networked copiers as well as bulk mailing machinery and would need to exist in the future. Multiple networked printer stations are currently allotted as well.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	23	10	14		14
Inactive files in your office area	13	5	10		12
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

100% if they are in the same building

60 % if they are not in the same building

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Some easily accessible storage for foster child belongings – because of the rapid turnaround of this need, offsite storage is not optimal including bulk storage of child safety seats, supplies for children entering into custody with few belongings, parents training materials, and storage for spare bulk computer equipment.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Potentially locating Senior Services and Dept. of Social Services together would facilitate better coordination of service as Dept. of Social Services oversees Senior Services in this county. Continued adjoining of Health Services and Social Services facilitates delivery of Human Services' missions. Folding Veteran's Services into a Human Services' space area would facilitate services utilized by veterans and put them in closer access to supportive services.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Increased handicapped/mobility enhanced space better serves the customers of Human Services as well as Senior Services. Dedicated entrances and exits for customers separate from employees enhance worker safety provided parking for each supports accessibility. Open/flexible spaces within the secured employee areas would promote collaboration within and between the various teams.

11. Describe any special requirements or concerns your division may have regarding security.

Overall increased audio/visual monitoring in all areas where public contact occurs to increase staff safety. Increased lighting in parking areas for both public and staff safety. Convert natural areas to grass replacing gravel that is a fall hazard to customers and staff. As many services are involuntary services provided to citizens experiencing severe and persistent mental health and substance use disorders, dedicated entrances and exits for customers separate from employees enhance worker safety provided accessible sufficient parking.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

N/A

13. How many copiers does your division have? 2

How many fax machines? 2

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Regrettably, periodic overnight accommodations for foster children occur in social work. A child safe area that can be easily converted between daytime and overnight use and which can be easily observed from staff while maintaining access to their on-going work would be ensure foster child and staff safety.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.





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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Richard Lightner

Your Department: Tax Administration

Your Division within the Department (if applicable): \_\_\_\_\_

Your Telephone Number: 828-349-2288

Your email address: rlightner@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

My office entails, tax assessment, tax collections, land records and tax revaluation. Everything dealing with real estate, personal property, motor vehicles, land records, GIS, appeals, tax preparation, tax billing, farm use, exemptions, audits, business personal property, special districts, fire districts, solid waste fees, reassessments, and all reporting to the State of NC as required starts and finishes in this office.

Operational goals and objectives: Goals are to have current up to date information for all clients that are accurate and reliable. At the same times we must continue offer our services online, in person, and at a convenient location for the aging population. Macon has one of the oldest and mostly seasonal residence populations in the state. That requires adequate space to handle interviews and disperse materials to the walk In clientele.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Our 2023 reassessment will commence in 2020 and at that time we will be required to hire new personnel to handle the required field work and office work. Our office has limited vacant space for these individuals. There is limited space for private conversations with the taxpayers and that is mentioned all of the time by the clients. The access to the offices has no lobby or waiting areas, poor parking, and the collections counters have congested space for the clients.

Why? New emphasis on the state standards for appraisals and the National Guidelines governing the appraisals are now in effect for all counties to follow,



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Tax Administrator	1	1	1	1	x			
Assistant Administrator		1	1	1	X			
Tax Collector	1	1	1	1	X			
Asst. Tax Collectors	2	2	2	2	X	X		
Business Listings	1	1	1	1	X			
Motor Vehicles	1	1	1	1	X			
Real Estate Transfers	1	2	2	2	X			
Appraisers	3	5	5	5	X	X	X	
Revaluation Director	1	1	1	1	X			
Assessment clerks	3	3	3	3		X		
Land Records	3	4	4	4	X		X	

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes     No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

We need larger lobby, Larger Pay Area, Drive Through Window, Semi Private and private office for client interaction.

5. Does your division require a customer/visitor waiting area?

Yes     No

If yes, what is the typical number of customers/visitors present at one time? 3-5

What is the maximum number? 8

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily     2 to 3 times a week     Once a week

Twice a month     Monthly     Once in a while

What is the usual number of meeting participants? 3-10

What is the maximum number? 15

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Appraisal meetings, training, hearings for clients, department meetings.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Need visual, wifi, internet, data connections.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

We stage meetings when we have new updated values.

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

X Yes

No

If yes, please describe briefly. We must have large area for files, mapping machines and copiers.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE



8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	10	25	5		
Inactive files in your office area				15	
Inactive files <u>not</u> in your office area				150	

What percentage of your inactive files could be stored away from your department/division's office area?

100% if they are in the same building

\_\_\_\_\_ % if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Our land records department is in the courthouse and is separate from our other functions. This is very inefficient since we must interact together and some of our task are dependent on the other individual completing a sequence of events. In fact some of the steps would be done a totally different way if we were located together again.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

All of our functions would be a one stop function for the public and the professional clients. Clients would not have to go up and down the street to obtain the information they desire. Also, employees would not have to spend time out of the office visiting another part of our office.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

We have installed secure points on our own.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

13. How many copiers does your division have? 10

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Our office has the largest data basis of all departments. We use to have our own servers and they were in adjacent rooms, ever since we were taken off of our servers in our building our programs have run poorly. We need our data lines to be dedicated just for our server to our offices or reinstall our servers back in our building.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.

# MOSELEYARCHITECTS

## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE: COURTHOUSE

This questionnaire will give the Moseley Architects team an initial understanding of some of the issues that are important in the planning and design of space for your department in the Macon County courthouse. The design team will also meet with you in person to discuss these and other issues in more detail, but the time you spend responding to the questions below is extremely valuable in “jump starting” the face to face discussions, and in focusing everyone’s thinking on some of the relevant issues prior to that meeting.

Please answer the questions as they apply to your specific department or division within the department. *Just click within the gray boxes to enter your response. For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”.* Feel free to print the questionnaire and complete it by hand if you prefer.

Please answer every applicable question as accurately and thoughtfully as you can. The quality of information you provide has a direct impact on the success of the project. Please make an effort to realistically answer the questions about future staffing levels based on your staffing history and projected changes in population, case filings, or services, and other factors that may be relevant.

Feel free to attach additional sheets if needed. Your time and effort are appreciated and we look forward to meeting with you!

**Your Name:** Teresa McDowell 

**Your Department/Division Within the Department:** *Tax Collections*

**Your Telephone Number:** 828-349-2149

**Your Email Address:** *tmcdowell@maconnc.org*

## SPACE PROGRAMMING QUESTIONNAIRE

1. Briefly describe the general scope of your department/division's services and functions, including any special policies or procedures that impact your functional and space needs, and indicate major operational goals and objectives.

*Services and functions:*

*The Tax Collections Office staff currently consists of a Tax Collections Supervisor, an assistant to the supervisor, and a deputy tax collector. Our office space consists of a large, windowed area, with a large counter, two desks and a separate space for the collections supervisor. There are three computer terminals/registers for accepting payments from walk-in payees and for processing mailed payments. This office is in charge of accepting payments in several forms through various processes, including wire transfers through the county trust account, software designed for utilization for escrow companies, cash and check payments. These processes are used for both collection of current year taxes and also for delinquent taxes.*

*The collection of delinquent taxes (enforced collections) utilizes other processes which are not used in collecting current taxes. These processes include bank account, wage and income tax garnishments, as well as coordinating records with a contracted attorney who files mortgage style foreclosures for this office in order to sell the affected property to collect taxes and attorney fees.*

*An issue I perceive with the future space needs includes adjusting the office area to better protect the privacy of property owners who might become involved in one of the enforcement procedures. The office space is completely open to the public, with the exception of a partially enclosed area which is considered the office of the tax collector. There is a glass partition and door dividing this area from the main office space, but because it is not soundproof, and because the lay-out of the tax office is conducive to serving the public, this area also has very little privacy. The noise level in the entire office space is elevated because of the almost constant foot traffic, and even though the front area of the office is partially glassed, it is still very noisy. Many times there will be at least two taxpayers attempting to pay or ask questions, two deputy tax collectors trying to process payments and answer questions and everyone just gets louder trying to communicate with each other. This noise level is "funneled" directly back to the tax collection supervisor's office, where other processes, including originating reports, balancing the daily payments or any number of things is taking place. The noise level makes it extremely difficult to concentrate when preparing the detailed reports required. Quite frankly, the layout of this office is inefficient.*

*Our major operational goal is to provide more efficient, professional services to the public, as well as utilize processes which will increase our collection rate. Increasing the collection rate requires the use of enforced collections, which require privacy when processing. Our office layout could be much more efficient if a privacy buffer was included in the office layout.*

*Safety of our staff is also of great concern. In 2015 safety glass was installed in the tax office. The glass does not cover the entire space between the office staff and the public and is not bullet proof, but it is a much needed improvement. A locked door into the office was also included. Although these additions improve the safety status of this office, this area is*



## SPACE PROGRAMMING QUESTIONNAIRE

*still accessible by the public under certain circumstances. Our staff handles thousands of dollars in cash on some days. There is very little protection from a potential robbery. There could also be potential issues with our insurance or bonding company if our assets are not completely protected. Improvement in these categories is very much needed.*

### *Operational goals and objectives:*

*As stated above, our goal is to increase the collection of taxes, while providing efficient, professional services to taxpayers. Any increase in collection rates require an increase in the collection of delinquent taxes. However, if a Deputy Tax Collector is on the phone trying to ascertain the location of a bank account, for example, and a taxpayer enters the office they are automatically privy to any conversation the deputy may be having. This is in part because of the completely open format of this office space. If the tax collections supervisor is working on reports, which are very detailed and require concentration, or delinquent collections, the noise level in the office is off-setting, and the privacy level is non-existent unless the door to the office is shut, and even then it is not completely quiet. Simply put, the acoustics in this office space are horrible, and this office set-up was developed prior to enforced collections ever being utilized.*

## SPACE PROGRAMMING QUESTIONNAIRE

2. What changes do you anticipate in your services or functions in the next ten years, and why?

*Changes anticipated:*

*As stated above, the office staff will be utilizing enforced collections on an increased level. Additional staff members may be necessary in order to utilize more enforced collections, as well as complete day to day collection processes.*

*Upgrades in the safety of this office space are necessary and expected.*

*Why?*

*Unfortunately, although our collection rate continues to improve, enforced collections are becoming more and more necessary in order to provide complete tax collection dollars to support county services, and to make sure that those tax payers who pay on time, are not penalized by lack of services made unaffordable by not collecting as close to 100% of taxes as possible.*

*When enforced collections are utilized, anger issues may develop with the property owners targeted. This possibility, as well as the processing of thousands of dollars in this office, necessitates installation of better safety measures.*

**SPACE PROGRAMMING QUESTIONNAIRE**

3. Please list the job title of each position currently budgeted and authorized for your department/division. Adjacent to each job title, indicate how many such positions are currently budgeted and authorized. This tells us what your current staff breakdown is. Then, to the best of your ability, indicate in each column the total number of budgeted and authorized positions you think there will be for each job title in future years 2022, 2027, and 2032. Base your estimate on how you believe the amount and nature of your department/division’s services and workload will change. Add new job titles for the future if appropriate. Then indicate what type of workspace is required for each position. Examples of the intended response format are shown below.

Job Title	How many now?	How many in 5 years?	How many in 10 years?	How many in 20 years?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
Clerk of Court	1	1	1	1	x			
Deputy Clerk	5	6	6	7			x	
Administrative Assistant	3	4	5	5			x	
<b>YOUR RESPONSES:</b>								
<i>Tax Collections Supevisor</i>	<i>1</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>X</i>			
<i>Asst. to The Tax Collections Supervisor</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>X</i>			
<i>Deputy Tax Collector</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>3</i>		<i>X</i>		

4. What percentage of your staff is female? *100%* male? %

## SPACE PROGRAMMING QUESTIONNAIRE

5. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

X  Yes

No

6. If yes, please describe features that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

*Again, potential privacy issues are compromised in this office setting. With the exception of the Collections Supervisor space, there are no other private spaces in the office. At the very least, semi-private cubicles should be installed. A private area to discuss potentially uncomfortable matters is crucial, and the supervisor office space should not be the only area available.*

*The noise level in this office can be horrible. Corrective measures should be taken to alleviate this problem.*

7. Describe any special space or functional requirements that are important for the particular types of customers you interact with.

*Most of the people that this staff deals with are not particularly happy to be here. Even with that being said, the majority of the tax payers are pleasant. However, I have certainly seen the level of civility from on-time tax payers decrease particularly in the last couple of years. Then there are those property owners who must be forced to pay taxes through enforced collections. Even the threat of using these type procedures can cause elevation of anger issues. Freezing a property owner's bank account and collecting those dollars in order to apply that amount to taxes owed can lead to extreme anger issues. A significant level of protection is necessary.*

*We also deal with many elderly taxpayers who can experience difficulty in understanding the process or who simply cannot hear what the staff is saying. This can lead to frustration in both the taxpayer and the staff. Even though we have microphones fitted into the glass, the noise level can overcome any help these microphones provide.*

8. Does your department/division deal directly with visitors other than customers on a regular basis (for example, vendors, staff from other departments, etc.)?

X  Yes

No

## SPACE PROGRAMMING QUESTIONNAIRE

If yes, describe any special space or functional requirements that are important in dealing with these visitors. Feel free to suggest features that are different from your current space or method of doing business.

*Again, an area which provides an enclosed space with room for sitting and presentation of materials is necessary.*

9. Does your department/division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? *1-10*

What is the maximum number? *Approx. 10 at a time*

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

10. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? *2-3*

What is the maximum number? *10*

For what types of meetings will the space(s) be used?

*To qualify, property owners who need to set up a partial payment schedule come into our office on a regular basis. Again, these people need privacy when discussing their economic position. The Tax Collections Supervisor has to meet with all of these clients because that office is the only private setting available. We are also seeing more people who find it necessary to pay taxes utilizing a payment schedule.*

## SPACE PROGRAMMING QUESTIONNAIRE

Please describe any audio-visual equipment or other special features you regularly need for meetings.

11. work space for your department/division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter, microfiche reader/printer)?

Yes

X  No

If yes, please describe briefly.

12. Does your department/division have centralized files?

X  Yes

No

If yes, do you expect the quantity of paper/hard copy centralized files you must keep to increase over time?

X  Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

X  Yes

No

## SPACE PROGRAMMING QUESTIONNAIRE

Please indicate below the number of centralized file storage units of each type you have now. Include only centralized files used by multiple staff and/or customers. Do not include files that are (or should be) in a staff member's individual office or workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	1	1	3	Several	1
Inactive files in your office area	0	0	0	0	0
Inactive files <u>not</u> in your office area	0	4	1	21	0

What percentage of your inactive files could be stored away from your department/division's office area?

80%

Could those inactive files be stored at a location other than your building?

Yes

No

13. Other than filing, for what items does your department/division require storage space?

*Books; binders with current tax laws/processes; maps;*

14. Place an **X** in the appropriate box to indicate how your department/division should ideally be located in the building relative to each of the other department/divisions or individuals listed. Leave the row for your own department/division blank.

Department or Division	Very close	Same floor	Same building	Proximity not important	Department or Division	Very close	Same floor	Same building	Proximity not important
Superior Court					Magistrate				
District Court					District Attorney				
Clerk of Court					Juvenile Probation				
Adult Probation					Other- _Security_____	<b>X</b>			

## SPACE PROGRAMMING QUESTIONNAIRE

15. Describe any special requirements or concerns your department/division may have regarding security.

*I referenced this issue above.*

16. Describe any unusual heating, cooling, lighting, or electrical power requirements for your department/division.

*Comfortable for both the members of the public and the tax office staff. Heating and cooling are erratic in this office leading to complaints by the public.*

17. How many copiers does your department/division have? 1

How many fax machines? 1

19. Please describe any special parking needs or considerations your agency/department may have:

There is only one handicapped parking space available for taxpayers. It is not designated for use at this office. I have heard complaints many times regarding having to circle the building until the parking place becomes available, and have had tax payers call us from their vehicle asking if our staff can come outside and pick up their payments. Construction and utilization of a future drive through window should be considered.



# SPACE PROGRAMMING QUESTIONNAIRE

## SPACE PROGRAMMING QUESTIONNAIRE

20. Please note any other suggestions or concerns you may have about the nature of the space your department/division needs or make any other comments you want to communicate to the design team.

*Again, as noted above more efficiency, privacy, noise reduction and safety issues are needed.*

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you!



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in “jump starting” that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Todd Raby

Your Department: Register of Deeds

Your Division within the Department (if applicable):

Your Telephone Number: 828-349-2097

Your email address: traby@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

The Register of Deeds Office holds legal documents such as all real estate records and vital records such as birth and death certificates marriage licenses. We serve the public and legal professionals on a daily basis making sure these records get filed according to state statute we also help them find the records they require. All of our records are scanned electronically, however statute requires that we keep a hard copy of plat maps, and due to lack of space in the back vault we store these offsite to a climate controlled facility which is inconvenient for us and the customer if they request to see them.

Operational goals and objectives:

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

I would anticipate more electronic filing which is when banks, attorneys etc. use a e-file vendor through our vendor to electronically submit or email the documents to us.

Why?

We currently accept e-files through only one vendor, but other counties use up to three or more. We eventually will have to use more due to the right of the customer to choose which vendor they want to use. This cuts down on physical mail to the office but the local

# SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Register of Deeds	1	1	1	1	x			
Assistant Register	2	2	2	?		x		
Deputy Register	1	1	1	1		x		

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Except for possible security changes, our open counters used gives the best service at the present time. However, if another person was needed in the office there would be no place for them to have a desk or workspace.

This is an answer for number 5 question. We do not always need a waiting area but sometimes depending on how busy it gets we only have two spots in the front office for people to sit and wait, otherwise they wait in line or would have go to the vault to sit.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? \_\_\_\_\_

What is the maximum number? \_\_\_\_\_

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 4

What is the maximum number? 4

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

I as a department head usually attend meetings scheduled by the Finance Director and County Manager in other conference rooms such as a yearly budget meeting or any other department head meeting.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

None

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

We have a plat scanner and one larger copier in the back vault.

Answer to first and second question # 8 We do have physical books up to 1986, from 1987 forward the files have been electronically scanned to a database.

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		X	X		
Inactive files in your office area				X	
Inactive files <u>not</u> in your office area				X	

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

100 % if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space?

One cabinet has microfilm. Other cabinets store recent marriage license applications. Financial records in another.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

If we had more space we could acquire storage units for our plats, but eventually we would run out of space, and it would be an issue in the future.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

The answer mentioned above

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

There basically is no security in the office. If the office had glass or any other kind of barricade it would take away the personal touch of service we should give our people when they come into the office, being an elected office I think that alienates the public just a little, If the entire building was secured around the perimeter of the building it would solve that problem.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

The temperature in the office and vault should be around 70 at all times, the physical books in the vault are sensitive to heat and humidity

13. How many copiers does your division have? Two copiers and 5 printers

How many fax machines? 1 fax machine the larger copier in the vault is capable of faxing also

Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Overall this office would be more comfortable if there were space for one more desk in case of the need of another employee, and a break room separate from the scanning room or any office work space so employees could take a break or even eat lunch. If new facilities are required employee space, break room and even a single rest room would be suggested in the planning of such a facility.

Jackson County Register of Deeds office is a perfect example of the perfect layout for this office.

More questions and issues may be realized when we have the meeting.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in “jump starting” that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Debbie Hunter/Alan Durden

Your Department: North Carolina Cooperative Extension, Macon County

Your Division within the Department (if applicable): \_\_\_\_\_

Your Telephone Number: 828-349-2046

Your email address: [ddhunter@ncsu.edu](mailto:ddhunter@ncsu.edu) or [adurden@ncsu.edu](mailto:adurden@ncsu.edu)

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

North Carolina Cooperative Extension connects farmers, agribusinesses and communities with vital research-based information and technology. Extension delivers this research directly into the hands of North Carolinians, helping them to translate knowledge into everyday solutions.

We provide research based information to residents of Macon County through, Agriculture, Livestock, Forage and Pastures, Family and Consumer Sciences and 4-H.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

At this point we do not anticipate any changes to be made

Why?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
County Extension Director	1	1	1	1	X			
Administrative Assistant	1	1	1	1	X			
Receptionist/Secretary	1	1	1	1			X	
4-H Agent	1	1	1	1	X			
4-H EFNEP PA	1	1	1	1	X			
Livestock Agent	1	1	1	1	X			
Horticulture Agent	0	1	1	1	X			
Family & Consumer Agent	1	1	1	1	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Receptionist Greeting Area with seating for customers waiting to see agent. Each agent and Admin. needs a private office to work and meet with clientele.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 3-5

What is the maximum number? 10

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 15

What is the maximum number? 80

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Educational Classes – 4-H, Horticulture, Agricultural, Livestock and Family and Consumer.  
4-H Club Meetings.  
Ag Club Meetings  
Master Gardener Meetings  
Community Development Meetings

Please describe any audio-visual equipment or other special features you regularly need for meetings.

LCD Projector, Laptops, Large Screen TV, Portable Lectern.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Several meetings a week.  
10-30 attending.

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE



8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		8	5		
Inactive files in your office area					
Inactive files <u>not</u> in your office area		1			

What percentage of your inactive files could be stored away from your department/division's office area?

0% if they are in the same building

0% if they are not in the same building



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Equipment for all our educational programming. Pantry for storing food items for our educational food programs. Paper and envelopes.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

We are good.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

We are good.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

The doors entering and exiting our building are very old. The locks on the doors can be opened easily by using anything with a sharp point. The exterior doors need to be replaced.

The Macon County Extension office has lots of open space. We have 2 large copiers, 1 Mac Computer and 2 large screen tv's that are always left open to the public if our building is open, even if Extension office isn't opened. We need a wall with a locking door placed at the back of our office space closing our office off from the other agencies in our building if we are not here when other offices are.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Because of our many night meetings, excellent outside lighting is needed.

13. How many copiers does your division have? 2

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in “jump starting” that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Kim Angel

Your Department: Macon County Transit

Your Division within the Department (if applicable): \_\_\_\_\_

Your Telephone Number: 828-349-2565

Your email address: kangel@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

MCT provides public transportation services to residents for employment, medical, shopping, education and other transportation needs. MCT is required to operate under Federal Transit Administration (FTA), NCDOT, and local policies for public transportation services. These policies require hiring and training of employees that differ from most County departments, thus requiring a space that is large is enough to provide the required training. Currently, MCT does not have a space that will effectively accommodate these training needs.

Additionally, MCT coordinates long distance trips with other Counties, primarily Clay County Transportation. We have recently begun using the MCT office as the transfer point for transit customers who change vehicles for this service. The original design of the facility does not accommodate this type of service. Additional space is needed as a waiting area for these customers.

Operational goals and objectives:

MCT strives to provide transportation services for human service agency clients and the general public.

MCT strives to meet current transportation needs and plan for future growth.

MCT strives to be part of Macon County's economic development.

MCT strives to be creative in finding solutions for transportation needs outside the scope of our current services.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

We expect to see continued growth and expansion of services. In order to meet the demands of the growth, this will require additional routes going to more destinations, providing more and better service to outlying communities such as Highlands and Nantahala; extending service hours to better accommodate work and education schedules; and begin offering weekend services. These changes should encourage more "choice" riders on the system. The result will be the need for additional staff in order to meet the demand.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Why?

Given that MCT has experienced 20% growth in ridership over the past five years, we see the demand for additional services as imminent. History has shown an increase in riders who use our service for employment and education purposes. We see this as a positive impact and a growing trend. We have heard at transportation conference about how Millennials are now choosing public transportation rather than individual car ownership. This would certainly impact our service and destinations as more "choice" riders create demands for additional destinations and extended hours of service.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Transit Director	1	1	1	1	X			
Asst. Transit Director	1	1	1	1	X			
Operations Supervisor	1	1	1	1	X			
Scheduler	1	1	1.5	2	X			
Administrative Assistant	1	1	1.5	1.5		X		
Transit Operators	18	22	26	30		X		
Mobility Manager	0	1	1	1	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

We have recently begun using the MCT office as the transfer point for transit customers who change vehicles for this service. The original design of the facility does not accommodate this type of service. Additional space is needed as a waiting area for these customers that offers more seating for ambulatory as well as non-ambulatory customers. This space needs to be inviting as use as a waiting area.

The current area is very small and does not promote customer friendly service.

Other customers come into the facility to purchase passes or inquire about information, if this occurs at the same time the other customers are waiting to transfer to a different vehicle, it can be crowded and difficult to interact with the person needing information/pass due to noise level.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 3-4 but often includes someone with a mobility device (walker or wheelchair)

What is the maximum number? 10

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily

2 to 3 times a week

Once a week

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 6 for the weekly meeting

What is the maximum number? up to 30 currently, growth of routes would increase this number

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Weekly staff meetings  
New Hire Training (takes up to one week)  
Refresher Training for Operators  
Quarterly All Staff Training  
Quarterly Transportation Advisory Board (TAB) meetings  
Work Space for projects  
Storage of Training Materials  
Storage of Vehicle Supplies (unless another space can be defined during expansion)

Please describe any audio-visual equipment or other special features you regularly need for meetings.

PC/Laptop, Preferably two stations for operators refresher training  
Internet Access  
DVD Player  
Projector  
Screen  
Sound System  
Interactive Board for training & meetings

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

N/A

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger



SPACE NEEDS ASSESSMENT QUESTIONNAIRE

than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

N/A

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		7	6		
Inactive files in your office area			2		
Inactive files <u>not</u> in your office area					

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

What percentage of your inactive files could be stored away from your department/division's office area?

100% if they are in the same building

\_\_\_\_\_ % if they are not in the same building

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Office Supplies Uniforms Safety Equipment Vehicle Supplies – 1 <sup>st</sup> Aid Kits, Biohazard kits Oil and spare parts for vehicles Cleaning Supplies – vehicles & facility Tools Step Stools Mobility Devices for Training (Wheelchair, walker, cane, etc) Off-site Marketing Materials & Supplies (Chairs, table, display, etc.) Promotional (give away) items Brochures and Marketing Materials Tablets Cash/Fare Boxes
--

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Training/Meeting Space is the biggest need Larger, more accommodating customer waiting/transfer area Larger kitchen/dining room for staff Larger space for Operators to complete paperwork Additional office space to accommodate growth
--

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

The training/conference area could be used by other departments if needed (i.e – County Garage and/or Maintenance Staff)
--

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

There is currently no tempered privacy glass in reception area.  
There is currently **full** access to any office/area in the facility without requiring a badge or pass through permission (door lock). Cash is kept in Admin Asst. office and can be fairly easily accessed (it is in a cash drawer with a lock but not one that is durable or theft-proof). This has not been as big of an issue in the past but since we are now using the facility as a transfer station, the need to ensure the employees are safe and access to cash, supplies, and staff is limited is now much greater.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

*Informational Only* – MCT is in the process of getting a safer, larger parking lot for the vehicles. The current parking lot is too small for the number of vehicles they system has. The new parking lot will be sufficient for long range growth. The parking lot will not need to be included as capital improvements item.

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

The kitchen/dining/break room area is very small given the number of employees MCT has. The current table space is for 4 people but becomes very crowded when used by 4 employees at the same time.

The water heater is not ample for the number of employees.

The breaker in the kitchen does not allow for more than one thing to be turned on at a time or it overloads and trips it.

We feel we could possibly relocate the kitchen/dining/break area to a portion of the training/conference room. This would allow this room to become a multi-purpose room.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.





## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Seth Adams

Your Department: Parks and Recreation

Your Division within the Department (if applicable): \_\_\_\_\_

Your Telephone Number: 828-371-1397

Your email address: sadams@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Our Department creates various recreational opportunities to the citizens and visitors of Macon County. We also rent rooms in the Robert C. Carpenter Community Building for functions such as Gem and Gun shows, Meetings, Reunions, and Birthday Parties.

Operational goals and objectives:

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

I don't see many changes in our department in the next 5 years unless we find a convention center. We would need additional staff if we get a new facility.

Why?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
P&R Director	1				X			
Youth Athletics/Admin Assist	1				X			
Community. Building/Adult Athletics Coordinator	1				X			
P&R Site Supervisor	3	2						X
Building Attendant	2	3					X	
Maintenance Worker I	2							X

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes     No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Most of the face to face we get with the public, is when they come in to pay for their room rental or league fees. What we have works fine. Need a public computer for sign ups.

5. Does your division require a customer/visitor waiting area?

Yes                       No

If yes, what is the typical number of customers/visitors present at one time? 50

What is the maximum number? 300

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily     2 to 3 times a week     Once a week

Twice a month     Monthly     Once in a while

What is the usual number of meeting participants? 25

What is the maximum number? 100



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

We have daily events with up to 300 attendees.

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE



8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files					
Inactive files in your office area		X			
Inactive files <u>not</u> in your office area				X	

What percentage of your inactive files could be stored away from your department/division's office area?

% if they are in the same building

100% if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Tables, Chairs, Janitorial Supplies, Seasonal Decorations and Athletic Equipment
--

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

NA
----

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

NA
----

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Additional security cameras are needed at Parker Meadows Recreational Complex, The Veterans Memorial Park and in the gym in the Robert C. Carpenter Community Building.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

None

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: M. Chris Stahl

Your Department: Solid Waste

Your Division within the Department (if applicable): \_\_\_\_\_

Your Telephone Number: 828-349-2100

Your email address: cstahl@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Landfill facility: We operate a landfill, including a newly constructed Phase III. Also at this facility are a Recovery Facility; Recycling Processing Center; Admin. Office (existing); Admin office (new); Environmental Resource Center; Scale House; other assorted storage buildings.

Transfer Station: We operate a Transfer Station in Highlands, consisting of T/F Building; scale house; pole barn; other assorted storage buildings.

Convenience Centers: We have 11 Convenience Centers (1 at each of the above and 9 remote). Of the 9: 3 are county owned; 3 are leased from Govt. Agencies; 3 are leased from private owners.

Operational goals and objectives:

The Department is actually pretty good on space other than a couple of our Convenience Centers. One of those, we are in the process of remodeling, which should alleviate the problem. The second; Highlands Road; is privately owned, and way too small – and there is no room to expand. We have been seeking locations for a new Center on the Hwy64 corridor for years; without much success.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

The major change will be moving from the existing landfill Cell to the new landfill. As mentioned, the new landfill is ready for operation and we will be beginning the transition this year. We are also beginning to remodel/renovate our Convenience Centers with 2 scheduled for this year, and another 2 for FY19-20. This will continue until we cycle through all the centers: or relocate any of the centers.

Why?

Efficiency; safety; improved services: One of the main goals is to switch to compactors instead of open-top containers. They hold more and help aesthetics and control litter. This change will also allow us to remove ramps and other hazards related to split-level layouts.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Solid Waste Director	1	1	1	1	X			
SW Business Manager	1	1	1	1	X			
SW Enforcement Officer	1	1	1	1	X			
SW Env. Field Specialist	1	1	1	1	X			
Recycling Coordinator	1	1	1	1	X			
SW Maintenance Mechanic	1	2	2	2		X		
Landfill Operators	4	4	4	4		X		X
RPC Operators	4	4	4	4		X		X
Transfer Station Operators	2	2	2	2		X		X
Convenience Center Workers	+/- 40	same	same	same		X		X
Scale house Weighmaster	2.5	3	3	3		X		

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes     No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Most of our interactions are outside. We do have a reception area at the Admin Office.

5. Does your division require a customer/visitor waiting area?

Yes     No

If yes, what is the typical number of customers/visitors present at one time? 0

What is the maximum number? 2

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily     2 to 3 times a week     Once a week

Twice a month     Monthly     Once in a while

What is the usual number of meeting participants? 6-10

What is the maximum number? 50-60



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Small meetings are held at the Admin Office. Large meetings (1-2 per year) are held at the Environmental Resource Center.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

The new Admin Office will include a large monitor and cpu ports to connect from the meeting table. The ERC could use some updating.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Only in the sense that we offer use of the ERC for County and other Civic groups. Sizes range from 3-5 up to 30-40 attendees.

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	2	8	8		3
Inactive files in your office area		3	10	+/- 30	
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

80% if they are in the same building

20% if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Tools & Equipment; office supplies

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Waste disposal facilities must be secured when they are closed. All facilities have chain-link fencing. Would like to install security cameras at facilities due to break-ins; vandalism; catch illegal dumping at gates; etc.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

The Recovery Building and RPC are both open-air buildings. It would be nice to find a way to effectively provide some level of warmth to the operators that are working outside of equipment. Will be looking into retrofitting heaters fueled by landfill gas once the current landfill is closed.  
I would like to replace our high-bay lighting (et.al.) with LED lights.

13. How many copiers does your division have? 4

How many fax machines? 3

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in “jump starting” that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Chris Queen

Your Department: Garage

Your Division within the Department (if applicable): n/a

Your Telephone Number: 828-349-2071

Your email address: cqueen@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

The Macon County Garage is a support service of Macon County. Employees provide maintenance and repair services on all County-owned vehicles and equipment (ranging from mowers to heavy equipment).

Operational goals and objectives:

To efficiently and effectively maintain and repair all County-owned vehicles and equipment.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

We expect over the next five years, there will be an increase in the number of vehicles and/or equipment owned by the County, thus, requiring additional space to house/maintain vehicles waiting for service.

Why?

Based on the growth of services provided by County departments, this will increase the number of vehicles and equipment purchased.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Fleet Services Director	1	1	1	1	X			
Asst Fleet Services Director	1	1	1	1		X		
Truck & Van Mechanic	1	1	2	3				X
Landfill Mechanic	1	1	1	1				X
Garage Mechanic	1	1	1	2				X
Business Manager	½	1	1	1	X			
Svc Scheduler/Inventory Specialist	0	1	1	1		X		

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

N/A

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? \_\_\_\_\_

What is the maximum number? \_\_\_\_\_

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 5

What is the maximum number? 7



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

N/A
-----

Please describe any audio-visual equipment or other special features you regularly need for meetings.

N/A
-----

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

N/A

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

<p><b>FOR USE IN SHOP AREA:</b>                  Lifts for vehicles                  Tire/tool machines                  Tool boxes                  Wheel balancer</p> <p>Note: There is sufficient space for this equipment at this time</p>
--

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		2			
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

100% if they are in the same building

\_\_\_\_\_ % if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

CURRENTLY STORED:  
Tires  
Automotive Parts  
Inventory Items (i.e. fluids, vehicle components, etc)  
Oil & fluids (including used oil)

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

N/A

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

N/A

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Currently, the facility is fenced with the exception of the additional parking area that was installed last year. Once Transit completes the parking lot they are working on, this area will be secure.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

N/A

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Number of work bays is ample for anticipated growth. Additional parking space is the biggest concern. However, the lot that adjoins the "new" Transit parking lot that is being completed this FY is only gravel. We feel that if this lot could be completed by adding asphalt, this would give us the space we need for our future growth.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.

## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For "Yes" and "No" or other check boxes, double click the appropriate box and select "Checked". Then click "OK".) Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: *Michael Cope*

Your Department: *maintenance*

Your Division within the Department (if applicable):

Your Telephone Number: *828-634-6104*

Your email address: *mcope@maconnc.org*

### SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Operational goals and objectives:

*upkeep + maintenance of county properties*



4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Vertical line

- 0 -

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time?

What is the maximum number?

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily 2 to 3 times a week Once a week

Twice a month Monthly Once in a while

What is the usual number of meeting participants?

What is the maximum number?

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Vertical line

Administrative & Training

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Vertical line

None

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Vertical line box

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

Vertical line box

Trucks  
Maintenance equipment  
Const. equipment

Janitorial supplies

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	4				
Inactive files in your office area		4			
Inactive files <u>not</u> in your office area		2			

What percentage of your inactive files could be stored away from your department/division's office area?

% if they are in the same building



% if they are not in the same building

Other than filing, for what items does your division require storage space?  
Narcotics storage requirements?

Vertical line

Janitorial supplies, Const. Materials / Heavy equip.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Vertical line

None

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Vertical line

building is great for our needs  
parking and outside storage could be better

11. Describe any special requirements or concerns your division may have regarding security.

Vertical line

Equipment and vehicles

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Vertical line


None

13. How many copiers does your division have? 2

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Empty box



This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.

12/27/18

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## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Carmine Rocco

Your Department: Health Administration

Your Division within the Department (if applicable): Health

Your Telephone Number: 828-349-2420

Your email address: crocco@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

The primary function of Administrative Services is to provide support for all programs by offering patient check-in, check-out, financial eligibility, release of records, billing, records management, vital records, human resources, HIPAA compliance, safety and security, consumer rights and responsibilities and all Administrative functions (Health Director, Assistant Health Director, Finance Officer, Procurement Officer, Information Technology, etc.) of the agency.

Operational goals and objectives:

To maintain a high level of confidentiality while serving the patient population, protecting their identity, securing necessary documentation and maintain a high level of customer service, and assuring staff safety and facility security.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

- To eliminate all paper records.
- Increase in training because of changes in the healthcare concept and requirements. Increased dependency on information technology.
- Increase in staff to maintain added services
- Services and programs will expand further stressing the already outgrown space. Medical standards will increase requiring higher expectations for patient privacy, facility cleaning ( as a healthcare facility cleanliness is required at a higher level per OSHA and CDC guideline), ADA accessibility, etc.
- In some areas (behavioral health, substance use, etc.) there are not enough current providers to meet the community needs. Predictions are that MCPH is and will continue to be looked upon to provide these services.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Why?

With the changes to Medicaid/Medicare reform, the increase in service potential will be greater for public health. The support staff will be essential in making sure that all documentation is complete, all federal, state and local requirements are maintained and the changes in billing requirements will require an increased level of education and learning.

Some changes will be guided by Managed Care initiatives at the state and/or federal level. Predictions nationally are that more and more services are going to be required for an aging population and at the burden of public health.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Processing Assist III	2.5	4	5	5			X	
Medical Office Assistant	2	2	3	3			X	
Processing Assist IV	1	1	1	1	X			
Accounting Clerk IV	1	2	3	3		X		
Planner I (HR/Vital Records)	1	1	1	1	X			
Interpreter	1	2	2	2			X	
Health Director	1	1	1	1	x			
Assistant Health Director	1	1	1	1	x			
Finance Officer	1	1	1	1	x			
Procurement Officer	1	2	2	2	X			
Administrative Assistant	1	1	1	1		X		

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Each Processing Assistant and Medical Office assistant would need open office space with divider walls to conduct work when not with patients. This space would include a space for meetings or larger work project area with table. Three private interview rooms are needed to meet with consumers to gather financial information and discuss personal information. A private cubicle area in the front lobby so consumers could pre-register. A separate reception area for switchboard and meeting of visitors to the facility. Security of the space is essential. Interview rooms need to have a separate entrance for the patient and one for staff. Rooms need to be equipped with panic buttons and phones. Door on staff side needs to have swipe badge security for entering/exiting. Reception area needs to be enclosed for security purposes. Interview rooms need to be secured from front waiting area. Administrative Office area should be secure from general public.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 4

What is the maximum number? 7

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

Overall, the health department had 9,215 patient visits during FY 18.

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 10

What is the maximum number? Dependant on room size and event – up to 80 for some events

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

The meeting areas would be used for training and staff development, consumer education, and other agency networking. Needed equipment could be Portable tele- equipment, internet capability, microphones and cameras for trainings and group meetings, Wifi, computer, smartboards, and projectors, dry erase boards. Meetings include public and private meetings, etc.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Computer, internet, cisco or Bluejeans type access for secure web-centered training, laser pointers, printers, speakers, CD player, VCR, TV screens, etc.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

State and regional trainings with up to 100 – some quarterly; Monthly Board of Health meetings with approximately 30 people; Public hearings as needed; Emergency Operations meetings – some for internal staff, others inter-agency. Press Conferences.

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Yes

No

If yes, please describe briefly.

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
<b>Active Files</b>	10	12	20		
<b>Inactive files in your office area</b>	6	6			5
<b>Inactive files <u>not</u> in your office area</b>	8			30	5

What percentage of your inactive files could be stored away from your department/division's office area?

100% if they are in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

\_\_\_\_\_ % if they are not in the same building

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Office supplies for the entire agency, training equipment and supplies, education supplies and equipment, safes for money, food serving equipment, etc.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

More space at the front reception desk that can be utilized by a backup person with clear glass. Automatic door for ADA purposes in the front and main hallway.

Secure and private check-in workstations.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

HIPAA  
Active Shooter  
Limited Access Points

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Generator back-up power for the building.

13. How many copiers does your division have? 7

How many fax machines? 7

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Larger meeting room so the entire staff could fit into one room.  
Larger kitchen area that would accommodate the entire department  
Larger breakroom

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.





## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Kyle Jennings

Your Department: Public Health

Your Division within the Department (if applicable): Environmental Health

Your Telephone Number: (828) 349-2490

Your email address: kjennings@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Environmental Health conducts inspections and permitting across a broad range of state mandated services. On-site wastewater systems, private drinking water wells, food service establishments, lodging establishments, institutional facilities (such as hospitals and nursing homes), schools and daycares, public swimming pools, tattoo parlors and migrant housing are all permitted and inspected by Environmental Health. Additionally, Environmental Health investigates elevated blood lead levels in children and pregnant women. For all areas that Environmental Health operates, there is a significant amount of public interaction.

Operational goals and objectives: As improved public health is the primary goal of our department. Environmental Health seeks to provide services in a timely and thorough manner. We wish to be available to the public at all times to answer questions, provide support and receive concerns from the community.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Changes in Environmental Health are difficult to predict due to the fact that all services provided are state mandated and therefore subject to political influence. In recent years, additional programs have been added while other programs have been reduced in scope. Additionally, the demand for some services change with economic fluctuations. Therefore, it is possible that more staff may need to be added to handle increased demand for services and that new services may be added. It is also possible that demand will decrease and existing services may be reduced.

Why?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
EH Supervisor	1	1	1	1	X			
EH Program Specialist	2	3	3	3	X			
EH Specialist	6.5	8	10	12		X	X	
Administrative Assistant	2	2	2	3			X	

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

A traditional customer service counter that is large enough to support two conversations with clients is essential for Environmental Health. A very beneficial addition would be a private meeting room that is large enough for a small group of people to review engineered/architectural plans. Ideally, access to the meeting room would not be through employee cubicle space.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 1-2

What is the maximum number? 6-8

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

Served 2,200 customers in FY 18.

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 4-6



SPACE NEEDS ASSESSMENT QUESTIONNAIRE

What is the maximum number? 12

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

All staff meetings, program staff meetings, meetings with applicants, meetings with other county departments. A large table, white board and projection equipment are necessary.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Projection equipment with a screen that can be seen from all vantage points in the meeting room is vital. Loud and clear speakers are required for webinars that we must attend regularly.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

See page 7 item 10

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

# SPACE NEEDS ASSESSMENT QUESTIONNAIRE

See page 7, #9

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files		9			
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

0% if they are in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

0% if they are not in the same building

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Environmental Health field equipment, including: hand augers, laser levels, probe rods, thermometers, light meters, water sample test kits.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Large meeting space (40+ people) allows for the hosting and coordination of continuing education for both our staff and those we regulate at least quarterly.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Remaining co-located with Planning, Permitting and Development is immensely helpful to the functions of both of our departments.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Environmental Health, as a regulatory agency, does encounter agitated or frustrated clients on a regular basis. Law enforcement call buttons, quick escape routes for support staff and physical barriers against aggressive clients would be useful.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Environmental Health tends to take an active role in disaster preparedness/response. Having access to a backup power supply would be crucial for continuing operations in the event of a disaster. Environmental Health currently has 10 vehicles.

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Food and lodging inspections and private drinking water well inspections both require our department to have sole access to a freezer/refrigerator. Having an ice maker accessible is also a requirement for equipment calibration. We are currently afforded invaluable benefit of being co-located with building inspections.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in “jump starting” that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Jennifer Garrett

Your Department: Macon County Public Health

Your Division within the Department (if applicable): Clinical Services

Your Telephone Number: 828-349-2466

Your email address: jgarrett@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Clinical Services are some of the main services provided by the Health Dept. The clinic provides services for Maternal Health, Immunizations, Communicable Disease, STD, TB, Child Health, Family Planning, Breast Cancer and Cervical Cancer Prevention, Primary Care, Integrated Care and Wise Woman.

Operational goals and objectives:

1. To be the best model for Intergrated Care and provide services for all citizens in Macon County.
2. To meet accreditation standards
3. To meet Agreement Addendas
4. To meet OSHA and Infection Control standards
5. To meet HIPAA standards

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Anticipated changes would be an increase in the following:

\*Increase in clients in primary care and integrated care as we are offering more and more Services (LPC, Tele-pysch, No Wrong Door)

\*Increase in Maternal Health services due to lack of hospital in area and limited services for pregnant women

\*Increase in Employee Health services for county employees for sick visits and primary care as insurance costs continue to rise

Other mandated program will either grow or remain steady

Medicaid Transformation

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

<p>Why?</p> <p>We have currently have outgrown useable space in the clinic and adding any more clients or programs will continue to push the limits of what we can do safely for clients in the current clinic space.</p>

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
MD	1	1	2	2	x			
PA or FNP	1	2	2	2	x			
Maternal Health /Immunization Nurse	1	2	2	2	x			
Communicable Disease/STD/TB Nurse	1	2	2	2	x			
Child Health/Integrated Care Nurse	1	2	2	2	x			
BCCP/WW/Family Planning	1	2	2	2	x			
MOA	1	1	1	1		x		
MOA	1	1	1	1		x		
Behaviorist (LPC/LCSW)	1	2	2	2	x			



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

xx  Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Customers who come to see the clinic want private, confidential areas to meet with staff and discuss their medical needs. Staffs need to have private offices to counsel, educate and discuss sensitive medical information. HIPAA requires this along with our Agreement Addenda's.

Currently have 3 general clinic exam rooms and 2 Employee Health exam rooms – increasing number of general clinic exam rooms would provide better customer services and allow for better client flow

Increasing office space for nurses and clinicians in the clinic would allow for more private areas for clients to talk to nurses

5. Does your division require a customer/visitor waiting area?

x  Yes

No

If yes, what is the typical number of customers/visitors present at one time? 10-15

What is the maximum number? 20

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

Program served approximately 4,449 patients in FY 18.

6. How frequently does your department/division need access to a conference or meeting room?

Daily   xx  2 to 3 times a week    Once a week

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 2-6

What is the maximum number? 16

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Meeting space is used for Section meetings, working staff meetings, webinars, training, meetings with outside vendors or consultants.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Smart board, projection from computer, webinars, wipe off boards, printers, conference phones,

Is your group responsible for staging public meetings?

Yes

x No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Yes

No

If yes, please describe briefly.

Our Integrated Care LPC, uses soft lighting, pillows, comfortable seating and less clinical furniture for meetings with clients.  
 Clinic staff needs more clinical furniture that can be wiped down and sanitized often; there is need for room in exam rooms for multiple people and pieces of equipment. Furniture needs to be sturdy and meet Infection Control guidelines.  
 Nurse's offices need to be able to have places to store manuals, books and educational materials. They also need furniture that can be wiped down and sanitized when having clients in their offices

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
<b>Active Files</b>					
<b>Inactive files in your office area</b>					
<b>Inactive files <u>not</u> in your office area</b>					

What percentage of your inactive files could be stored away from your department/division's office area?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

\_\_\_\_\_ % if they are in the same building

\_\_\_\_\_ % if they are not in the same building

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

3 Pharmacy grade refrigerators that have to have emergency generator plugs, 1 pharmacy grade freezer with emergency generator access  
Double locked door access to meds  
Medication cabinets for non-refrigerated meds with ability to lock  
Storage for medical supplies (gloves, bandages, medical equipment not in use all the time, storage with plug access for portable vaccine refrigerators  
Storage cabinets in exam rooms for routinely used equipment in the rooms that can be locked  
Storage for medical books, manuals, office supplies, etc.  
Easy access storage for oxygen and emergency cart

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Medication Clean area  
Clean sinks with splash guards  
Designated dirty sinks  
Area to do autoclaving  
Handicap operated doors  
Handicap accessible scales  
Isolation rooms with negative pressure  
Eye wash stations  
Emergency wash shower  
Small lab space for simple labs (in clinic) with sink  
Dirty room for dirty equipment, needle boxes etc.  
2 shot rooms for nurses to give immunizations and foreign travel consults

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Clinical area and waiting room is high area of concern when patients get sensitive diagnosis and for clients with mental health and substance abuse issues using our services.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

All medication rooms that contain Medication fridges and freezers need dedicated plug for emergency backup power per our agreement addenda's and for agency monitoring current room not well ventilated and room gets very HOT  
Computers, copiers and faxes would need back up power in the event of a power failure for us to be able to continue care  
Patients who are disrobed for exams need to be able to have an ambient temperature for exam rooms  
Lighting should be able to have good lighting for clinicians to do physical exams and clients to be able to do see to maneuver clinical areas. Lighting should be adequate for safety of the staff in all areas of the clinic.  
WIFI also needs to be working in all areas of the clinic all the time – for computer and sensor monitoring needs

13. How many copiers does your division have? 1

How many fax machines? 1

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Space needs to be "inviting", appearing safe, clean and quality services. Current space is very institutional in appearance and feel.

Security, confidentiality, HIPAA.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.







## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Jennifer Garrett

Your Department: Macon County Public Health

Your Division within the Department (if applicable): Nutrition Services

Your Telephone Number: 828-349-2466

Your email address: jgarrett@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Nutritional Services (Medical Nutrition Therapy- MNT and Diabetes Prevention Program - DPP) provides nutritional services for medical nutrition therapy and Diabetes Prevention Program.

Operational goals and objectives:

1. To be the best model for MNT and DPP
2. To meet accreditation standards/CDC standards and contract standards
3. To meet Agreement Addendas
4. To meet OSHA and Infection Control standards
5. To meet HIPAA standards

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

MNT and DPP services are anticipated to increase in service needs  
Area if major public health input based on the recent Community Health Assessment.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Why?

We currently receive many referrals from area physicians and regional OBGYN's for MNT and DPP for consumers

Clinical services primary care utilizes services of DPP and MNT for Clients as well as Maternal Health and School Health as a referral source for clients

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Registered Dietician	1	2	2	2	x			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Customers who come to see the RD want private, confidential areas to meet with staff and discuss their medical needs. RD's need to have private offices to counsel, educate and discuss sensitive medical information. HIPAA requires this

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 1-10

What is the maximum number? 15

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

Program served approximately 61 consumer FY 18.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 2-6

What is the maximum number? 16

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Meeting space is used for meeting, webinars, training, meetings with outside vendors or consultants, and doing training for DPP Classes with outside clients

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Smart board, projection from computer, webinars, wipe off boards, printers, conference phones,

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Once to twice a month offers educational opportunities for general public and/or county employees

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

In addition to regular office furniture – office needs small table and chairs to do education for 2-3 people and scales – needs room for wheelchairs also

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files					
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

\_\_\_\_\_ % if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

storage for educational materials, brochures, pamphlets, scales, demo models, and incentives.  
Need storage for books and diabetes testing supplies to give to clients

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

IT support, Wifi

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Confidential space for patient counseling.



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Area has security concerns for staff and clients

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Computers, copiers and faxes would need back up power in the event of a power failure for us to be able to continue care  
Lighting should be able to have good lighting -Lighting should be adequate for safety of the staff in all areas.  
WIFI also needs to be working

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.





## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Jennifer Garrett

Your Department: Macon County Public Health

Your Division within the Department (if applicable): OBCM/CC4C

Your Telephone Number: 828-349-2466

Your email address: jgarrett@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Care Coordination for Children and Obstetric Care Management

Operational goals and objectives:

1. To be the best model for CC4C and OBCM
2. To meet accreditation standards/CDC standards and contract standards
3. To meet Agreement Addendas
4. To meet OSHA and Infection Control standards
5. To meet HIPAA standards

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Increase services

More clients with multiple and complex social and medical issues.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Why?

CC4C and OBCM are case management programs for Medicaid to keep costs down

Medicaid Transformation

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Care Manager	1	1	1	1		1		
Care Manager	1	1	1	1		1		

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Currently OBCM and CC4C workers see clients in the clinic or in WIC They are also doing home-visits and MD office visits to see clients. When in the office they need a space to make private phone calls

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 1-2

What is the maximum number? 1-2

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 2-4

What is the maximum number? 6

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Meeting space is used for meeting, webinars, training, meetings with consultants, and meeting with clients
--

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Smart board, projection from computer, webinars, wipe off boards, printers, conference phones,
--

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.



SPACE NEEDS ASSESSMENT QUESTIONNAIRE



8. Does your division have centralized files?

Yes

xx  No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

x  No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

x  Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files					
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

\_\_\_\_\_ % if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

storage for educational materials, brochures, pamphlets, demo models, incentives and screening materials

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Staff support services, access to client and staff for consultation

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Clerical, IT, Confidential areas

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Area has security concerns for staff and clients

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Computers, copiers and faxes would need back up power in the event of a power failure for us to be able to continue care  
Lighting should be able to have good lighting -Lighting should be adequate for safety of the staff in all areas.  
WIFI also needs to be working

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.





## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in “jump starting” that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Jennifer Garrett

Your Department: Macon County Public Health

Your Division within the Department (if applicable): WIC

Your Telephone Number: 828-349-2466

Your email address: jgarrett@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

WIC provides food assistance to Women and Children in Macon County. Children of all ages – from infants to teens and parents access this area.

Operational goals and objectives:

1. To be the best model for WIC
2. To meet Federal and State Guidelines
3. To meet Agreement Addendas
4. To meet OSHA and Infection Control standards
5. To meet HIPAA standards

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

WIC services are a much needed service in Macon County – WIC services are expected to maintain or grow in Macon County

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Why?

WIC services are economy driven

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
WIC Manager	1	1	1	1	x			
Nutritionist	1	1	1	1	x			
Nutritionist	1	1	1	1	x			
Processing Assistant/ Interpreter	1	2	2	2	x			
Breast feeding peer counselor	1	2	2	2	x			



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

xx  Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Customers who come to see the WIC staff want private, confidential areas to meet with staff and discuss their needs. The staff need to have private offices to counsel, educate and discuss breast feeding, nutrition education, and financial issues.

Need breastfeeding rooms for women who are breastfeeding or pumping and need to do so while at Health Dept for WIC.

Need area and bathrooms that are handicap accessible and are child and infant friendly.

5. Does your division require a customer/visitor waiting area?

x  Yes

No

If yes, what is the typical number of customers/visitors present at one time? 10-15

What is the maximum number? 20

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

Served approximately 1,092 patients in FY 18.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week   x  Once a week

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 2-6

What is the maximum number? 6

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Meeting space is used for Section meetings, working staff meetings, webinars, training, meetings with outside vendors or consultants.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Smart board, projection from computer, webinars, wipe off boards, printers, conference phones,

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

WIC does Vendor training for outside vendors at least 1-2 times per year. Attendees range from 10-20 possibly more depending on how many WIC vendors need training or retraining

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Yes

No

If yes, please describe briefly.

WIC offices for staff need to have office style furniture and enough space for seating for 3-4 people including staff person.  
 Need storage area for educational materials and manuals in their offices  
 Breast feeding peer counselor needs office to hold comfortable furnishing for breast feeding woman and infant so she can do education –area needs to have privacy

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files					
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

\_\_\_\_\_ % if they are not in the same building

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Storage of education materials, breast pumps, breast pump supplies, special formulas, pamphlets, EWIC cards, paper, promotional items,

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Need small area with tile floor and clean and dirty sink for a mini lab to do hemoglobins and lead in WIC area with storage for lab supplies and counter space for machinery that can be locked when not in use

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

WIC Waiting room and area when other clients are in the building for mental health services – children and women are vulnerable population

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Computers, copiers and faxes would need back up power in the event of a power failure for us to be able to continue care  
Lighting should be able to have good lighting for lab area  
WIFI also needs to be working in all areas of WIC all the time –

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.





## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Melissa Leatherman

Your Department: Epidemiology

Your Division within the Department (if applicable): Community Preparedness Program

Your Telephone Number: 828-349-2459

Your email address: mleatherman@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

The Community Preparedness program provides preparedness plans, instructions and supplies to both MCPH staff, partnering agencies and the public to prepare for response in case of emergencies or disasters.

Operational goals and objectives:

Prepare the public and all partnering agencies to respond to disasters and emergencies..

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

More enhanced role in preparing the public for disasters as well as working more extensively with partnering agencies to accomplish this before and during a disaster.

Why? Man-made and natural disasters are increasing.



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Preparedness Coordinator	1	1	1	1	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Meeting room for meetings and preparedness trainings
Dedicated room for Emergency Operations Center within MCPH

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? \_\_\_\_\_

What is the maximum number? \_\_\_\_\_

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 5 -10

What is the maximum number? 45

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Meetings with partners and staff
Training meetings and workshops
EPI Team meetings
Emergency Operation Center (Incident Command staff)

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Smart Board
-------------

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Several times a year with 5 – 25 people in attendance

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	1		1		
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

\_\_\_\_\_ % if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Preparedness items: N-95 masks and supplies for FIT Testing – Preparedness radios, first aid kits, etc – Preparedness educational materials – flashlights and a large number of other preparedness supplies, generators, cots

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Need one large secured storage area for all preparedness supplies

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Large secured preparedness storage room  
Carport near the main building to house the Preparedness trailers

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Locks (push button type) on all office and meeting doors within the health department

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Carport type of building to house the preparedness trailers

13. How many copiers does your division have? 0

How many fax machines? 0

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

All preparedness supplies and equipment need to be stored in one secured central room.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Melissa Leatherman

Your Department: Epidemiology

Your Division within the Department (if applicable): Employee Health Program

Your Telephone Number: 828-349-2459

Your email address: mleatherman@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Provide medical services at not cost or reduced cost for sick visits and Chronic disease prevention classes to county employees, dependents and retirees on the county insurance plan

Operational goals and objectives:

Provide quality care and medical services

Offer a wide variety of classes to enhance employees health pertaining to hypertension, hyperlipidemia, diabetes, weight control and tobacco cessation

Offer prevention services such as educational classes and health screenings

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Increase in use of employee health services

Why?

Increase in health care costs causes employees to seek medical services at a reduced cost

As county grows so will the number of employed county employees



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Employee Health Nurse	1	1	2	2	X			
Employee Health Clerk	1	1	1	1	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

The Employee Health Program would greatly benefit from a separate area designated solely for Employee Health services. A customer service/Check-in counter. Exam rooms, lab, medical storage room, office for one-on-one meetings with employees and a large meeting room for classes and workshops for employees

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 1-3

What is the maximum number? 5

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

**Employee Health served 300+ patients during FY 18.**

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 1-5

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

What is the maximum number? 10-20

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

One-on-one consultation meetings Group meetings and classes with employees Staff meetings
---

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Smart board
-------------

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Exam room furniture

Medical storage shelves

Refrigerator for medical and laboratory testing supplies

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	2	1	2		
Inactive files in your office area					
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

\_\_\_\_\_ % if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Medical and laboratory supplies

Chronic Disease Management supplies, workbooks and other educational materials

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Employee Health section that included waiting room, storage, lab, exam rooms, offices, and meeting rooms.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Employee Health space needs to be near the clinical areas within the health department

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Concerns for confidentiality with employees participating in employee health services.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

13. How many copiers does your division have? 0

How many fax machines? 0

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Employees, dependents and retirees

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Melissa Leatherman

Your Department: Epidemiology

Your Division within the Department (if applicable): Laboratory

Your Telephone Number: 828-349-2459

Your email address: \_\_\_\_\_

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Provide laboratory services for all clinics within MCPH as well as services to the public.
Operational goals and objectives:  Provide quality care and laboratory testing Provide continuing education and training for staff in lab

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Increase in services
Why? Increase in number of people seeking medical services at a lower cost



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Lab Manager	1	1	1	1	X			
Medical Technician	1	1	2	2	X			
MOA/Phlebotomist	1	1	2	2	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Improve front window, waiting room and blood draw rooms to accommodate clients more comfortably and efficiently. Assure emergency equipment (EMS) can access space.

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 5

What is the maximum number? 12

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

The lab provided services to approximately 5,000 patients during FY 18

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 3

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

What is the maximum number? 3-4

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Lab Meetings and training for lab staff

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Laboratory equipment, Safety equipment, i.e. eye wash station, shower, refrigerators, washer and dryer

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
<b>Active Files</b>					
<b>Inactive files in your office area</b>					
<b>Inactive files <u>not</u> in your office area</b>					

What percentage of your inactive files could be stored away from your department/division's office area?

\_\_\_\_\_ % if they are in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

\_\_\_\_\_ % if they are not in the same building

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Laboratory supplies and equipment: water testing supplies, tubes, pipettes, refrigerators, etc.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Additional office for MOA

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Requires secure space from clients and staff.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Defined temperature range for lab instrument proficiency and accuracy

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Cleaning areas for equipment, collection space for urine specimens for drug testing, etc.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Lyndsey Henderson

Your Department: Health

Your Division within the Department (if applicable): Health Promotion

Your Telephone Number: (828) 349- 2086

Your email address: lhenderson@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Health Promotion coordinates educational opportunities and community outreach internally and externally- this includes, but is not limited to, facilitating task force meetings, worksite wellness activities and health screenings, various educational and interactive classes, and special events on location. MountainWise program meetings are also hosted on site. Educational materials, facilitation materials, give-a-way promotions, records, and other equipment for these activities are used on a regular basis.

Operational goals and objectives: Health Promotion advocates for lifelong wellness by addressing priority health issues, providing educational opportunities, and focusing on primary prevention interventions all founded in evidence based practices.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Future changes in Health Promotion services and functions include an increased focus on policy, systems, and environmental changes.

Why?

For health promotion to be successful, policies, systems, and environments (PSE) must be supportive of health. Currently we are seeing more and more PSE changes being incorporated in interventions and practices. The end result would be change at multiple levels (organizations, community, or state) with maximum reach efforts.



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Community Health Promotion Coordinator	1	1	1	1	X			
MountainWise Personnel	6	6	0	0		X		
Office Assistant	1	1	1	1		X		
Health Educator	1	2	2	2	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Conference Room Exercise/Nutrition Studio Storage Workroom with Library

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? \_\_\_\_\_

What is the maximum number? \_\_\_\_\_

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 10

What is the maximum number? 25

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Task Force and Workgroup Meetings  
Staff Meetings (Health Promotion and MountainWise)  
Exercise and Food Demonstrations  
Health Screenings  
Special Events

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Projector  
TV Screen  
Smartboard  
Intercom Telephone  
Surround Sound Speakers  
Web Camera

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

Public meetings typically occur 2-4 times a month with an average of 10- 25 attendees.

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Exercise equipment for staff. Employee Wellness and classes.

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	2	2	13	2	
Inactive files in your office area	1				
Inactive files <u>not</u> in your office area	1	2			

What percentage of your inactive files could be stored away from your department/division's office area?

15--30 % if they are in the same building

       % if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Health Screening Materials (Cholestech machines, body weight/ BMI scale, sharps, sharps containers, sanitation wipes)  
Hand Outs (educational, posters, magnets, brochures, MCPH brochures)  
Office/ Craft Supplies (Cricuit, pens, paper, markers, string, glue, laminator, poster board paper holders)  
Audio Visual  
Promotional Give-A-Ways  
Special Event Materials (table cloths, tables, chairs, banners, signs)

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

The space(s) should have easy access to restrooms and/or water fountains.  
  
Exercise/ Kitchen used for demonstrations and classes.  
  
An interactive board in the Conference room (a variation of cork board, white board, large sticky notes, etc.) to use for mapping and/or planning events.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

WiFi  
Charging Station  
Water Dispenser/ Bottle Filling Station  
Snack/ Food Table

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Guests are generally asked to sign in when entering the building as well as an attendance sheet for the event/ activity.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

A refrigerator used to store Health Screening materials- vaccinations, blood tests, controls.

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Out of the box work stations... a small space for a couch and coffee table alternative seating- balls, bean bangs, saucer chairs.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



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Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Kathy McGaha

Your Department: Health Department

Your Division within the Department (if applicable): Adult Dental

Your Telephone Number: 349-2475

Your email address: kmcgaha@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

MCPH Adult Dental Clinic provides general dentistry services for Macon County residents ages 19 and older.

Operational goals and objectives:

Provide quality, low cost and affordable dental services to adults in need.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Include space for the Adult Dental program within any new construction of a facility for Macon County Health Department main building.

Estimated \$6,000 per office (2); \$7,000 per exam room (5); \$7,000 for Dental reception for equipment and furniture upgrades.

Need to contract with a dental construction consultant.

Why? Co-locate medical and dental services together to provide best practice health care for Macon County residents. This would also eliminate the expense and use of leased space from the business sector who may not allow needed customization of space.

Also provide security and back-up staff temporarily from nearby clerical areas.



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Dentist	1	1	1	2	X			Clinic Space
Dental Hygienist	1	1	1	2				Clinic Space
Dental Assistant	1	2	2	3				Clinic Space
Customer Service Representative	1	1	1	2	X			
Dental Coordinator	.5	.5	.5	.5	X			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes     No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

There should be a confidential, patient-friendly reception space for the dental clinic. Patients could have a lengthy wait at times when dentist is addressing emergency issues; therefore, waiting area should be comfortable for those waiting.

5. Does your division require a customer/visitor waiting area?

Yes     No

If yes, what is the typical number of customers/visitors present at one time? 5

What is the maximum number? 8

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

Program served +/- 800 patients in FY 18.

6. How frequently does your department/division need access to a conference or meeting room?

Daily     2 to 3 times a week     Once a week

Twice a month     Monthly     Once in a while

What is the usual number of meeting participants? 6

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

What is the maximum number? 8

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Trainings and staff meetings

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?

7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Dental furniture and equipment
--------------------------------

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files					
Inactive files in your office area	3				
Inactive files <u>not</u> in your office area					

What percentage of your inactive files could be stored away from your department/division's office area?

100% if they are in the same building

\_\_\_\_\_ % if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Dental Supplies

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Health Department medical and dental services co-located.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Security is needed in all areas accessible to the public.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

N/A

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Radiological planning needs to be done. This is specialized dental space that will need specialized designing.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



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Please answer *every applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Kathy McGaha

Your Department: Health Department

Your Division within the Department (if applicable): Child Dental – Molar Roller

Your Telephone Number: 349-2475

Your email address: kmcgaha@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

The Child Dental Clinic is operated out of a Tractor Trailer outfitted as a 3 operator mobile dental clinic, Molar Roller. This program provides general dentistry to Macon County children 0-18.

Operational goals and objectives:

Provide quality and efficient child dental care.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Replace current mobile dental clinic (Molar Roller) which has exceeded lifetime expectancy. Upgrade to larger more updated mobile unit that meets current best practice.

Why?

Manufacturer lifetime of facility is ten (10) years with renovation at five (5) years. Current facility was purchased in 2003 and renovated in 2015.

Without this project, it is anticipated that based on the age and wear and tear on the current mobile unit we will no longer be able to provide dental services to the children.



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Dentist	1	1	1	1	X			Clinic space
Hygienist	1	1	1	1				Clinic space
Dental Assistant	1	1	1	1				Clinic space
Customer Service Representative	1	1	1	1	X			
Dental Health Coordinator	.5	1	1	1	x			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes     No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Molar Roller customized as a mobile dental clinic including customer service area, waiting area, bathroom, dental operatories, dental laboratory. A private office space is needed for confidential discussions.

5. Does your division require a customer/visitor waiting area?

Yes     No

If yes, what is the typical number of customers/visitors present at one time? 4

What is the maximum number? 6

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

**The program served 1,217 patients during FY 18.**

6. How frequently does your department/division need access to a conference or meeting room?

Daily     2 to 3 times a week     Once a week

Twice a month     Monthly     Once in a while

What is the usual number of meeting participants? 6

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

What is the maximum number? 10

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Trainings and staff meetings
------------------------------

Please describe any audio-visual equipment or other special features you regularly need for meetings.

--

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Dental furniture and equipment. All space should be designed to make the most use of limited amount of space, i.e. storage, dual functioning equipment, x-ray equipment, etc.

8. Does your division have centralized files?

Yes

X No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

x Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files					
Inactive files in your office area					
Inactive files <u>not</u> in your office area	3	2			

What percentage of your inactive files could be stored away from your department/division's office area?

100% if they are in the same building

\_\_\_\_\_ % if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Dental Supplies

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Mobile Unit to be co-located at area schools and child care centers.

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Mobile Unit Hook-ups (Water, Sewer, Electric, Internet)

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

13. How many copiers does your division have? \_\_\_\_\_

How many fax machines? \_\_\_\_\_

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

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Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Kathy McGaha

Your Department: Health Department

Your Division within the Department (if applicable): School Health

Your Telephone Number: 349-2475

Your email address: kmcgaha@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

5 Certified School Nurses administer the school health services within the public school system covering 11 schools. Only the Lead School Nurse has 1 school to cover. The additional 4 school nurses cover the remaining 10 schools. Currently the recommended nurse to student ratio of 1 RN to 750 students. MCPH does not meet that ratio.

Operational goals and objectives:

Provide school health services for all students. Review student health records.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Within the next five years it is anticipated that we will be requesting to employ a school nurse for each of the schools in the public school system. Therefore, increasing the number of school nurses from 5 FTE to 11 FTE. This would also be based on anticipated increase in enrollment and more complex healthcare needs.

Why? The standard for best practice is moving away from only looking at the school nurse to student ratio (currently 750 students to 1 school nurse). It has changed to include location of facility as well.



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Lead School Nurse	1	1	1	1	X			
School Nurse	4	10	10	13	x			

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes  No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

All facility needs would be within the public school system. They each need a space that was a combination clinic/office space that is confidential.

5. Does your division require a customer/visitor waiting area?

Yes  No

If yes, what is the typical number of customers/visitors present at one time? \_\_\_\_\_

What is the maximum number? \_\_\_\_\_

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

School nurse see approximately 5,000 encounters per school year – students seen face-to-face.

6. How frequently does your department/division need access to a conference or meeting room?

Daily  2 to 3 times a week  Once a week

Twice a month  Monthly  Once in a while

What is the usual number of meeting participants? 5-10

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

What is the maximum number?15

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Meeting with program staff and school staff.
--

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Computer, Internet, and Projector needs.
--

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Dependent on age of students at school, clinic space to meet the needs of the students. Storage for clinic supplies.

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time? Electronic; however space is needed to store student health records for a minimum of 10 years. Moving to electronic records will eventually decrease this need.

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
<b>Active Files</b>		11			
<b>Inactive files in your office area</b>		20			
<b>Inactive files <u>not</u> in your office area</b>					

What percentage of your inactive files could be stored away from your department/division's office area?

100% if they are in the same building Franklin High School, Highlands School, and Nantahala School

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

\_\_\_\_\_ % if they are not in the same building

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Clinic Supplies storage
-------------------------

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

The School System needs a School Based Health Center.
---

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

--

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Security is a top priority in the school system. The school system is responsible for their campus security.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

13. How many copiers does your division have? 0 use school system's

How many fax machines? 0 use school system's

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Each School Nurse office should have space to have clinic tables for students to lay down on.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.



## MACON COUNTY MASTER FACILITY PLAN SPACE PROGRAMMING QUESTIONNAIRE

Moseley Architects has been selected to provide space planning services for The Macon County Master Facility Plan. Your responses to this questionnaire will be very helpful to the Moseley Architects space planning team in understanding the space needs and functional requirements of this station prototype. After you have completed the questionnaire, our team will meet with you to discuss your responses and other issues in more detail. The time you spend responding to these questions is extremely valuable in “jump starting” that face to face discussion by providing you a means of focusing on some of the relevant issues prior to our meeting. This will make the meeting efficient and productive for everyone.

Please answer every *applicable* question and respond to the questions as accurately and thoughtfully as you can. The quality of your input will directly affect the effectiveness of the space needs assessment results. Just click within the gray boxes to enter your responses. (For “Yes” and “No” or other check boxes, double click the appropriate box and select “Checked”. Then click “OK”). Feel free to print the questionnaire and complete it by hand if you prefer. Please complete a **separate questionnaire for each organizational subdivision** of your department, with responses that address only that division. Please complete **only one questionnaire for each organizational subdivision** in order to avoid potentially conflicting responses. Feel free to attach additional sheets to the questionnaire if needed.

Your time and effort are appreciated and we look forward to meeting with you.

Your Name: Jimmy Villiard

Your Department: Health Department

Your Division within the Department (if applicable): Animal Services

Your Telephone Number: 828-349-2603

Your email address: jvilliard@maconnc.org

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

1. Briefly describe the general scope of your departmental subdivision's services and functions, including any special policies or procedures that impact your functional and space needs. What are the primary operational goals and objectives of your division?

Macon County Public Health's Animal Services operates the County's animal shelter, animal control program, and rabies bite case management. Animal Services responds to citizen complaints concerning animal nuisance, stray animals, animal welfare, rabies control, and livestock related issues. We operate an "Open" Shelter for Macon County residents. We accept Owner Surrender animals with proof of Macon County residence. We receive over 1,000 animals yearly into our facility. An Animal Control Officer is on-call afterhours to handle emergency animal related issues, and animal bite cases year round.

Operational goals and objectives:

Our mission is to protect the health and safety of our residents, and to protect animals and promote their humane treatment. We will make every effort to promote pet adoptions of healthy, nonaggressive animals by the general public and promote responsible pet ownership. To reduce the number of homeless pets, we will ensure that all dogs and cats are spayed or neutered prior to adoption and current of their immunizations.

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Our facility remains at or near capacity most days. Currently the facility does not have adequate space to house all animals brought to the shelter. Almost daily, the shelter exceeds Department of Agriculture standards for the number of animal present in the facility. Expansion of the facility will aid in the implementation of evidence-based practice that meet current industry standards.

Why?

The number of animals coming into the shelter continues to remain above what can be adequately housed. As the public's expectation of proper animal care continues to increase, the current facility will continue to struggle to meet the industry standards for animal care.



## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

3. Please list the job title of each type of position and space currently authorized for this facility. Adjacent to each job title, indicate how many such positions are currently authorized. This tells us what your current staff breakdown is or should be. Then, to the best of your ability, indicate the total number of authorized positions you think there will be for each job title in five, ten, and twenty years. Base your estimate on the degree to which you believe the amount and nature of your services and workload will change or stay the same. Then indicate with an X which type of workspace is required for each position. Examples of the intended response format are shown in the yellow highlighted cells below.

Job Title	How many now?	How many in 5 years ?	How many in 10 years ?	How many in 20 years ?	TYPE OF WORKSPACE REQUIRED FOR THIS POSITION			
					Private office	Shared enclosed office	Cubicle	No dedicated workspace required
<b>EXAMPLES:</b>								
County Manager	1	1	1	1	x			
Administrative Assistant	1	2	3	4			x	
<b>YOUR RESPONSES:</b>								
Animal Services Section Administrator	1	1	1	1	x			
Lead Animal Control Officer	1	1	1	1	x			
Animal Control Officer	2	2	3	3		x		
Shelter Attendant	1	2	2	2			x	
Maintenance	0	1/2	1/2	1/2				X

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes

No

If yes, please describe features you would like to see in your space that you believe would help you provide the best possible customer service (e.g., traditional customer service counter, semi-private cubicles for meeting with customers, customer accessible computers, etc.) Feel free to suggest features that are different from your current space or method of doing business.

Private interview rooms for people to interact with animals and fill out necessary paperwork.
Separate waiting area from staff for security/safety

5. Does your division require a customer/visitor waiting area?

Yes

No

If yes, what is the typical number of customers/visitors present at one time? 2

What is the maximum number? 4

Please attach any data or documentation you have about the amount of your customer/visitor traffic.

Served approximately 400 customers in FY 18.

6. How frequently does your department/division need access to a conference or meeting room?

Daily    2 to 3 times a week    Once a week

Twice a month    Monthly    Once in a while

What is the usual number of meeting participants? 5

SPACE NEEDS ASSESSMENT QUESTIONNAIRE

What is the maximum number? 5

For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

Meetings that typically require a conference room or AV equipment are held at Macon County Public Health. A small conference/meeting room for staff meetings would increase efficiency.

Please describe any audio-visual equipment or other special features you regularly need for meetings.

Meetings that typically require a conference room or AV equipment are held at Macon County Public Health. A small conference/meeting room for staff meetings would increase efficiency.

Is your group responsible for staging public meetings?

Yes

No

If so, how often and for how many attendees?


7. Does the work space for your division need to accommodate special furnishings or equipment other than standard office furniture (e.g., bulk mailing machinery; larger than normal copier; oversize printer or plotter; residential type setting for family meetings)?

Yes

No

If yes, please describe briefly.

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Kennels, veterinarian equipment, euthanasia equipment, chemicals, drugs

8. Does your division have centralized files?

Yes

No

If yes, do you expect the quantity of paper/hard copy files you must keep to increase over time?

Yes

No

Do you expect that, over time, using document imaging to store electronic files in a centralized database can reduce the number of hard copy files you now have or would otherwise accumulate?

Yes

No

9. Please indicate below the number of shared file storage units of each type you have now. Include only shared files used by multiple staff. Do not include files that are (or should be) in a staff member's individual office for workstation. (Note: "Inactive files" are those you rarely need to access. "Active files" are those you need to access frequently.)

	Lateral cabinets	Vertical cabinets	Open shelf units	Boxes	Rolling or rotating files
Active Files	1				
Inactive files in your office area	1				
Inactive files <u>not</u> in your office area	6				

What percentage of your inactive files could be stored away from your department/division's office area?

80% if they are in the same building

80% if they are not in the same building

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Controlled Substances Storage Area. Currently stored in a double locked container with old files. This limits access to old files and limits storage capacity.

10. What other spaces should be located in the facility in order to facilitate coordination and efficient service?

Addition of separate intake/exam area (2 @ 196 sq ft ea) for separation of dog and cat areas; addition of 20 dog runs that allow access to outside areas (1320 sq ft); addition of new cat rooms (2 rooms = 240 sq ft) and add trench drains in floor ; large walk-in cooler/fridge (120 sq ft); expand washer/dryer room (120 sq ft); update bath area (120 sq ft); add dog adoption space (120 sq ft); chemical storage (48 sq ft).

What types of spaces or building features would help you to more effectively interact and collaborate with other functions?

Addition of separate intake/exam area (2 @ 196 sq ft ea) for separation of dog and cat areas; addition of 20 dog runs that allow access to outside areas (1320 sq ft); addition of new cat rooms (2 rooms = 240 sq ft) and add trench drains in floor ; large walk-in cooler/fridge (120 sq ft); expand washer/dryer room (120 sq ft); update bath area (120 sq ft); add dog adoption space (120 sq ft); chemical storage (48 sq ft).

## SPACE NEEDS ASSESSMENT QUESTIONNAIRE

11. Describe any special requirements or concerns your division may have regarding security.

Video camera system to remotely monitor building. Fire detection system.

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

Current heating/cooling system struggles to maintain proper temperature in main kennel area. There is no emergency back-up generator to provide heat/air for animals in the shelter in the event of a power outage. There is not a proper air handling/filter system in the main kennel area. Lighting in the main kennel area is inadequate and has been noted on North Carolina State Department of Agriculture Safety Inspections.

13. How many copiers does your division have? 1

How many fax machines? 1

14. Please note any other suggestions or concerns you may have about the nature of the space your division's needs, or make any other comments you want to communicate to the design team. Sleeping Room needs? Kitchen / Dining size needs?

Employee break area, drains in cat rooms to facilitate cleaning and sanitation, improved air handling/filtration, covered Sally Port/Animal Receiving area to protect animals/staff during inclement weather, separate food storage area. General storage area.

This is the end of the questionnaire. Thanks again for your time and effort. We look forward to meeting with you soon.

## Appendix iv – Space Code Index

The following pages are the Space Code Index used in the Program Document included within this report.





## MACON COUNTY MASTER PLAN SPACE NEEDS

### SPACE CODE LEGEND

SPACE CODE	DESCRIPTION	SQ FT
<b>COURTROOMS</b>		
crn1	Non-jury, 20 spectators	900
crn2	Non-jury, 40 spectators	1200
crn3	Non-jury, 100 spectators	2000
crn4	Non-jury, 150 spectators	2400
crj1	Jury, 50 spectators	2000
crj2	Jury, 75 spectators	2200
crj3	Jury, 100 spectators	2400
crj4	Jury, 150 spectators	2800
crv	Courtroom entry vestibule	70
fcor	Fine and cost payment corridor	200
wit	Witness/attorney-client conference room	120
<b>CONFERENCE ROOMS</b>		
cnf4	Conference room for 4	100
cnf6	Conference room for 6	150
cnf8	Conference room for 8	175
cnf10	Conference room for 10	200
cnf12	Conference room for 12	260
cnf14	Conference room for 14	280
cnf16	Conference room for 16	300
cnf20	Conference room for 20	350
cnf24	Conference room for 24	375
cnf30	Conference room for 30	450
<b>EQUIPMENT</b>		
cpy5	Standard copier	25
cpy10	Large copier	50
atm1	ATM machine	35
fax1	Fax machine	15
frig	Refrigerator or freezer - full size, upright	20
blu1	Blueline machine	25
las1	laser plotter	55
ink1	Inkjet plotter	30
dr1	Drill press	25
scn1	"B" size scanner	18
scn2	"E" size scanner	25
prn1	Desktop printer	10
prn2	Floor printer	15
crt1	Rolling cart	10
tel1	Wall telephone unit	6
pct	Paper cutter	20
psh	Paper shredder	15
pm	Postage meter	15

rcy	Recycle Bin	6
mcr1	Microfilm reader	25
mcr2	Microfiche reader	15

## FILES

lat	Lateral file	12
vert	Vertical file	10
dwg	Drawing flat file	32
hd1	High density rolling unit - 3' wide	6
hd2	High density rolling unit - 3' wide	8
hng	Hanging drawing files	15
plat	Plat storage cabinet	10
wall3	Side tab wall unit - 36" wide	12
wall4	Side tab wall unit - 48" wide	15

## JURY ROOMS

Square footage indicated includes toilets, coffee niche, coat closet

jur1	Jury Deliberation Rm, seat 12	400
jur2	Jury Deliberation Rm, seat 16	450
jur3	Jury Deliberation Rm, seat 24	550

## LOCKERS

lkr0	metal 12"wx18"dx3'h (half height)	3
lkr1	metal 12"wx18"dx6'h	5
lkr2	18"wx18"dx6'h	8
lkr3	24"wx24"dx6'h	10
lkr4	custom 24"x48"x6'	20
chg1	Changing area 5'x5'	25

## PRISONER HOLDING FACILITIES

hc1	Holding cell, 1 or 2 prisoners	70
hc5	Holding cell, 5 prisoners	120
hc10	Holding cell, 10 prisoners	200
hc15	Holding cell, 15 prisoners	300
vest	Holding cell control vestibule at courtroom	120
cnt1	Security control room	225
int1	Attorney-prisoner interview booth	70
sal1	Vehicle sallyport - 1 van	600
sal2	Vehicle sallyport - 2 vans	1200

## PRIVATE OFFICES

po1	Private Office - Intern, part time, field worker	100
po2	Private Office - Typical	120
po3	Private Office - Supervisor	150
po4	Private Office - Department Director	175
po5	Private Office - Elected Official/Judge	200
po6	Private Office - County Manager	250
po7	Private Office - Not Used	300
po8	Private Office - Not Used	350

## CUSTOMER SERVICE COUNTERS

cs3	Customer public info term.	15
-----	----------------------------	----

cs5	Customer counter 5' long	25
cs6	Customer counter 6' long	36
cs10	Customer counter 10' long	60
cs12	Customer counter 12' long	72
cs15	Customer counter 15' long	90
cs20	Customer counter 20' long	120
ctr1	Single public counter workstation	50

### **STAFF FACILITIES**

shw1	Single shower	35
shw2	Roll-in Accessible Shower	50
smk1	Smoking area	80
cof1	Coffee niche	25
kit1	Small kitchenette - sink, minifridge, microwave	60
kit2	Departmental Break Room	160
kit3	Multi-departmental Break Room	300
cot1	Coat rack	20

### **STORAGE ROOMS / CLOSETS**

st1	Storage room	25
st2	Storage room	50
st3	Storage room	80
st35	Storage room	100
st4	Storage room	120
st5	Storage room	160
st6	Storage room	200
st7	Storage room	250
st8	Storage room	300
st9	Storage room	350
clos1	Small closet	10
clos2	Closet	20

### **STORAGE UNITS**

cub1	Wall cubicles 5'x5'x18"	25
rck1	Wall rack for dwgs 4'x24"	20
rck2	Wall rack for dwgs 12'x30"	60
rck3	Wall rack for dwgs 15'x30"	82
rck4	Wall rack for forms 5' long	15
bin1	Floor bins 24"x36"	6
bk1	Bookshelf unit 3' wide	12
car1	Carrel 3' wide	15
car2	Carrel 4' wide	20
car3	Absentee Voting Booth	25
cab1	Metal storage cabinet	15
rol1	2-sided roller shelf unit - 8' long	85
rol2	2-sided roller shelf unit - 12' long	130
safe	Floor safe	10

### **TOILETS**

toil1	Single toilet	Space	50
-------	---------------	-------	----

toil2	Two fixture toilet, 2 wc's, 2 lav's	120
toil3	multi-fixture toilet 3 wc's, 2 lav's	160
toil4	multi-fixture toilet 4 wc's, 3 lav's	215

### **TRAINING / MEETING ROOMS**

tr1	Training for 10	200
tr2	Training for 20	375
tr3	Training for 30	450
tr4	Training for 40	600
tr5	Training for 50	750
tr6	Training for 60	900
tr7	Training for 75	1125
tr10	Training for 100	1400

### **VISITOR WAITING AREAS**

vis2	Visitor Waiting for 2	50
vis3	Visitor Waiting for 3	60
vis4	Visitor Waiting for 4	80
vis5	Visitor Waiting for 5	100
vis6	Visitor Waiting for 6	120
vis8	Visitor Waiting for 8	160
vis10	Visitor Waiting for 10	200
vis12	Visitor Waiting for 12	240
vis15	Visitor Waiting for 15	300
vis20	Visitor Waiting for 20	400
vis25	Visitor Waiting for 25	500
vis30	Visitor Waiting for 30	600
vis40	Visitor Waiting for 40	800
vis50	Visitor Waiting for 50	1000

### **WORKROOMS**

lgt1	Light table	25
cut1	Cutting table 5'x5'	40
ml1	Mail station	15
wrk1	Worktable - 1 side	25
wrk2	Worktable - small, 4 sides	80
wrk3	Worktable - large, 4 sides	170
wrk9	Workroom 9x9	81
wrk10	Workroom 10'x10'	100
wrk11	Workroom 11'x11'	120
wrk12	Workroom 12'x12'	144
wrk14	Workroom 14'x14'	196
wrk15	Workroom 15'x15'	225
wrk17	Workroom 17'x17'	289
wrk18	Workroom 18'x18'	324

### **WORKSTATIONS**

ws	5'x3' Workstation	15
wss	5'x5' Workstation	25
ws1	6'x6' Workstation	36

ws2	6'x8' Workstation - Typical Field/shared	48
ws3	8'x8' Workstation - Typical full-time	64
ws4	8'x10' Workstation - Minimal DSS Client	80
ws5	10'x10' Workstation - Multiple client or layout needs	100
ws6	10'x12' Workstation	120
ws7	12'x12' Workstation	144

### **MEDICAL EXAM**

exam1	8'x10' Exam Room	80
exam2	9'x11' Exam Room	100
exam3	10'x12' Exam Room	120

### **CLASSROOM**

cr1	Existing Class Room - 24x28	705
cr2	Typical Classroom - 24x35	850
cr3	Large Classroom - 30x35	1050



## [Appendix v – Presentation to Commissioners](#)

The following pages contain the presentation of findings and recommendations shared with the Macon County Board of Commissioners on Tuesday, November 12, 2019.





# **MACON COUNTY SPACE NEEDS STUDY**

MOSELEYARCHITECT

Project Presentation to Board of Commissioners

November 12, 2019

# Objectives

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- Space study with a 20 year projection period.
- Project future space needs based both on current operations, population projections, and changing operational trends.
- Assess condition and usability of existing facilities.
- Develop construction and renovation options, including cost estimates to aid the County in prioritizing future projects.

## Space Needs Methodology

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- Meet with representatives from each department individually to identify priorities and needs.
- From these interviews, develop space needs program.
- Assess program with County Management and individual stakeholder groups – identify opportunities to share program space or reuse existing buildings.

# Space Needs Summary

## Macon County Master Facility Space Needs

FUNCTION/DEPARTMENT	2019		2024		2029		2039	
	STAFF	NSF	STAFF	NSF	STAFF	NSF	STAFF	NSF
EMERGENCY MNGMT - 911 COMMUNICATIONS & ADDRESSING	15	2,448	17	2,581	19	2,668	19	2,668
EMERGENCY MNGMT - EMS	42	23,039	42	24,659	45	24,956	48	25,253
EMERGENCY MNGMT - RADIO MAINTENANCE	2	999	2	989	2	999	2	989
EMERGENCY MNGMT - FIRE MARSHAL/FIRE SERVICES	5	3,713	9	3,713	13	3,713	17	3,713
EMERGENCY MNGMT - EMERGENCY MANAGEMENT	2	2,147	2	2,147	2	2,147	2	2,147
COUNTY MANAGEMENT & HUMAN RESOURCES	5	5,724	6	5,886	7	6,089	7	6,089
INC COOPERATIVE EXTENSION OFFICE	7	5,297	8	5,459	8	5,459	8	5,459
PLANNING, PERMITTING, AND DEVELOPMENT	8	2,520	10	2,620	13	2,740	14	2,840
MAINTENANCE	33	7,930	35	7,830	35	7,830	35	7,830
BOARD OF ELECTIONS	3	1,968	4	2,032	5	2,162	5	2,086
FINANCE	6	1,959	6	1,959	6	1,959	7	1,762
GARAGE	6	6,698	7	6,832	8	6,832	11	6,832
HEALTH DEPT - ADMINISTRATION	15	7,576	19	8,051	22	8,346	22	8,435
HEALTH DEPT - HEALTH PROMOTION	9	4,061	10	4,223	10	4,239	10	4,255
HEALTH DEPT - EMPLOYEE HEALTH	2	1,034	2	1,034	3	1,304	3	1,304
HEALTH DEPT - CCAC AND OBDM	2	244	2	244	2	244	2	244
HEALTH DEPT - PREPAREDNESS PROGRAM	2	486	2	486	2	486	2	486
HEALTH DEPT - LABORATORY	3	1,804	3	1,852	5	1,852	5	1,852
HEALTH DEPT - CLINICAL SERVICES	9	3,849	15	4,956	16	5,158	16	5,293
HEALTH DEPT - DENTAL SERVICES	5	2,543	6	2,705	7	2,545	10	3,318
HEALTH DEPT - ENVIRONMENTAL HEALTH	12	2,412	14	2,688	16	2,785	19	2,989
HEALTH DEPT - ANIMAL SERVICES	5	6,951	6	7,911	7	8,672	7	9,347
HOUSING	5	2,950	7	3,050	8	3,050	10	3,150
MAPPING	3	1,010	4	1,426	4	1,446	4	1,446
RECREATION AND PARKS - CARPENTER CENTER	6	19,823	7	29,689	7	29,689	7	29,689
REGISTER OF DEEDS	4	3,317	4	3,317	4	3,365	5	3,452
SENIOR SERVICES	28	20,822	32	21,708	35	23,525	40	23,919
SOCIAL SERVICES	54	13,104	63	13,960	74	15,151	89	16,536
SOIL AND WATER	2	918	2	918	2	918	2	918
TAX	17	4,259	22	4,891	22	5,026	22	5,026
IT	6	3,139	10	3,787	11	3,949	12	4,111
TRANSIT	23	2,703	28	2,838	33	2,964	38	3,014
VETERANS SERVICES	2	1,485	3	1,647	3	1,647	3	1,647
CLERK OF COURT	10	7,059	10	7,102	12	7,518	14	7,718
SUPERIOR COURT	2	7,601	2	7,601	4	7,668	4	7,668
DISTRICT ATTORNEY	15	3,550	18	4,000	22	4,550	26	5,150
DISTRICT COURT	10	9,140	10	13,838	13	14,000	19	14,459
GUARDIAN AD LITEM	3	822	3	822	3	822	3	822
ADULT PROBATION	9	2,988	10	3,123	11	3,258	13	3,528
JUVENILE COURT COUNSELOR	5	2,032	7	2,589	8	2,720	9	2,923
SHERIFF - ROAD PATROL	25	3,517	29	3,645	29	3,645	29	3,645
DETECTION	22	51,401	25	51,401	31	52,009	36	52,670
SHERIFF - ADMIN/SUPPORT/TRAINING	5	6,327	6	6,746	8	7,100	10	7,470
SHERIFF - INVESTIGATIONS	21	3,933	24	4,429	28	5,023	36	5,644
SHERIFF - CIVIL PROCESS AND COURTHOUSE SECURITY	5	2,292	8	2,438	11	2,615	14	2,811
<b>TOTAL STAFF</b>	<b>479</b>	<b>268,469</b>	<b>561</b>	<b>295,223</b>	<b>636</b>	<b>304,413</b>	<b>715</b>	<b>312,605</b>
<b>TOTAL NET SQUARE FEET</b>		<b>268,469</b>		<b>295,223</b>		<b>304,413</b>		<b>312,605</b>
<b>TOTAL BUILDING GROSS SQUARE FEET</b>		<b>268,469</b>		<b>295,223</b>		<b>304,413</b>		<b>312,605</b>

# Existing Buildings Assessed

- SCC Annex Building
- Courthouse Annex
- Courthouse
- DHHS Building
- Law Enforcement Center
- Maintenance Shed
- Transit Building
- Animal Shelter
- Environmental Resource Center
- Landfill Admin Building
- Sheriff's Admin Building
- Barrett Building
- Housing Dept Building
- Thomas Heights
- Senior Services Center
- Carpenter Recreation Center
- Nantahala Recreation Park
- Business Incubator Building
- Franklin Library
- Nantahala Library
- Highlands Library
- Hyatt Road EMS
- Highlands EMS
- Nantahala EMS
- National Guard Armory
- Dental Clinic

**Note:** Assessments included visits by Engineering team, with consultation of existing documents and drawings.

# Priorities for the Future

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- **Assessment Criteria:** Building Condition, Operational Needs, and Departmental Growth
- **Building Condition** – Are the mechanical/electrical systems safe? Are structural failures present? Is the cost of maintenance too great for the County?
- **Operational Needs** – Is the current building secure? Is it up to current code? Is it accessible? Are privacy needs properly addressed?
- **Growth** – How much additional square footage to accommodate growth of each department over the next two decades?

# Building Conditions



# Operational Needs - Security and Code



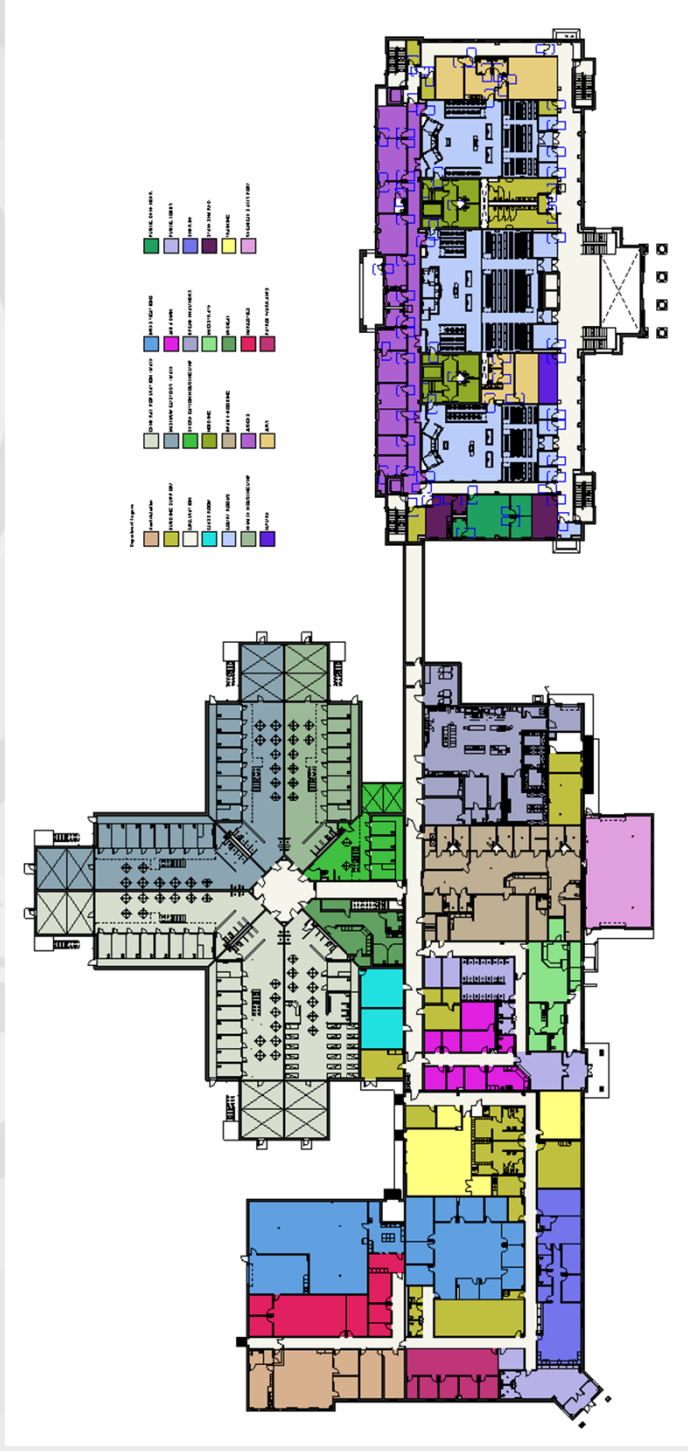


# Departmental Growth



# Priority Project – New Justice Center

- Consolidates sheriff , court & detention functions to single site.
- Streamline court & law enforcement procedures.
- Office space, Court space and Inmate Housing for future.
- Construction can be phased over time as funds are available.
- Recommend Phase I – Courthouse; Phase II – Detention Center; Phase III – Sheriff's Office.



# Priority Project – Existing Courthouse, Courthouse Annex & SCC Annex

- Renovate 3 key buildings in downtown Franklin to consolidate County Services & allow for departmental growth.
- Meets 20-year projections needs of each department.
- Basement Floor– Information Technology, Future Expansion Space.
- First Floor – Register of Deeds, Board of Elections, Future Expansion Space.



FIRST FLOOR



BASEMENT FLOOR

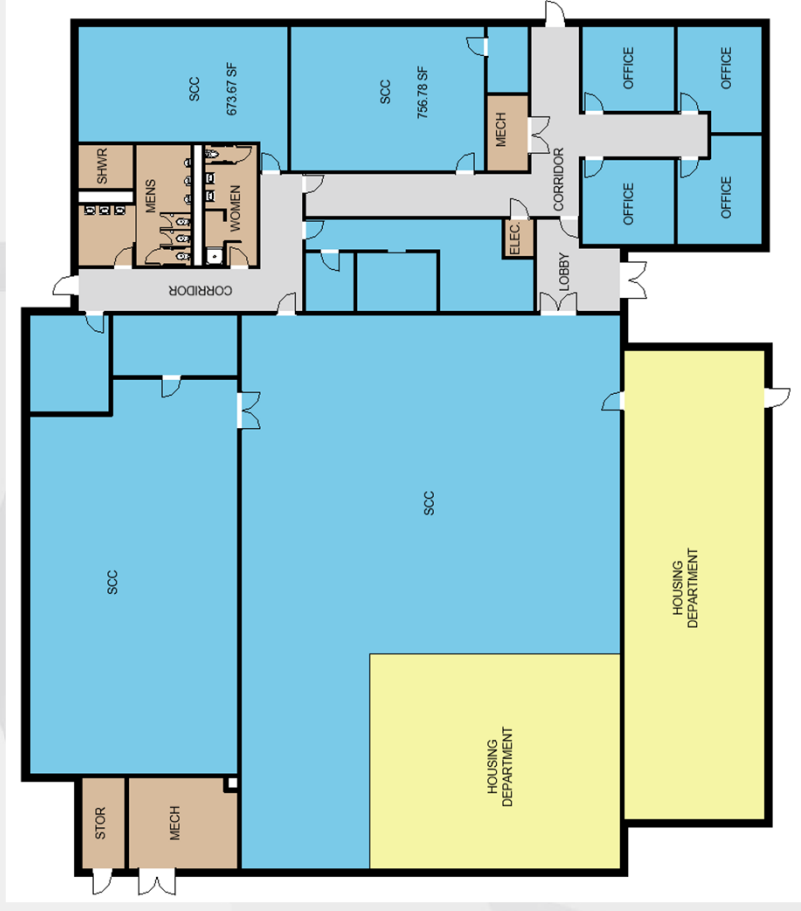
# Priority Project – Existing Courthouse, Courthouse Annex & SCC Annex

- Second Floor– Tax Administration, Mapping.
- Third Floor – Planning/ Permitting & Development, Environmental Health.



# Priority Project – National Guard Armory

- Renovate existing building.
- Relocated County's Housing Department from Old Murphy Road location. Sell property.
- Relocated SCC classroom from SCC Annex building in downtown.
- Allows for planned SCC Public Safety Training Center.



## Other projects

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- Renovation of DHHS Building to address projected growth needs and to accommodate Dental Clinic. Eliminate leased space.
- Future New Emergency Management Headquarters
- Senior Services Center – Future renovation.
- Nantahala Community Center – Future to replace library and extend County services to this community.
- Additional renovations to address security, accessibility and update systems throughout County.

# Opinions of Probable Cost

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- New Justice Center: \$77.3m Project Budget
  - Phase I – Courthouse: \$30.9m
  - Phase II – Detention Center: \$37.5m
  - Phase III – Sheriff's Office: \$8.9m
- Renovate Existing Courthouse, Courthouse Annex & SCC Annex Buildings: \$21.6m Project Budget
  - Existing Courthouse: \$17.3m
  - Existing Courthouse Annex: \$2.3m
  - Existing SCC Annex: \$2m
- Cost statements are based on 2019 construction costs. 10% construction escalation per year is expected for future projects.

# Opinions of Probable Cost

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- Renovate National Guard Armory: \$4m Project Budget
- Renovate DHHS Building: \$7.6m Project Budget
- New Emergency Management Headquarters: \$11.3m Project Budget
- Renovate Senior Services Center: \$4.1m Project Budget
- New Nantahala Library/ Community Center: \$4.1m Project Budget
- Cost statements are based on 2019 construction costs. 10% construction escalation per year is expected for future projects.



# Summary

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- Moseley Architects will follow this presentation with a written document, to include additional recommendations for other County facilities. This document will also incorporate all building assessments, space planning programs, and other supporting documentation.
- We understand that the findings in this study are such that not all properties can be funded at once.
- The County will use this study to make an informed decision and plan accordingly as they approach their budget planning and capital improvement allocations within their current revenue structure.

