FINAL REPORT

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

Macon County,
Franklin
North Carolina

November 21st, 2019
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
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.
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
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.
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.
**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
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.
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:

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
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.
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.
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.
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.
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:
**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.

![Excess clutter blocking drinking fountains](image)

Fig. 2 – Excess clutter blocking drinking fountains
Fig. 3 – Interior of garage
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.
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
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
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](image)

**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.
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
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
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.
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.
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.
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.

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

Fig. 1 – Overview of facility
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

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.


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
ARCHITECTURAL ASSESSMENT

Facility Name: Old Murphy Rd
Departments Served: Housing Department
Address: 1419 Old Murphy Rd, Franklin, NC
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.
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
ARCHITECTURAL ASSESSMENT

Facility Name: Thomas Heights
Departments Served: Soil and Water, Cooperative Extension
Address: 189 Thomas Heights Rd, Franklin, NC
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
 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.
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
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

BUILDING SITE

Area: 37.56 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: 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
ARCHITECTURAL ASSESSMENT

Facility Name: Nantahala Recreation Park
Departments Served: Recreation & Maintenance
Address: 2341 Junaluska Rd, Topton, 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.
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
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.
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

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
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
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
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
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.
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
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
ARCHITECTURAL ASSESSMENT

Facility Name: Nantahala EMS

Departments Served: Emergency Services, Law Enforcement

Address: 1096 Junaluska Rd, Topton, 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
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.
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
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.
INTIOR 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
MECHANICAL ASSESSMENT

Facility Name: Courthouse Annex

Heating and Cooling Systems

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty): 5-split systems, 4-gas packaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☒</td>
<td>Packaged ☒</td>
<td>Age (years): 1-20+</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Split System ☒</td>
<td>Condition: ☒Good ☒ Fair ☒ Poor</td>
</tr>
<tr>
<td></td>
<td>Gas (Furnace) ☒</td>
<td></td>
<td>Manufacturer: Varies, Goodman, Trane, Bryant</td>
</tr>
<tr>
<td>Electric ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Refrigerant ☒</th>
<th>Armaflex ☒</th>
<th>UV protected/Jacketed (exterior) ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition:</td>
<td>Interior - ☐ Good ☒ Fair ☒ Poor ☐</td>
<td>Exterior - ☒ Good ☒ Fair ☒ Poor ☐</td>
</tr>
<tr>
<td>Age Estimate (Years): 20+</td>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty): Approx 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☒</td>
<td>Packaged</td>
<td>Age (years): Varies, New to 15+</td>
</tr>
<tr>
<td>CHW □</td>
<td>Hot Water □</td>
<td>Split System □</td>
<td>Condition: ☒Good ☒Fair □Poor</td>
</tr>
<tr>
<td></td>
<td>Gas (Furnace) ☒</td>
<td></td>
<td>Manufacturer: Varies, primarily Trane</td>
</tr>
</tbody>
</table>

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:

**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:

**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:

**Kitchen and Other Exhaust**

Comments:

**Other Equipment:**
# MECHANICAL ASSESSMENT

**Facility Name:** DHHS

## Heating and Cooling Systems

<table>
<thead>
<tr>
<th>Cooling Unit Type</th>
<th>Heating Unit Type</th>
<th>Similar Units (qty):</th>
<th>DX ☒</th>
<th>Heat Pump ☐</th>
<th>Packaged ☐</th>
<th>Age (years): 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHW ☒</td>
<td>Hot Water ☒</td>
<td>Split System ☒</td>
<td></td>
<td></td>
<td></td>
<td>Condition: ☐Good ☐Fair ☐Poor</td>
</tr>
<tr>
<td></td>
<td>Gas (Furnace) ☐</td>
<td>Manufacturer:</td>
<td></td>
<td></td>
<td></td>
<td>Electric ☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Refrigerant ☐</th>
<th>Armaflex ☒</th>
<th>UV protected/Jacketed (exterior) ☐</th>
<th>Condition: Interior - ☒ Good ☐ Fair ☐ Poor</th>
<th>Exterior - ☐ Good ☐ Fair ☐ Poor</th>
<th>Age Estimate (Years): 20</th>
<th>Comments:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Building Automation System ☒</th>
<th>Vendor/Manufacturer: Schenider</th>
<th>Age Estimate (years):</th>
<th>☐ Thermostat ☒ Programmable</th>
<th>Age Estimate (years): 20</th>
<th>Condition: ☒Good ☐ Fair ☐ Poor</th>
<th>Comments: In process of converting controls to Schneider</th>
</tr>
</thead>
</table>

## Pumps

<table>
<thead>
<tr>
<th>In-line Type ☒</th>
<th>Chilled Water ☒</th>
<th>Qty: 1</th>
<th>Age Est (years): 5</th>
<th>Condition: ☒Good ☐ Fair ☐ Poor</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Suction ☐</td>
<td>Hot Water ☒</td>
<td>Qty: 1</td>
<td>Age Est (years): 8</td>
<td>Condition: ☒Good ☐ Fair ☐ Poor</td>
<td>Comments: On starters</td>
</tr>
<tr>
<td>Other Type ☐</td>
<td>Manufacturer:</td>
<td>Similar Units (qty):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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): ☐ 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): ☐ 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): ☐ Good ☐ Fair ☐ Poor
- Rooftop Age Est (years): ☐ Good ☐ Fair ☐ Poor

Comments: Each toilet room has roof mounted fan. Similar Units (qty):

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

Comments: Similar Units (qty):

Kitchen and Other Exhaust
Comments:

Other Equipment:
MECHANICAL ASSESSMENT

Facility Name: Detention Center

Heating and Cooling Systems

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty): 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☐</td>
<td>Packaged ☒</td>
<td>Age (years): 2-10</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Split System ☐</td>
<td>Condition: ☒Good ☒ Fair ☐ Poor</td>
</tr>
<tr>
<td></td>
<td>Gas (Furnace) ☒</td>
<td>Manufacturer: Varies (Trane, Carrier, Lennox, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electric ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: 9 gas packaged units, one ductless split

Chiller Information:

Boiler Information:

Piping and Insulation

<table>
<thead>
<tr>
<th>Refrigerant</th>
<th>Armaflex</th>
<th>UV protected/Jacketed (exterior)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Condition: Interior - ☐ Good ☐ Fair ☐ Poor Exterior - ☐ Good ☐ Fair ☐ Poor

Age Estimate (Years): ☐ Comments:

Heating Hot Water/Chilled Water (circle one) Material type: Jacket:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Interior-</th>
<th>☐ Good ☐ Fair ☐ Poor Exterior-</th>
<th>☐ Good ☐ Fair ☐ Poor</th>
</tr>
</thead>
</table>

Age Estimate (Years): ☐ Comments: NA

Controls

<table>
<thead>
<tr>
<th>Building Automation System</th>
<th>Vendor/Manufacturer: Varies</th>
<th>Age Estimate (years): 5-15 (estimate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

☑ Thermostat ☐ Programmable Age Estimate (years): ☐ Condition: ☒Good ☒ Fair ☐ Poor

Comments: Return air temp control

Pumps

<table>
<thead>
<tr>
<th>In-line Type</th>
<th>Chilled Water Qty</th>
<th>Age Est (years):</th>
<th>Condition: ☐ Good ☐ Fair ☐ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

End Suction ☐ Hot Water Qty Age Est (years): ☐ Condition: ☐ Good ☐ Fair ☐ Poor

☐ Other Type Manufacturer: Comments: NA

Ductwork

<table>
<thead>
<tr>
<th>Galvanized Steel</th>
<th>Internally Lined Age Est (years): 18</th>
<th>Condition: ☐ Good ☐ Fair ☐ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

- **Cooling**: DX ☒ Heat Pump ☐ Packaged ☒ Age (years): varies
- **Heating**: Hot Water ☐ Split System ☒ Condition: ☐ Good ☐ Fair ☐ Poor
- **Gas (Furnace)** ☒ Manufacturer: Frigidaire
- **Electric** ☐

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
- **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

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

<table>
<thead>
<tr>
<th>Cooling Unit Type</th>
<th>Heating Unit Type</th>
<th>Similar Units (qty):</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☐</td>
<td>Age (years): 16</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Condition: ☒Good ☐</td>
</tr>
<tr>
<td></td>
<td>Split System ☒</td>
<td>Manufacturer: Bryant</td>
</tr>
<tr>
<td></td>
<td>Gas (Furnace) ☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electric ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years): 16</th>
<th>Condition:</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Ceiling/Surface Mounted</td>
<td></td>
<td>✗ Good</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>✗ 2’x2’ Lay-in</td>
<td></td>
<td>☒ Good</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Duct Mounted</td>
<td></td>
<td>☐ Good</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Comments:

### VAV Terminal Units (Boxes)

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years):</th>
<th>Condition:</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Single Duct</td>
<td></td>
<td>☐ Good</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Single Duct with Hot Water</td>
<td></td>
<td>☐ Good</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Fan Powered</td>
<td></td>
<td>☐ Good</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Comments:

### Restroom Exhaust

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years): 16</th>
<th>Condition:</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Ceiling Mounted</td>
<td></td>
<td>☒ Good</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ In-Line</td>
<td></td>
<td>☐ Good</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Rooftop</td>
<td></td>
<td>☐ Good</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Comments: Switched with space light

### Unit Heaters

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years): 16</th>
<th>Condition:</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Electric</td>
<td></td>
<td>☒ Good</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Gas</td>
<td></td>
<td>☐ Good</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Hot Water</td>
<td></td>
<td>☐ Good</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Comments: Wall mounted in toilet rooms

### Kitchen and Other Exhaust

Comments:

### Other Equipment:
MECHANICAL ASSESSMENT

Facility Name: Animal Control

Heating and Cooling Systems

- Cooling Unit Type: DX ☒, CHW ☐
- Heating Unit Type: Heat Pump ☐, Hot Water ☐
- Similar Units (qty): 2
- Age (years): 5-9
- Condition: ☒Good ☐ Fair ☐ Poor
- Manufacturer: Carrier
- 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:

Controls

- Building Automation System ☐
- Vendor/Manufacturer: Carrier
- Age Estimate (years): 9
- Thermostat ☒, Programmable ☐
- 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

<table>
<thead>
<tr>
<th>Cooling Unit Type</th>
<th>Heating Unit Type</th>
<th>Similar Units (qty):</th>
<th>Age (years):</th>
<th>Condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☒</td>
<td>1</td>
<td>10</td>
<td>☒Good</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td></td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Split System ☒</td>
<td></td>
<td></td>
<td>☒Good</td>
</tr>
</tbody>
</table>

Gas (Furnace) ☐  Electric ☐

Manufacturer: Bryant 4-ton

Comments: Indoor unit concealed above high ceiling

Chiller Information:

Boiler Information:

Piping and Insulation

Refrigerant ☒ Armadex ☒ 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**

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years): 15</th>
<th>Condition: □ Good □ Fair □ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Ceiling/Surface Mounted</td>
<td></td>
<td>□ Good □ Fair □ Poor</td>
</tr>
<tr>
<td>☒ 2'x2' Lay-in</td>
<td></td>
<td>□ Good □ Fair □ Poor</td>
</tr>
<tr>
<td>☐ Duct Mounted</td>
<td></td>
<td>□ Good □ Fair □ Poor</td>
</tr>
</tbody>
</table>

**Comments:**

**VAV Terminal Units (Boxes)**

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years):</th>
<th>Condition: □ Good □ Fair □ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Single Duct</td>
<td></td>
<td>□ Good □ Fair □ Poor</td>
</tr>
<tr>
<td>☐ Single Duct with Hot Water</td>
<td></td>
<td>□ Good □ Fair □ Poor</td>
</tr>
<tr>
<td>☐ Fan Powered</td>
<td></td>
<td>□ Good □ Fair □ Poor</td>
</tr>
</tbody>
</table>

**Comments:**

**Restroom Exhaust**

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years): 15</th>
<th>Condition: □ Good □ Fair □ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Ceiling Mounted</td>
<td></td>
<td>□ Good □ Fair □ Poor</td>
</tr>
<tr>
<td>☐ In-Line</td>
<td></td>
<td>□ Good □ Fair □ Poor</td>
</tr>
<tr>
<td>☐ Rooftop</td>
<td></td>
<td>□ Good □ Fair □ Poor</td>
</tr>
</tbody>
</table>

**Comments:**

**Unit Heaters**

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years):</th>
<th>Condition: □ Good □ Fair □ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Electric</td>
<td></td>
<td>□ Good □ Fair □ Poor</td>
</tr>
<tr>
<td>☐ Gas</td>
<td></td>
<td>□ Good □ Fair □ Poor</td>
</tr>
<tr>
<td>☐ Hot Water</td>
<td></td>
<td>□ Good □ Fair □ Poor</td>
</tr>
</tbody>
</table>

**Comments:**

**Kitchen and Other Exhaust**

**Comments:**

**Other Equipment:**

---

Page 2 of 2
MECHANICAL ASSESSMENT

Facility Name: **Solid Waste Management**

### Heating and Cooling Systems

<table>
<thead>
<tr>
<th>Heating</th>
<th>Cooling</th>
<th>Unit Type</th>
<th>Similar Units (qty):</th>
<th>Age (years):</th>
<th>Condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat Pump</td>
<td>DX</td>
<td>Packaged</td>
<td>2</td>
<td>7 and 12 years old</td>
<td>☒ Good ☐ Fair ☐ Poor</td>
</tr>
<tr>
<td>Hot Water</td>
<td>CHW</td>
<td>Split System</td>
<td>Manufacturer: Trane, Payne</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas (Furnace)</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electric</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Chiller Information:

Boiler Information:

### Piping and Insulation

<table>
<thead>
<tr>
<th>Refrigerant</th>
<th>Armadillo</th>
<th>UV protected/Jacketed (exterior)</th>
<th>Interior</th>
<th>Exterior</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☒</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Condition: Interior - ☒ Good ☐ Fair ☐ Poor

Age Estimate (Years): 12

Comments:

Heating Hot Water/Chilled Water (circle one) Material type: Jacket:

<table>
<thead>
<tr>
<th>Material type</th>
<th>Condition</th>
<th>Interior</th>
<th>Exterior</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒ Good ☐ Fair ☐ Poor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐ Good ☐ Fair ☐ Poor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Age Estimate (Years): 12

Comments:

### Controls

<table>
<thead>
<tr>
<th>Building Automation System</th>
<th>Vendor/Manufacturer: varies</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

Thermostat ☒ Programmable

Age Estimate (years): 12

Condition: ☒ Good ☐ Fair ☐ Poor

Comments: Trane, Honeywell, one digital, one mechanical

### Pumps

<table>
<thead>
<tr>
<th>Type</th>
<th>Qty</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-line Type</td>
<td>☐</td>
<td>☐</td>
<td>☐ Good ☐ Fair ☐ Poor</td>
</tr>
<tr>
<td>End Suction</td>
<td>☐</td>
<td>☐</td>
<td>☐ Good ☐ Fair ☐ Poor</td>
</tr>
<tr>
<td>Other Type</td>
<td>☐</td>
<td>☐</td>
<td>☐ Good ☐ Fair ☐ Poor</td>
</tr>
</tbody>
</table>

Similar Units (qty): NA

### Ductwork

<table>
<thead>
<tr>
<th>Type</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galvanized Steel</td>
<td>☐</td>
<td>☐ Good ☐ Fair ☐ Poor</td>
</tr>
<tr>
<td>Internal Lining</td>
<td>☐</td>
<td>☐ Good ☐ Fair ☐ Poor</td>
</tr>
<tr>
<td>Other</td>
<td>☒</td>
<td>☒ Good ☐ Fair ☐ Poor</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty): 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☒ (2)</td>
<td>Packaged ☐</td>
<td>Age (years): 12</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☑</td>
<td>Split System ☒</td>
<td>Condition: ☒Good ☒ Fair ☐ Poor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gas (Furnace) ☒ (4)</td>
<td>Manufacturer: Trane and Bryant</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty):</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☒</td>
<td>Packaged ☐</td>
<td>Age (years): 8-18, varies</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Split System ☒</td>
<td>Condition: ☐Good ☐ Fair ☐ Poor</td>
</tr>
<tr>
<td>Gas (Furnace) ☐</td>
<td></td>
<td>Manufacturer: American Standard, Carrier</td>
<td></td>
</tr>
<tr>
<td>Electric ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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 
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 3rd floor internally lined galvanized on 1st and 2nd. No duct smoke detector on 7 ½ ton unit.
### Diffusers/Grilles

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years)</th>
<th>Condition: □ Good □ Fair □ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceiling/Surface Mounted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ 2'x2' Lay-in</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>☐ Duct Mounted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### VAV Terminal Units (Boxes)

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years)</th>
<th>Condition: □ Good □ Fair □ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Single Duct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Single Duct with Hot Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Fan Powered</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Similar Units (qty): NA

### Restroom Exhaust

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years)</th>
<th>Condition: □ Good □ Fair □ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Ceiling Mounted</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>☐ In-Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Rooftop</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Similar Units (qty): 6

### Unit Heaters

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years)</th>
<th>Condition: □ Good □ Fair □ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Electric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Hot Water</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty):</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☐</td>
<td>Packaged ☒</td>
<td>2</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Split System ☐</td>
<td>Age (years): 30, 10 (est)</td>
</tr>
</tbody>
</table>

Condition: ☐ Good ☐ Fair ☐ Poor
Manufacturer: Friedrich and Whirlpool

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:

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:

---

Page 2 of 2
MECHANICAL ASSESSMENT

Facility Name: Thomas Heights

Heating and Cooling Systems

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty): 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☒</td>
<td>Packaged ☐</td>
<td>Age (years): Varies, 5-20+</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Split System ☒</td>
<td>Condition: ☒Good ☒ Fair ☐ Poor</td>
</tr>
<tr>
<td>Gas (Furnace) ☐</td>
<td></td>
<td></td>
<td>Manufacturer: Trane, Carrier, Bryant</td>
</tr>
</tbody>
</table>

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

Chiller Information:

Boiler Information:

Piping and Insulation

<table>
<thead>
<tr>
<th>Refrigerant</th>
<th>Armaflex ☒</th>
<th>UV protected/Jacketed (exterior) ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition: Interior - ☒ Good ☐ Fair ☐ Poor</td>
<td>Exterior - ☒ Good ☒ Fair ☐ Poor</td>
<td></td>
</tr>
<tr>
<td>Age Estimate (Years): 5-20+</td>
<td>Comments: Age varies</td>
<td></td>
</tr>
</tbody>
</table>

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 shits off ventilation air when unoccupied |

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 |

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:

---

**Page 2 of 2**
MECHANICAL ASSESSMENT

Facility Name: Senior Services

Heating and Cooling Systems

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty): 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☐</td>
<td>Packaged ☐</td>
<td>Age (years): 2-20+</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Split System ☒</td>
<td>Condition: ☒Good ☒ Fair ☐ Poor</td>
</tr>
<tr>
<td></td>
<td>Gas (Furnace) ☐</td>
<td></td>
<td>Manufacturer: Varies: Trane, Lennox, Bryant,</td>
</tr>
</tbody>
</table>

Carrier

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: Heating 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

<table>
<thead>
<tr>
<th>Cooling Type</th>
<th>Heating Type</th>
<th>Unit Type</th>
<th>Similar Units (qty):</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☒</td>
<td>Packaged ☒</td>
<td>Age (years): Varies</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Split System ☒</td>
<td>Condition: ☒Good ☒Fair ☐Poor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Manufacturer: Trane, Lennox</td>
</tr>
</tbody>
</table>

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

Chiller Information:

Boiler Information:

Piping and Insulation

<table>
<thead>
<tr>
<th>Refrigerant</th>
<th>Armadflex ☒</th>
<th>UV protected/Jacketed (exterior) ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition:</td>
<td>Interior - ☒Good ☐Fair ☐Poor</td>
<td>Exterior - ☐Good ☐Fair ☐Poor</td>
</tr>
<tr>
<td>Age Estimate (Years):</td>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

Heating Hot Water/Chilled Water (circle one) Material type: Jacket:

| Condition:          | Interior- ☐Good ☐Fair ☐Poor | Exterior- ☐Good ☐Fair ☐Poor |
| Age Estimate (Years):| Comments: | |

Controls

<table>
<thead>
<tr>
<th>Building Automation System ☐</th>
<th>Vendor/Manufacturer:</th>
<th>Age Estimate (years):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Thermostat ☒ Programmable</td>
<td></td>
<td>10 Condition: ☒Good ☐Fair ☐Poor</td>
</tr>
</tbody>
</table>

Comments: Some are programmable, must installed in central location

Pumps

<table>
<thead>
<tr>
<th>In-line Type ☐</th>
<th>Chilled Water ☐ Qty:</th>
<th>Age Est (years):</th>
<th>Condition: ☐Good ☐Fair ☐Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Suction ☐</td>
<td>Hot Water ☐ Qty:</td>
<td>Age Est (years):</td>
<td>Condition: ☐Good ☐Fair ☐Poor</td>
</tr>
<tr>
<td>Other Type ☐</td>
<td>Manufacturer:</td>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

Similar Units (qty): NA

Ductwork

<table>
<thead>
<tr>
<th>Galvanized Steel ☒</th>
<th>Internally Lined ☐</th>
<th>Age Est (years):</th>
<th>Condition: ☐Good ☐Fair ☐Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other ☒ External Wrap ☒</td>
<td>Age Est (years):</td>
<td>Condition: ☒Good ☒Fair ☒Poor</td>
<td></td>
</tr>
</tbody>
</table>

Return Air Type (Circle one): Ducted/Plenum mix

Comments: Gym has newer ducts.
### Diffusers/Grilles

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceiling/Surface Mounted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2’x2’ Lay-in</td>
<td>10</td>
<td>Good</td>
</tr>
<tr>
<td>Duct Mounted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### VAV Terminal Units (Boxes)

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Duct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Duct with Hot Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fan Powered</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Similar Units (qty): NA

### Restroom Exhaust

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceiling Mounted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rooftop</td>
<td>20</td>
<td>Good</td>
</tr>
</tbody>
</table>

Comments:

Similar Units (qty):

### Unit Heaters

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot Water</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Similar Units (qty):

### Kitchen and Other Exhaust

Comments:

### Other Equipment:

## MECHANICAL ASSESSMENT

**Facility Name:** Nantahala Recreation Park

### Heating and Cooling Systems

<table>
<thead>
<tr>
<th>Heating Unit Type</th>
<th>Similar Units (qty):</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☐ Heat Pump ☐</td>
<td>Packaged ☐</td>
</tr>
<tr>
<td>CHW ☐ Hot Water ☐</td>
<td>Split System ☐</td>
</tr>
<tr>
<td>Gas (Furnace) ☐ Electric ☐</td>
<td></td>
</tr>
</tbody>
</table>

**Condition:**
- ☐ Good
- ☐ Fair
- ☐ Poor

**Age (years):**

**Manufacturer:**

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

### 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:**

### Controls

| Building Automation System ☐ Vendor/Manufacturer: |
|-----------------|-----------------|
| ☒ Thermostat ☐ Programmable |

**Condition:**
- ☐ Good
- ☐ Fair
- ☐ Poor

**Age Estimate (years):**

**Comments:** On board dial type

### Pumps

| In-line Type ☐ End Suction ☐ Other Type ☐ |
|-----------------|-----------------|

| Chilled Water ☐ Hot Water ☐ Other Type |
|-----------------|-----------------|

**Condition:**
- ☐ Good
- ☐ Fair
- ☐ Poor

**Age Est (years):**

**Similar Units (qty):**

### Ductwork

| Galvanized Steel ☐ Internally Lined ☐ Other ☐ |
|-----------------|-----------------|

<table>
<thead>
<tr>
<th>External Wrap ☐</th>
</tr>
</thead>
</table>

**Condition:**
- ☐ Good
- ☐ Fair
- ☐ Poor

**Age Est (years):**

**Comments:** NA

**Return Air Type (Circle one):** Ducted/Plenum

**Comments:** NA
### Diffusers/Grilles

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Ceiling/Surface Mounted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 2’x2’ Lay-in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Duct Mounted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: NA

### VAV Terminal Units (Boxes)

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Single Duct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Single Duct with Hot Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Fan Powered</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: NA

### Restroom Exhaust

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Ceiling Mounted</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>☐ In-Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Rooftop</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: Similar Units (qty): 2

### Unit Heaters

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Electric</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>☐ Gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Hot Water</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty): 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX</td>
<td>Heat Pump</td>
<td>Packaged</td>
<td>Age (years): 10,6,6,6,25, varies</td>
</tr>
<tr>
<td>CHW</td>
<td>Hot Water</td>
<td>Split System</td>
<td>Condition: ☒ Good ☐ Fair ☐ Poor</td>
</tr>
<tr>
<td></td>
<td>Gas (Furnace)</td>
<td>☐ Electric</td>
<td>Manufacturer: Bryant, Carrier</td>
</tr>
</tbody>
</table>

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**

- **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)**

- **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**

- **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**

- **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:**

Page 2 of 2
**MECHANICAL ASSESSMENT**

Facility Name: **Franklin Library**

**Heating and Cooling Systems**

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty): 10-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☐</td>
<td>Packaged ☒</td>
<td>Age (years): 10</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Split System ☐</td>
<td>Condition: ☒Good ☐Fair ☐Poor</td>
</tr>
<tr>
<td>Gas (Furnace) ☒</td>
<td></td>
<td></td>
<td>Manufacturer: York</td>
</tr>
<tr>
<td>Electric ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: Small ductless split serves data closet

**Chiller Information:**

**Boiler Information:**

**Piping and Insulation**

<table>
<thead>
<tr>
<th>Refrigerant</th>
<th>Armadillo ☒</th>
<th>UV protected/Jacketed (exterior) ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition: Interior - ☐Good ☐Fair ☐Poor</td>
<td>Exterior - ☒Good ☐Fair ☐Poor</td>
<td></td>
</tr>
<tr>
<td>Age Estimate (Years):</td>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

Heating Hot Water/Chilled Water (circle one) Material type: Jacket:

| Condition: Interior- ☐Good ☐Fair ☐Poor | Exterior- ☒Good ☐Fair ☐Poor |
| Age Estimate (Years): | Comments: fair condition for ductless split |

**Controls**

| Building Automation System ☒ | Vendor/Manufacturer: Reliable |
| ☐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): 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

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty):</th>
<th>Age (years):</th>
<th>Condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☒</td>
<td>Packaged</td>
<td>2</td>
<td>20</td>
<td>Fair</td>
</tr>
<tr>
<td>CHW □</td>
<td>Hot Water □</td>
<td>Split System □</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas (Furnace) □</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electric □</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: Wall mounted Heat Pumps (2)

Chiller Information:

Boiler Information:

Piping and Insulation

<table>
<thead>
<tr>
<th>Refrigerant □</th>
<th>Armaflex □</th>
<th>UV protected/Jacketed (exterior) □</th>
<th>Condition: Interior - Good □ Fair □ Poor</th>
<th>Exterior - Good □ Fair □ Poor</th>
<th>Age Estimate (Years):</th>
<th>Comments:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>In-line Type □</th>
<th>Chilled Water Qty:</th>
<th>Age Est (years):</th>
<th>Condition: Good □ Fair □ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Suction □</td>
<td>Hot Water Qty:</td>
<td>Age Est (years):</td>
<td>Condition: Good □ Fair □ Poor</td>
</tr>
<tr>
<td>Other Type □</td>
<td>Manufacturer:</td>
<td>Comments: NA</td>
<td></td>
</tr>
</tbody>
</table>

Ductwork concealed

<table>
<thead>
<tr>
<th>Galvanized Steel □ Internally Lined Age Est (years):</th>
<th>Condition: Good □ Fair □ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other □ External Wrap Age Est (years):</td>
<td>Condition: Good □ Fair □ Poor</td>
</tr>
</tbody>
</table>

Return Air Type (Circle one): Ducted/Plenum

Comments:
### Diffusers/Grilles

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years):</th>
<th>Condition: Good ☐</th>
<th>Fair ☐</th>
<th>Poor ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Ceiling/Surface Mounted</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 2'x2' Lay-in</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Duct Mounted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### VAV Terminal Units (Boxes)

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years):</th>
<th>Condition: Good ☐</th>
<th>Fair ☐</th>
<th>Poor ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Single Duct</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Single Duct with Hot Water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Fan Powered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: NA

Similar Units (qty):

### Restroom Exhaust

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years):</th>
<th>Condition: Good ☐</th>
<th>Fair ☐</th>
<th>Poor ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Ceiling Mounted</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ In-Line</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Rooftop</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: Interlock with lights

Similar Units (qty): 1

### Unit Heaters

<table>
<thead>
<tr>
<th>Types</th>
<th>Age Est (years):</th>
<th>Condition: Good ☐</th>
<th>Fair ☐</th>
<th>Poor ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Electric</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Gas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Hot Water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: NA

Similar Units (qty):

### Kitchen and Other Exhaust

Comments: NA

### Other Equipment:
MECHANICAL ASSESSMENT

Facility Name: Highlands Library

Heating and Cooling Systems

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty):</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☒</td>
<td>Packaged ☐</td>
<td>Age (years): 3,10,15,20 and 20</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Split System ☒</td>
<td>Condition: ☒Good ☒ Fair ☐ Poor</td>
</tr>
<tr>
<td>Gas (Furnace) ☐</td>
<td></td>
<td></td>
<td>Manufacturer: Lennox (5 ton, 3 years old) Trane</td>
</tr>
</tbody>
</table>

(3 and 1 ½ ton, 20 years old) Bryant (4 ton, 10 years) Bryant (4 ton, 15 years)

Electric ☐

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**

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty): 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☒</td>
<td>Packaged ☐</td>
<td>Age (years): 1,13,30</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Split System ☒</td>
<td>Condition: ☒Good ☒Fair ☒Poor</td>
</tr>
<tr>
<td></td>
<td>Gas (Furnace) ☐</td>
<td></td>
<td>Manufacturer: Trane, Carrier</td>
</tr>
<tr>
<td></td>
<td>Electric ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Chiller Information:**

**Boiler Information:**

**Piping and Insulation**

<table>
<thead>
<tr>
<th>Refrigerant ☒</th>
<th>Armaflex ☒</th>
<th>UV protected/Jacketed (exterior) ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Condition: Interior - ☒Good ☒Fair ☒Poor Exterior - ☒Good ☒Fair ☒Poor Age Estimate (Years): 30 and 1</td>
<td>Comments:</td>
</tr>
</tbody>
</table>

**Heating Hot Water/Chilled Water (circle one) Material type:** Jacket:

| Condition: Interior- ☒Good ☒Fair ☒Poor Exterior- ☒Good ☒Fair ☒Poor Age Estimate (Years): | Comments: |

**Controls**

<table>
<thead>
<tr>
<th>Building Automation System ☐</th>
<th>Vendor/Manufacturer: Honeywell</th>
<th>Age Estimate (years):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Thermostat ☐ Programmable</td>
<td>Age Estimate (years): 10</td>
<td>Condition: ☒Good ☒Fair ☒Poor</td>
</tr>
</tbody>
</table>

Comments:

**Pumps**

<table>
<thead>
<tr>
<th>In-line Type ☐</th>
<th>Chilled Water ☐ Qty:</th>
<th>Age Est (years):</th>
<th>Condition: ☐Good ☐Fair ☐Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Suction ☐</td>
<td>Hot Water ☐ Qty:</td>
<td>Age Est (years):</td>
<td>Condition: ☐Good ☐Fair ☐Poor</td>
</tr>
<tr>
<td>Other Type ☐</td>
<td>Manufacturer:</td>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

Similar Units (qty): NA

**Ductwork**

<table>
<thead>
<tr>
<th>Galvanized Steel ☐</th>
<th>Internally Lined ☒</th>
<th>Age Est (years):</th>
<th>Condition: ☒Good ☒Fair ☒Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other ☒</td>
<td>External Wrap ☐</td>
<td>Age Est (years): 15</td>
<td>Condition: ☒Good ☒Fair ☒Poor</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty): 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☒</td>
<td>Packaged ☐</td>
<td>Age (years): 5</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Split System ☒</td>
<td>Condition: ☒ Good ☒ Fair ☐ Poor</td>
</tr>
<tr>
<td>Gas (Furnace) ☐</td>
<td>Manufacturer: Bryant (2 ½ tons)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Chiller Information:

Boiler Information:

Piping and Insulation

<table>
<thead>
<tr>
<th>Refrigerant</th>
<th>Armaflex ☒</th>
<th>UV protected/Jacketed (exterior) ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition: Interior - ☒ Good ☐ Fair ☐ Poor</td>
<td>Exterior - ☒ Good ☒ Fair ☐ Poor</td>
<td></td>
</tr>
<tr>
<td>Age Estimate (Years): 20</td>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

Chiller 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: Condition: ☐ Good ☐ Fair ☐ Poor
- ☐ Duct Mounted  Age Est: Condition: ☐ Good ☐ Fair ☐ Poor

Comments: Floor mounted

**VAV Terminal Units (Boxes)**

Types
- ☐ Single Duct  Age Est: Condition: ☐ Good ☐ Fair ☐ Poor
- ☐ Single Duct with Hot Water  Age Est: Condition: ☐ Good ☐ Fair ☐ Poor
- ☐ Fan Powered  Age Est: 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: Condition: ☐ Good ☐ Fair ☐ Poor
- ☐ Rooftop  Age Est: Condition: ☐ Good ☐ Fair ☐ Poor

Comments: Interlocked with lights
Similar Units (qty): 

**Unit Heaters**

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

<table>
<thead>
<tr>
<th>Cooling Unit Type</th>
<th>Heating Unit Type</th>
<th>Similar Units (qty): 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☐</td>
<td>Age (years): 2002 (17)</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Condition: ☐Good ☒Fair ☐Poor</td>
</tr>
<tr>
<td></td>
<td>Split System ☒</td>
<td>Manufacturer: Ruud 3 ½ ton</td>
</tr>
<tr>
<td>Gas (Furnace) ☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electric ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Chiller Information:

Boiler Information:

**Piping and Insulation**

<table>
<thead>
<tr>
<th>Refrigerant</th>
<th>Armaflex ☒</th>
<th>UV protected/Jacketed (exterior) ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition:</td>
<td>Interior - ☐Good ☒Fair ☐Poor</td>
<td>Exterior - ☐Good ☒Fair ☐Poor</td>
</tr>
<tr>
<td>Age Estimate (Years): 17</td>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

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): 17 |
| ☒Thermostat ☐Programmable | | 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 |              |

**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

<table>
<thead>
<tr>
<th>Type</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceiling/Surface Mounted</td>
<td>17</td>
<td>☒ Good</td>
</tr>
<tr>
<td>2’x2’ Lay-in</td>
<td>17</td>
<td>☒ Good</td>
</tr>
<tr>
<td>Duct Mounted</td>
<td></td>
<td>☐ Good</td>
</tr>
</tbody>
</table>

Comments: filtered return grilles

### VAV Terminal Units (Boxes)

<table>
<thead>
<tr>
<th>Type</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Duct</td>
<td></td>
<td>☐ Good</td>
</tr>
<tr>
<td>Single Duct with Hot Water</td>
<td></td>
<td>☐ Good</td>
</tr>
<tr>
<td>Fan Powered</td>
<td></td>
<td>☐ Good</td>
</tr>
</tbody>
</table>

Comments: NA

### Restroom Exhaust

<table>
<thead>
<tr>
<th>Type</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceiling Mounted</td>
<td>17</td>
<td>☒ Good</td>
</tr>
<tr>
<td>In-Line</td>
<td></td>
<td>☐ Good</td>
</tr>
<tr>
<td>Rooftop</td>
<td></td>
<td>☐ Good</td>
</tr>
</tbody>
</table>

Comments: Broan mfg.

### Unit Heaters

<table>
<thead>
<tr>
<th>Type</th>
<th>Age Est (years)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electric</td>
<td>17</td>
<td>☒ Good</td>
</tr>
<tr>
<td>Gas</td>
<td></td>
<td>☐ Good</td>
</tr>
<tr>
<td>Hot Water</td>
<td></td>
<td>☐ Good</td>
</tr>
</tbody>
</table>

Comments: Armstrong manufacturer

### 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**

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty):</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☐</td>
<td>Packaged ☐</td>
<td>Age (years): 15</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☒</td>
<td>Split System ☒</td>
<td>Condition: ☐Good ☒ Fair ☐ Poor</td>
</tr>
</tbody>
</table>

Gas (Furnace) ☐  Manufacturer: Goodman

Electric ☐

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**

- **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

**VAV Terminal Units (Boxes)**

- **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

**Restroom Exhaust**

- **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

**Unit Heaters**

- **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

**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**

<table>
<thead>
<tr>
<th>Cooling</th>
<th>Heating</th>
<th>Unit Type</th>
<th>Similar Units (qty):</th>
<th>Age (years):</th>
<th>Condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DX ☒</td>
<td>Heat Pump ☒</td>
<td>Packaged ☐</td>
<td>1</td>
<td>12</td>
<td>☐ Good ☐ Fair ☐ Poor</td>
</tr>
<tr>
<td>CHW ☐</td>
<td>Hot Water ☐</td>
<td>Split System ☒</td>
<td></td>
<td></td>
<td>☚ Good ☒ Fair ☐ Poor</td>
</tr>
</tbody>
</table>

Gas (Furnace) ☐

Condition: ☒ Good ☒ Fair ☐ Poor

Gas (Furnace) ☐

Condition: ☒ Good ☒ Fair ☐ Poor

Manufacturer: Haier (5 tons)

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**

<table>
<thead>
<tr>
<th>In-line Type</th>
<th>chilled Water</th>
<th>Qty:</th>
<th>Age Est (years):</th>
<th>Condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
<td>☐ Good ☐ Fair ☐ Poor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>End Suction</th>
<th>Hot Water</th>
<th>Qty:</th>
<th>Age Est (years):</th>
<th>Condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
<td>☐ Good ☐ Fair ☐ Poor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Type</th>
<th>Manufacturer:</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

**Ductwork**

<table>
<thead>
<tr>
<th>Galvanized Steel</th>
<th>Internally Lined</th>
<th>Age Est (years):</th>
<th>Condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐ Good ☐ Fair ☐ Poor</td>
</tr>
</tbody>
</table>

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
- ☐ 2’x2’ Lay-in
- ☐ Duct Mounted

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

**VAV Terminal Units (Boxes)**

Types
- ☐ Single Duct
- ☐ Single Duct with Hot Water
- ☐ Fan Powered

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

Comments: NA

**Restroom Exhaust**

Types
- ☒ Ceiling Mounted
- ☐ In-Line
- ☐ Rooftop

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

Comments: Switched with lights

Similar Units (qty): 2

**Unit Heaters**

Types
- ☐ Electric
- ☐ Gas
- ☐ 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**

<table>
<thead>
<tr>
<th>Pedestal</th>
<th>☐</th>
<th>Service Faucet</th>
<th>☒</th>
<th>Age Estimate (years): 40+</th>
<th>☒</th>
<th>Condition: ☒Good ☐ Fair ☐ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Mounted</td>
<td>☒</td>
<td>Enameled</td>
<td>☐</td>
<td>Molded Stone</td>
<td>☒</td>
<td>Other ☐</td>
</tr>
</tbody>
</table>

Similar Units (qty): 4

Notes:

**SHOWER**

<table>
<thead>
<tr>
<th>Age Estimate (years):</th>
<th>☐</th>
<th>Condition: ☐Good ☒ Fair ☐ Poor</th>
</tr>
</thead>
</table>

Similar Units (qty):

Notes: NA

**WATER FOUNTAIN**

Manufacturer

<table>
<thead>
<tr>
<th>☐ Oasis</th>
<th>☐ Hi-Low</th>
<th>Age Est (years): 15</th>
<th>☒ Good</th>
<th>☐ Fair</th>
<th>☐ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Halsey-Taylor</td>
<td>☐ Single</td>
<td>☒ Other</td>
<td>☒ Refrigerated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Similar Units (qty): 8

Comments: recessed wall unit

**WATER CLOSETS**

<table>
<thead>
<tr>
<th>☒ Wall Mounted</th>
<th>☒ Tank Type</th>
<th>Age Est (years): 30</th>
<th>☒ Good</th>
<th>☐ Fair</th>
<th>☐ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Floor Mounted</td>
<td>☐ Flush Valve (manual)</td>
<td>☒ White Vitreous China</td>
<td>☒ Flush Valve (sensor)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Similar Units (qty): throughout facility similar

Comments: Flush valve in public areas

**URINALS**

<table>
<thead>
<tr>
<th>☒ Wall Mounted</th>
<th>☐ Tank Type</th>
<th>Age Est (years): 20+</th>
<th>☐ Good</th>
<th>☒ Fair</th>
<th>☐ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Other Mounting</td>
<td>☒ Flush Valve (manual)</td>
<td>☒ White Vitreous China</td>
<td>☒ Flush Valve (sensor)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ☐

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

<table>
<thead>
<tr>
<th>Joints</th>
<th>Age Est (years): 20</th>
<th>Condition: ☑Good ☐Fair ☐Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copper</td>
<td>☑</td>
<td>Soldered</td>
</tr>
<tr>
<td>Galvanized</td>
<td>☐</td>
<td>Threaded</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
<td>Welded</td>
</tr>
</tbody>
</table>

**WATER PIPING INSULATION**

- Material/Service: Jacketing

<table>
<thead>
<tr>
<th>Insulation</th>
<th>Age Est (years): 20</th>
<th>Condition: ☑Good ☐Fair ☐Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiberglass</td>
<td>☑</td>
<td>All-Service Jacket</td>
</tr>
<tr>
<td>Other Ins.</td>
<td>☐</td>
<td>Aluminum/Stainless</td>
</tr>
<tr>
<td>Domestic Cold</td>
<td>☐</td>
<td>Other</td>
</tr>
<tr>
<td>Domestic Hot</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**WATER HEATERS**

- Types

<table>
<thead>
<tr>
<th>Types</th>
<th>Capacity (gallons): 80</th>
<th>Tank Type</th>
<th>Age Est (years): 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electric</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Gas</td>
<td>☑</td>
<td>☐Instantaneous</td>
<td>☐Good ☐Fair ☐Poor</td>
</tr>
<tr>
<td>Other MBH: 180 MBH</td>
<td>☐</td>
<td>Manufacturer: Bradford white</td>
<td></td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Joints</th>
<th>Age Est (years):</th>
<th>Condition: ☑Good ☐Fair ☐Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copper</td>
<td>☐</td>
<td>Soldered</td>
</tr>
<tr>
<td>Black Steel</td>
<td>☑</td>
<td>Threaded</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
<td>Welded</td>
</tr>
</tbody>
</table>

Comments: Wet pipe sprinkler (original 20 years old)
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): 15  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
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

- Floor Mounted [square] Enameled [square] Molded Stone [square] Other [square]

Similar Units (qty): [blank]

Notes: NA

### SHOWER

- Age Estimate (years): [blank] Condition: [square] Good [square] Fair [square] Poor

Similar Units (qty): [blank]

Notes: NA

### WATER FOUNTAIN

Manufacturer

- Halsey-Taylor [square] Single [square]
- Other [square] Refrigerated [square]

Similar Units (qty): [blank]

Comments: NA

### WATER CLOSETS

- Floor Mounted [square] Flush Valve (manual) [square]
- White Vitreous China [square] Flush Valve (sensor) [square]

Similar Units (qty): 2

Comments: [blank]

### URINALS

- Other Mounting [square] Flush Valve (manual) [square]
- White Vitreous China [square] Flush Valve (sensor) [square]

Similar Units (qty): [blank]

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): ☐ 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): ☐ 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: X
- White Vitreous China: X
- Age Est (years): 30
- Condition: ☐Good ☒Fair ☐Poor
- Counter Mount: ☒
- Manual Faucet - ☐Single Lever ☒Dual Handles (Hot & Cold)
- ☐Other: ☐Metered Faucet

Similar Units (qty): 6
Comments:

### SINKS

- Breakroom: X
- 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: ☐
- Domestic Hot: ☒

Comments: Armalflex with gaps.

### WATER HEATERS

#### Types

- Electric: X
- Capacity (gallons): 40
- Tank Type: X
- 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): 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):**

**Notes: NA**

### WATER FOUNTAIN

- **Manufacturer**
  - ☐ Oasis ☐ Hi-Low Age Est (years): ☐ 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): ☐ 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**

<table>
<thead>
<tr>
<th>Component</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedestal</td>
<td>☒</td>
</tr>
<tr>
<td>Service Faucet</td>
<td>☒</td>
</tr>
<tr>
<td>Age Estimate (years): 30</td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>☒ Good ☐ Fair ☐ Poor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Component</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Mounted</td>
<td>☐</td>
</tr>
<tr>
<td>Enameled</td>
<td>☒</td>
</tr>
<tr>
<td>Molded Stone</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Similar Units (qty):**

**Notes:**

**SHOWER**

<table>
<thead>
<tr>
<th>Component</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Estimate (years):</td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>☐ Good ☐ Fair ☐ Poor</td>
</tr>
</tbody>
</table>

**Similar Units (qty):**

**Notes:** NA

**WATER FOUNTAIN**

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oasis</td>
<td>☐</td>
</tr>
<tr>
<td>Hi-Low</td>
<td>☐</td>
</tr>
<tr>
<td>Halsey-Taylor</td>
<td>☒</td>
</tr>
<tr>
<td>Single</td>
<td>☒</td>
</tr>
<tr>
<td>Other</td>
<td>☒</td>
</tr>
<tr>
<td>Refrigerated</td>
<td>☐</td>
</tr>
</tbody>
</table>

| Age Est (years): | 40 |
| Condition       | ☒ Good ☐ Fair ☐ Poor |

**Similar Units (qty):** 1

**Comments:**

**WATER CLOSETS**

<table>
<thead>
<tr>
<th>Component</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wall Mounted</td>
<td>☐</td>
</tr>
<tr>
<td>Tank Type</td>
<td>☐</td>
</tr>
<tr>
<td>Age Est (years):</td>
<td>30</td>
</tr>
<tr>
<td>Condition</td>
<td>☒ Good ☐ Fair ☐ Poor</td>
</tr>
</tbody>
</table>

| Floor Mounted   | ☒          |
| Flush Valve (manual) |      |
| White Vitreous China | ☒          |
| Flush Valve (sensor) | ☐          |

**Similar Units (qty):** 6

**Comments:** similar throughout in toilet rooms

**URINALS**

<table>
<thead>
<tr>
<th>Component</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wall Mounted</td>
<td>☒</td>
</tr>
<tr>
<td>Tank Type</td>
<td>☐</td>
</tr>
<tr>
<td>Age Est (years):</td>
<td>40</td>
</tr>
<tr>
<td>Condition</td>
<td>☒ Good ☐ Fair ☐ Poor</td>
</tr>
</tbody>
</table>

| 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): ☐ 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:

**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

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, 2nd 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: 2nd 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  

Page 2 of 2
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): ☐ Good ☒ Fair □ Poor
Floor Mounted ☒ Enameled □ Molded Stone ☒ Other □
Similar Units (qty):
Notes: No exhaust for janitor’s closet

SHOWER

Age Estimate (years): ☐ 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: 2nd 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**

<table>
<thead>
<tr>
<th>Pedestal</th>
<th>☐</th>
<th>Service Faucet</th>
<th>☒</th>
<th>Age Estimate (years): 10</th>
<th>☒</th>
<th>Condition:</th>
<th>☒</th>
<th>Good</th>
<th>☐</th>
<th>Fair</th>
<th>☐</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Mounted</td>
<td>☒</td>
<td>Enameled</td>
<td>☐</td>
<td>Molded Stone</td>
<td>☐</td>
<td>Other</td>
<td>☒</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Similar Units (qty): 3

Notes:

**SHOWER**

<table>
<thead>
<tr>
<th>Age Estimate (years):</th>
<th>☐</th>
<th>Condition:</th>
<th>☒</th>
<th>Good</th>
<th>☐</th>
<th>Fair</th>
<th>☐</th>
<th>Poor</th>
</tr>
</thead>
</table>

Similar Units (qty):

Notes: NA

**WATER FOUNTAIN**

Manufacturer

- ☐ Oasis
- ☒ Hi-Low

<table>
<thead>
<tr>
<th>Age Est (years): 5-10</th>
<th>☒</th>
<th>Condition:</th>
<th>☒</th>
<th>Good</th>
<th>☐</th>
<th>Fair</th>
<th>☐</th>
<th>Poor</th>
</tr>
</thead>
</table>

- ☐ 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
- **Age Est (years)**: ☐
- **Condition**: ☐ Good, ☐ Fair, ☐ Poor
- **Other**: ☐ Welded
- **Comments**: 

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Page 2 of 2
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

Page 2 of 2
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):  ☐ 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):  ☐ 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

Page 2 of 2
## PLUMBING ASSESSMENT

**Facility Name:** Nantahala EMS

### SERVICE SINK

<table>
<thead>
<tr>
<th>Pedestal</th>
<th>Service Faucet</th>
<th>Age Estimate (years):</th>
<th>Condition:</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Oasis</th>
<th>Hi-Low</th>
<th>Age Est (years):</th>
<th>Condition:</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
</table>

Halsey-Taylor | Single | Refrigerated | Similar Units (qty): |

Comments: NA

### WATER CLOSETS

<table>
<thead>
<tr>
<th>Wall Mounted</th>
<th>Tank Type</th>
<th>Age Est (years): 17</th>
<th>Condition:</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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</table>

Floor Mounted | Flush Valve (manual) | White Vitreous China | Flush Valve (sensor) | Similar Units (qty): 2 |

Comments: 

### URINALS

<table>
<thead>
<tr>
<th>Wall Mounted</th>
<th>Tank Type</th>
<th>Age Est (years):</th>
<th>Condition:</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
</table>

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

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: 2nd 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
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
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: Siemans  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
Locations: Exterior.
Manufacturer: Onan  Condition: Poor.

Emergency Lighting
Generator: ☒  Battery Packs: ☐  In lights: ☐  UPS: ☐  Other: ☐  Exit signs: ☒ Good.

Interior Lighting
Fixture Style: 2x4 Lay-in  Light Source: T-8  Condition: Good.
Controls: ☒ Switches  ☐ Dimmers  ☐ Wall OS  ☐ Clg OS  ☐ Dual level  ☐ Other.

Page 1 of 2
Exterior Lighting

Fixture Style 1 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

öz 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


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 Style: 2x4 Lay-in  Light Source: T-8  Condition: Good

Controls: ☒ Switches  ☐ Dimmers  ☐ Wall OS  ☐ Clg OS  ☐ Dual level  ☐ Other

Page 1 of 2
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**


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**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Voltage</th>
<th>Amps</th>
<th>Phase</th>
<th>Spares</th>
<th>Condition</th>
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</table>

Locations _Electrical room_.

Manufacturer _Siemens_  Condition _Good_.

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Voltage</th>
<th>Amps</th>
<th>Phase</th>
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Locations _Various_.

Manufacturer _Siemens_  Condition _Good_.

<table>
<thead>
<tr>
<th>Quantity</th>
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Locations _Various_.

Manufacturer _Siemens_  Condition _Good_.

**Emergency Power**  ☒ Yes  ☐ No

Generator  ☒ Diesel  ☐ NG  ☐ Propane  ☐ Portable Connection  

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  ☒ Exit signs _Good_.

Battery Packs  ☐ In lights  ☐ UPS  ☐ Other  

**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.
Exterior Lighting

Fixture Style 1: Pole  
Light Source: LED  
Condition: Good  
 Fixture Style 2: 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
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: ☐ 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
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 Style  ☐ Surface  ☒ Wall  Light Source  ☐ T-8  ☒ CF  Condition  Good
Controls: ☒ Switches  ☐ Dimmers  ☐ Wall OS  ☐ Clg OS  ☐ Dual level  ☐ Other

Exterior Lighting
Fixture Style  ☐ 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 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  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

Spare Capacity: □ Yes  □ No

Panelboards

Quantity: 1  Voltage: 208  Amps: 100  Phase: 1  Spares: □ Yes  □ No

Locations: Back room

Manufacturer: Square D  Condition: Good

Spare Capacity: □ Yes  □ No

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  

Page 1 of 2
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 _________________________
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

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 Style 1: 1x4 Industrial strips Light Source: T-12 Condition: Poor.

Fixture Style 2: 1x4 Wrap around Light Source: T-12 Condition: Poor.

Fixture Style 3: Light Source: Condition:

Controls: ☒ Switches □ Dimmers □ Wall OS □ Clg OS □ Dual level □ Other.

Exterior Lighting
Fixture Style 1: Cobra Head Light Source: MV Condition: Poor.

Fixture Style 2: Light Source: Condition:

Fixture Style 3: 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
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___________.

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

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: 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

Page 1 of 2
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 Style 1  2x4 Lay-in  Light Source  T-8  Condition  Fair

Fixture Style 2  8’ Industrial strips  Light Source  T-12  Condition  Fair

Fixture Style 3  HI Bay  Light Source  LED  Condition  Good

Controls: ☒ Switches  ☐ Dimmers  ☐ Wall OS  ☐ Clg OS  ☐ Dual level  ☐ Other

Exterior Lighting

Fixture Style 1  Pole  Light Source  LED  Condition  Good

Fixture Style 2  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

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Condition</th>
<th>Expandable?</th>
<th>Wi-Fi</th>
<th>#Racks</th>
<th>Cable Type</th>
<th>Fire alarm</th>
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<tbody>
<tr>
<td>Dell</td>
<td>Fair</td>
<td>☑</td>
<td>Yes</td>
<td>❑</td>
<td>5e</td>
<td>✓</td>
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<tr>
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PA/Intercom

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<th>Condition</th>
<th>Expandable?</th>
<th>Pull stations</th>
<th>Detectors</th>
<th>Horns/Strobes</th>
<th>Voice Evac?</th>
<th>Code complaint</th>
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Elevator

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<th>Manufacturer</th>
<th>Condition</th>
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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 additional 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
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 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 _______________________.
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

Panelboards
Quantity: 1  Voltage: 480  Amps: 250  Phase: 3  Spares: ☒ Yes  ☐ No
Locations: Elect Room

Panelboards
Quantity: 1  Voltage: 208  Amps: 400  Phase: 3  Spares: ☒ Yes  ☐ No
Locations: Various

Panelboards
Quantity: 1  Voltage: 480  Amps: 125  Phase: 3  Spares: ☒ Yes  ☐ No
Locations: Elect Room

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 compliant. 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 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
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 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

#Racks: 2
Wall: No
Floor: Yes
Cable Type: 5e

Fire alarm: Yes

Manufacturer: Bosch
Condition: Good
Expandable: Yes
Pull stations: Yes
Detectors: Yes
Horns/Strobes: Yes
Voice Evac?: No
Code complaint: Yes

PA/Intercom: Yes

Manufacturer: Over Phone
Condition: Good
Expandable: Yes

Elevator: No

Manufacturer: Bosch
Condition: Good
Expandable: Yes

Security

Manufacturer: Bosch
Condition: Good
Expandable: Yes

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, Minor 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

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.
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  

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  Cysco  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. Add additional 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 staffing Number  Dates  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 Fl  Condition  Good
Fixture Style2  Wall  Light Source  LED  Condition  Good
Fixture Style3  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
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.
## EMERGENCY MANAGEMENT - 911 COMMUNICATIONS & ADDRESSING

### SPACE NEEDED

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<th>SPACE CODE</th>
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<th>2024 SQ FT</th>
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<th>2039 SQ FT</th>
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# EMERGENCY MANAGEMENT - EMS

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**SUBTOTAL**

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**INTERNAL CIRC. FACTOR**

|       | 35% | 6,141 | 6,561 | 6,656 | 6,750 |

**TOTAL DEPT. NET SPACE REQUIRED**

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**REMARKS**

- Locate with HQ
- Includes all locations
- Includes all locations
- Includes all locations
- Includes all locations
- Includes all locations
- Includes all locations
- Includes all locations
- Includes all locations
- Includes all locations
- Includes all locations
- Includes all locations
- Includes all locations
- Includes all locations
- Includes all locations
- 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
- 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
- Access to Conference Room
<table>
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<th>2024</th>
<th>2029</th>
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## SPACE NEEDED

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**TOTAL DEPT. NET SPACE REQUIRED**

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## COUNTY MANAGEMENT & HUMAN RESOURCES

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**REMARKS**

- Adjacent to County Manager
- HR Lobby
- Commissioner/Administration Dais and podium
- Adjacent to IT
- HR
- Near Board Room
- Adjacent to CM with direct door
- Breakout Conference adjacent to Board
## NC COOPERATIVE EXTENSION OFFICE

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### Board of Elections

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Board Meetings
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- **Admin Suite**
- **Shared with DSS**
- **Partitions for privacy, one per PA**
- **Department-wide**
- **Adjacent to waiting; Counter/sink/plugs**
- **Could be shared**
- **Main Lobby at entry**
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- Potential elimination
- Could be shared
- Shared; demo kitchen; interactive board
- Soft non-institutional seating
- Copier, counters
- Fridge
- Toilets, waiting, break etc under admin
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| SUBTOTAL                           | 2,851  | 3,671 | 3,821 | 3,921 |
| INTERNAL CIRC. FACTOR              | 35%    | 998   | 1,285 | 1,337 |

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| Animal Adoption                  | po2  | 120         | 2   | 240   | 2   | 240   | 2   | 240   | 2   | 240   |
| Controlled Substances storage    |      |             | 50  |       | 1   | 50    | 1   | 50    | 1   | 50    |
| Intake/Exam                      |      |             | 196 |       | 2   | 392   | 2   | 392   | 2   | 392   |
| Cat Room                         |      |             | 240 |       | 3   | 720   | 3   | 720   | 3   | 720   |
| Walk-In Cooler                   |      |             | 120 |       | 1   | 120   | 1   | 120   | 1   | 120   |
| Washer Dryer                     |      |             | 120 |       | 1   | 120   | 1   | 120   | 1   | 120   |
| Animal Bathing                   |      |             | 120 |       | 1   | 120   | 1   | 120   | 1   | 120   |
| General Storage                  | st6  | 200         | 1   | 200   | 1   | 200   | 1   | 200   | 1   | 200   |
| Staff Toilet/Shower              | toil2| 120         | 2   | 240   | 2   | 240   | 2   | 240   | 2   | 240   |
| Staff Break                      | kit1 | 60          | 1   | 60    | 1   | 60    | 1   | 60    | 1   | 60    |
| Kennel 5x10                      |      |             | 50  | 35    | 1,750| 55   | 2,750| 65   | 3,250| 75   | 3,750|
| SUBTOTAL                         |      |             | 4,548|     | 5,596|     | 6,160|     | 6,660|     |
| INTERNAL CIRC. FACTOR            | 35%  |             | 1,592|     | 1,959|     | 2,156|     | 2,331|     |
| TOTAL DEPT. NET SPACE REQUIRED   |      |             | 6,140|     | 7,555|     | 8,316|     | 8,991|     |
## HOUSING

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## MAPPING SPACE NEEDED

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<th>SQ FT</th>
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<td>3 4 4 4</td>
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| SUPPORT SPACE | | | | |
| Public waiting area - 5 visitors | vis5 | 100 | 1 | 100 |
| Customer Service Window | cs5 | 25 | 1 | 25 |
| Customer Computer Terminal | ws | 15 | 2 | 30 |
| Plotter | las1 | 55 | 2 | 110 |
| Copier | cpy10 | 50 | 2 | 100 |
| Plat Storage | plat | 10 | 4 | 40 |
| Vertical Files | vert | 10 | 5 | 50 |
| Storage Closet | st1 | 25 | 1 | 25 |
| Conference - seats 12 | cnf12 | 260 | 1 | 260 |

SUBTOTAL | 748 | 1,056 | 1,071 | 1,071 |
INTERNAL CIRC. FACTOR | 35% | 262 | 370 | 375 | 375 |

TOTAL DEPT. NET SPACE REQUIRED | 1,010 | 1,426 | 1,446 | 1,446 |
## RECREATION AND PARKS - CARPENTER CENTER

### SPACE NEEDED

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<th>SQ FT</th>
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Window to public, share workstations

### Notes
- Public Computer Terminal
- Main Court, + 2 Cross Courts
- Staff Use Only
- Combine 2 to make single
- Staff Use Only
- Future Civic/Convention Center Needed
## REGISTER OF DEEDS

### SPACE NEEDED

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- **Register of Deeds**: po4 175 1 175 1 175 1 175
- **Assistant Register of Deeds**: ws3 64 2 128 2 128 3 192
- **Deputy Register of Deeds**: ws3 64 1 64 1 64 1 64
- **TOTAL STAFF**: 4 4 5 5

- **Support Space**
  - **Public waiting area - 6 visitors**: vis6 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
- **TOTAL SUPPORT**: 2,457 2,457 2,557 2,557

- **Internal Circ. Factor**: 35%
- **Public Lobby/Public Toilet if relocated**: 860 860 895 895

**Total Dept. Net Space Required**: 3,317 3,317 3,452 3,452

---

2449 sf currently
Should be close to the Tax dep't
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**TOTAL STAFF**

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**SUBTOTAL**

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**INTERNAL CIRC. FACTOR**

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**TOTAL DEPT. NET SPACE REQUIRED**

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| **SUBTOTAL**                  |      | 2,703       | 2,839 | 2,964 | 3,014 |     |       |
| **INTERNAL CIRC. FACTOR**     | 35%  | 946         | 994   | 1,037 | 1,055 |     |       |
| **TOTAL DEPT. NET SPACE REQUIRED** |      | 2,703       | 2,839 | 2,964 | 3,014 |     |       |
# Veterans Services

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INTERNAL CIRC. FACTOR                            | 35%  | 2,370 | 3,588 | 3,630 | 3,749|

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| SUPPORT SPACE                        |            |            |     |       |     |       |     |       |
| Visitor Waiting - 8 seats            | vis8       | 160        | 1   | 160   | 1   | 160   | 1   | 160   | 1   | 160   |
| Testing Toilet                       | toil1      | 50         | 2   | 100   | 2   | 100   | 2   | 100   | 2   | 100   |
| Customer Service Window              | cs6        | 36         |     |       |     |       | 1   | 36    | 1   | 36    |
| Conference                           | cnf12      | 260        | 1   | 260   | 1   | 260   | 1   | 260   | 1   | 260   |
| Supply Storage                       | st2        | 50         |     |       |     |       | 1   | 50    | 1   | 50    |
| Facility Safety equipment            | lock       | 96         |     |       |     |       | 1   | 96    | 1   | 96    |
| Break                                | kit2       | 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   | 2   | 100   |
| File Storage - 20 Vertical files     |            | 200        | 1   | 200   | 1   | 200   | 1   | 200   | 1   | 200   |

| SUBTOTAL                              |            |            |     |       | 2,213|       | 2,313|       | 2,413|       | 2,613|       |
| INTERNAL CIRC. FACTOR                 |            | 35%        |     |       | 775  |       | 810  |       | 845  |       | 915  |       |

<p>| TOTAL DEPT. NET SPACE REQUIRED        |            | 2,988      |     |       | 3,123|       | 3,258|       | 3,528|       |</p>
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| SUBTOTAL                                                                    |      |      | 38,075 | 38,075 | 38,525 | 39,015 |
| INTERNAL CIRC. FACTOR                                                       |      |      | 35% | 13,326 | 13,326 | 13,484 | 13,655 |

TOTAL DEPT. NET SPACE REQUIRED

|      |      |      |      |      |
|------|------|------|------|
| 51,401 | 51,401 | 52,009 | 52,670 |
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| SUBTOTAL                         | 5085        | 5247     | 6453     | 7671     |
| INTERNAL CIRC. FACTOR            | 0.35        | 1779.8   | 1836.5   | 2258.6   |

**TOTAL DEPT. NET SPACE REQUIRED**

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Dedicated Office Not Required
Located for easy expansion. ventilated.
Close to offices
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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.
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 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.
Client: Macon County, NC
Project Name: Macon County Master Facilities Needs Study
Project #582899
Description: Courthouse Facility
Date: October 29, 2019
Computed By: DRM
Checked By: DRM
Sheet Number: 1 of 1

### Construction Costs

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<td>%</td>
<td>5.00%</td>
<td>$1,141,250.00</td>
</tr>
<tr>
<td>4</td>
<td>Cost Escalation Contingency - 12 months</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$2,396,625.00</td>
</tr>
</tbody>
</table>

(note - add this % for each additional year to actual bid date)

Subtotal $26,362,875.00

### Estimated Construction Cost

<table>
<thead>
<tr>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>61,000 SF</td>
<td></td>
<td></td>
<td>$432.18</td>
<td>$26,362,875.00</td>
</tr>
</tbody>
</table>

### Project Costs

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fixtures. Furnishings &amp; Equipment (FF&amp;E of finished space)</td>
<td>61,000</td>
<td>$/SF</td>
<td>$30/SF</td>
<td>$1,830,000.00</td>
</tr>
<tr>
<td>2</td>
<td>Site and Construction Testing</td>
<td>N/A</td>
<td>%</td>
<td>0.50%</td>
<td>$131,814.38</td>
</tr>
<tr>
<td>3</td>
<td>Misc. Fees / Costs</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$2,636,287.50</td>
</tr>
<tr>
<td>4</td>
<td>Site Acquisition (assume County-owned property)</td>
<td>N/A</td>
<td>N/A</td>
<td>15 acres</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Subtotal $4,598,101.88

### TOTAL ESTIMATED PROJECT BUDGET

$30,960,976.88

Notes:

Anticipates a County-owned site with good access to utilities and minimal demolition / site preparation

---

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**

### Construction Costs

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New Jail Construction - &quot;Conditioned&quot; square feet</td>
<td>60,000</td>
<td>$/SF</td>
<td>$400.00</td>
<td>$24,000,000.00</td>
</tr>
<tr>
<td>2</td>
<td>New Jail Construction - Vehicle Sallyport</td>
<td>2,000</td>
<td>$/SF</td>
<td>$250.00</td>
<td>$500,000.00</td>
</tr>
<tr>
<td>3</td>
<td>New Jail Construction - Recreation Yards</td>
<td>5,000</td>
<td>$/SF</td>
<td>$275.00</td>
<td>$1,375,000.00</td>
</tr>
<tr>
<td>4</td>
<td>Site Development</td>
<td>N/A</td>
<td>N/A</td>
<td>lump sum</td>
<td>$3,000,000.00</td>
</tr>
<tr>
<td>5</td>
<td>Construction / Design Contingency</td>
<td>N/A</td>
<td>%</td>
<td>5.00%</td>
<td>$1,443,750.00</td>
</tr>
<tr>
<td>6</td>
<td>Cost Escalation Contingency (12 months)</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$3,031,875.00</td>
</tr>
</tbody>
</table>

Subtotal: $33,350,625.00

### Misc. Project Costs

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fixtures, Furnishings &amp; Equipment (FF&amp;E of finished space)</td>
<td>N/A</td>
<td>%</td>
<td>2.00%</td>
</tr>
<tr>
<td>2</td>
<td>Site and Construction Testing</td>
<td>N/A</td>
<td>%</td>
<td>0.50%</td>
</tr>
<tr>
<td>3</td>
<td>Misc. Fees / Costs</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
</tr>
<tr>
<td>4</td>
<td>Property Acquisition (assume County-owned land)</td>
<td>0</td>
<td>acres</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Subtotal: $4,168,828.13

**TOTAL ESTIMATED PROJECT BUDGET - 231 beds: $37,519,453.13**

### Notes:

- Housing units to consist of:
  - 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**
Client: Macon County, NC
Project Name: Macon County Master Facilities Needs Study
Description: Sheriff’s Office Facility
Project: #582899
New Construction - 19,500 SF

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New Construction - Law Enforcement Facility</td>
<td>19,500</td>
<td>$/SF</td>
<td>$225.00</td>
<td>$4,387,500.00</td>
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<tr>
<td>2</td>
<td>Site Development</td>
<td>N/A</td>
<td>N/A</td>
<td>lump sum est.</td>
<td>$2,000,000.00</td>
</tr>
<tr>
<td>3</td>
<td>Construction / Design Contingency</td>
<td>N/A</td>
<td>%</td>
<td>5.00%</td>
<td>$319,375.00</td>
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<tr>
<td>4</td>
<td>Cost Escalation Contingency</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$670,687.50</td>
</tr>
</tbody>
</table>

Subtotal $7,377,562.50

<table>
<thead>
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<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Construction Cost</td>
<td>19,500</td>
<td>SF</td>
<td>$378.34</td>
<td>$7,377,562.50</td>
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Project Costs

<table>
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<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fixtures. Furnishings &amp; Equipment (FF&amp;E of finished space)</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$737,756.25</td>
</tr>
<tr>
<td>2</td>
<td>Site and Construction Testing</td>
<td>N/A</td>
<td>%</td>
<td>1.50%</td>
<td>$110,663.44</td>
</tr>
<tr>
<td>3</td>
<td>Misc. Fees</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$737,756.25</td>
</tr>
<tr>
<td>4</td>
<td>Property Acquisition (assume County-owned land)</td>
<td>N/A</td>
<td>N/A</td>
<td>lump sum est.</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Subtotal $1,586,175.94

TOTAL ESTIMATED PROJECT BUDGET $8,963,738.44

Notes:
### 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

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New Construction</td>
<td>0</td>
<td>SF</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>2</td>
<td>&quot;Heavy&quot; Renovations - Existing Courthouse</td>
<td>42,750</td>
<td>SF</td>
<td>$250.00</td>
<td>$10,687,500.00</td>
</tr>
<tr>
<td>3</td>
<td>&quot;Heavy&quot; Renovations - Existing Courthouse Annex Facility</td>
<td>5,900</td>
<td>SF</td>
<td>$200.00</td>
<td>$1,180,000.00</td>
</tr>
<tr>
<td>4</td>
<td>&quot;Heavy&quot; Renovations - SCC Annex Building</td>
<td>4,800</td>
<td>SF</td>
<td>$200.00</td>
<td>$960,000.00</td>
</tr>
<tr>
<td>5</td>
<td>Miscellaneous Building and Maintenance Improvements</td>
<td>N/A</td>
<td>N/A</td>
<td>lump sum est.</td>
<td>$1,000,000.00</td>
</tr>
<tr>
<td>6</td>
<td>General Demolition / Site Improvements</td>
<td>N/A</td>
<td>N/A</td>
<td>lump sum est.</td>
<td>$1,000,000.00</td>
</tr>
<tr>
<td>7</td>
<td>Construction / Design Contingency</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$1,482,750.00</td>
</tr>
<tr>
<td>8</td>
<td>Cost Escalation Contingency - 12 months</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$1,631,025.00</td>
</tr>
</tbody>
</table>

**Subtotal**  
$17,941,275.00

**Estimated Construction Cost**  
53,450 SF  
$335.66  
$17,941,275.00

**Project Costs**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fixtures, Furnishings &amp; Equipment (FF&amp;E of finished space)</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
</tr>
<tr>
<td>2</td>
<td>Construction Testing</td>
<td>N/A</td>
<td>%</td>
<td>0.50%</td>
</tr>
<tr>
<td>3</td>
<td>Miscellaneous Fees</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
</tr>
</tbody>
</table>

**Subtotal**  
$3,677,961.38

**TOTAL ESTIMATED PROJECT BUDGET**  
$21,619,236.38

**Notes:**  
Departments to include Administration, Commissioners, Planning & Permitting, Environmental Health, Board of Elections, Mapping / GIS, Register of Deeds, Tax, IT, and Veterans Services

---

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  
**Date:** October 29, 2019

**Project Name:** Macon County Master Facilities Needs Study  
**Description:** Existing National Guard Armory  
**Project #:** 582899  
**Renovation - 15,800 SF**  
**Sheet Number:** 1 of 1

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New Construction</td>
<td>0</td>
<td>SF</td>
<td>$225.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>2</td>
<td>&quot;Light&quot; Renovation</td>
<td>0</td>
<td>SF</td>
<td>$135.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3</td>
<td>&quot;Medium&quot; Renovation</td>
<td>15,800</td>
<td>SF</td>
<td>$175.00</td>
<td>$2,765,000.00</td>
</tr>
<tr>
<td>4</td>
<td>&quot;Heavy&quot; Renovation</td>
<td>0</td>
<td>SF</td>
<td>$200.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5</td>
<td>Site Development</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td>$150,000.00</td>
</tr>
<tr>
<td>6</td>
<td>Site Demolition</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td>$50,000.00</td>
</tr>
<tr>
<td>7</td>
<td>Construction / Design Contingency</td>
<td>N/A</td>
<td>%</td>
<td>5.00%</td>
<td>$148,250.00</td>
</tr>
<tr>
<td>8</td>
<td>Cost Escalation Contingency - 12 months</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$311,325.00</td>
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</table>

**Subtotal**  
$3,424,575.00

**Estimated Construction Cost**  
15,800 SF  
$216.75  
$3,424,575.00

**Project Costs**  
1. Fixtures, Furnishings & Equipment (FF&E of finished space)  
2. Construction Testing  
3. Miscellaneous Fees

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fixtures, Furnishings &amp; Equipment (FF&amp;E of finished space)</td>
<td>N/A</td>
<td>%</td>
<td>5.00%</td>
<td>$171,228.75</td>
</tr>
<tr>
<td>2</td>
<td>Construction Testing</td>
<td>N/A</td>
<td>%</td>
<td>2.00%</td>
<td>$68,491.50</td>
</tr>
<tr>
<td>3</td>
<td>Miscellaneous Fees</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$342,457.50</td>
</tr>
</tbody>
</table>

**Subtotal**  
$582,177.75

**TOTAL ESTIMATED PROJECT BUDGET**  
$4,006,752.75

**Notes:**  
Renovate for County Storage Facility

---

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 DRM  
**Project Description:** Existing DHHS Building  
**Project #:** 582899  
**Project Name:** Renovation - 37,800 SF  
**Date:** October 29, 2019

### Construction Costs

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New Construction</td>
<td>0</td>
<td>SF</td>
<td>$225.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>2</td>
<td><em>Light</em> Renovation</td>
<td>37,800</td>
<td>SF</td>
<td>$135.00</td>
<td>$5,103,000.00</td>
</tr>
<tr>
<td>3</td>
<td><em>Medium</em> Renovation</td>
<td>0</td>
<td>SF</td>
<td>$175.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>4</td>
<td><em>Heavy</em> Renovation</td>
<td>0</td>
<td>SF</td>
<td>$200.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5</td>
<td>Site Development / Improvements</td>
<td>N/A</td>
<td>N/A</td>
<td>lump sum est.</td>
<td>$250,000.00</td>
</tr>
<tr>
<td>6</td>
<td>Site Demolition</td>
<td>N/A</td>
<td>N/A</td>
<td>lump sum est.</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>7</td>
<td>Construction / Design Contingency</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$537,800.00</td>
</tr>
<tr>
<td>8</td>
<td>Cost Escalation Contingency - 12 months</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$591,580.00</td>
</tr>
</tbody>
</table>

Subtotal: $6,507,380.00

### Estimated Construction Cost

<table>
<thead>
<tr>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>37,800 SF</td>
<td></td>
<td>SF</td>
<td>$172.15</td>
<td>$6,507,380.00</td>
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</table>

### Project Costs

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fixtures. Furnishings &amp; Equipment (FF&amp;E of finished space)</td>
<td>N/A</td>
<td>%</td>
<td>5.00%</td>
<td>$325,369.00</td>
</tr>
<tr>
<td>2</td>
<td>Construction Testing</td>
<td>N/A</td>
<td>%</td>
<td>2.00%</td>
<td>$130,147.60</td>
</tr>
<tr>
<td>3</td>
<td>Miscellaneous Fees</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$650,738.00</td>
</tr>
</tbody>
</table>

Subtotal: $1,106,254.60

### TOTAL ESTIMATED PROJECT BUDGET

$7,613,634.60

**Notes:**

CY = Cubic Yard  
LF = Lineal Foot  
LS = Lump Sum  
SF = Square Foot  
SY = Square Yard
<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New Construction - Emergency Management / 911 Facility</td>
<td>$350.00</td>
<td>$5,670,000.00</td>
</tr>
<tr>
<td>2</td>
<td>Site Development</td>
<td>N/A</td>
<td>$1,500,000.00</td>
</tr>
<tr>
<td>3</td>
<td>Construction / Design Contingency</td>
<td>% 5.00%</td>
<td>$358,500.00</td>
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<tr>
<td>4</td>
<td>Cost Escalation Contingency</td>
<td>% 10.00%</td>
<td>$752,850.00</td>
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<td></td>
<td><strong>Subtotal</strong></td>
<td></td>
<td><strong>$8,281,350.00</strong></td>
</tr>
<tr>
<td>1</td>
<td>Fixtures. Furnishings &amp; Equipment (FF&amp;E of finished space)</td>
<td>% 25.00%</td>
<td>$2,070,337.50</td>
</tr>
<tr>
<td>2</td>
<td>Site and Construction Testing</td>
<td>% 1.50%</td>
<td>$124,220.25</td>
</tr>
<tr>
<td>3</td>
<td>Misc. Fees</td>
<td>% 10.00%</td>
<td>$828,135.00</td>
</tr>
<tr>
<td>4</td>
<td>Property Acquisition (assume County-owned land)</td>
<td>N/A lump sum est.</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td><strong>Subtotal</strong></td>
<td></td>
<td><strong>$3,022,692.75</strong></td>
</tr>
</tbody>
</table>

**TOTAL ESTIMATED PROJECT BUDGET**

$11,304,042.75

**Notes:**

Construct to “Essential Building” criteria per 911 Standards to include redundant emergency power and wind, ballistic, and seismic resistance FF&E includes console purchase

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  
**Date:** October 29, 2019

**Project Name:** Macon County Master Facilities Needs Study DRM  
**Description:** Existing Senior Services Center

### Project #582899

**Renovation - 16,000 SF - Option A**  
**Sheet Number:** 1 of 1

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New Construction</td>
<td>0</td>
<td>SF</td>
<td>$225.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>2</td>
<td>&quot;Light&quot; Renovation</td>
<td>0</td>
<td>SF</td>
<td>$135.00</td>
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</tr>
<tr>
<td>3</td>
<td>&quot;Medium&quot; Renovation</td>
<td>16,000</td>
<td>SF</td>
<td>$175.00</td>
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</tr>
<tr>
<td>4</td>
<td>&quot;Heavy&quot; Renovation</td>
<td>0</td>
<td>SF</td>
<td>$200.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5</td>
<td>Site Development / Improvements</td>
<td>N/A</td>
<td>N/A</td>
<td>lump sum est.</td>
<td>$250,000.00</td>
</tr>
<tr>
<td>6</td>
<td>Site Demolition</td>
<td>N/A</td>
<td>N/A</td>
<td>lump sum est.</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>7</td>
<td>Construction / Design Contingency</td>
<td>N/A</td>
<td>%</td>
<td>5.00%</td>
<td>$153,750.00</td>
</tr>
<tr>
<td>8</td>
<td>Cost Escalation Contingency - 12 months</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$322,875.00</td>
</tr>
</tbody>
</table>

**Subtotal** $3,551,625.00

**Estimated Construction Cost**

<table>
<thead>
<tr>
<th>Project Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Fixtures. Furnishings &amp; Equipment (FF&amp;E of finished space)</td>
</tr>
<tr>
<td>2 Construction Testing</td>
</tr>
<tr>
<td>3 Miscellaneous Fees</td>
</tr>
</tbody>
</table>

**Subtotal** $603,776.25

**TOTAL ESTIMATED PROJECT BUDGET** $4,155,401.25

### Notes:

- Renovate Existing Facility Option A
- (Option B consists of replacement with new construction)

---

**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  
**Date:** November 14, 2019

**Project Name:** Macon County Master Facilities Needs Study  
**Description:** Senior Services & VA Center  
**Project #:** 582899

#### New Construction - 25,600 SF - Option B

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New Construction</td>
<td>25,600</td>
<td>$/SF</td>
<td>$215.00</td>
<td>$5,504,000.00</td>
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<tr>
<td>2</td>
<td>Site Development</td>
<td>N/A</td>
<td>N/A</td>
<td>lump sum est.</td>
<td>$1,000,000.00</td>
</tr>
<tr>
<td>3</td>
<td>Construction / Design Contingency</td>
<td>N/A</td>
<td>%</td>
<td>5.00%</td>
<td>$325,200.00</td>
</tr>
<tr>
<td>4</td>
<td>Cost Escalation Contingency</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$682,920.00</td>
</tr>
</tbody>
</table>

Subtotal: $7,512,120.00

**Estimated Construction Cost**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>SF</td>
<td>$293.44</td>
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</table>

Subtotal: $7,512,120.00

**Project Costs**

<table>
<thead>
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<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fixtures, Furnishings &amp; Equipment (FF&amp;E of finished space)</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$751,212.00</td>
</tr>
<tr>
<td>2</td>
<td>Site and Construction Testing</td>
<td>N/A</td>
<td>%</td>
<td>2.50%</td>
<td>$187,803.00</td>
</tr>
<tr>
<td>3</td>
<td>Misc. Fees</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$751,212.00</td>
</tr>
<tr>
<td>4</td>
<td>Property Acquisition (assume County-owned land)</td>
<td>N/A</td>
<td>N/A</td>
<td>lump sum est.</td>
<td>$0.00</td>
</tr>
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</table>

Subtotal: $1,690,227.00

**TOTAL ESTIMATED PROJECT BUDGET**

$9,202,347.00

**Notes:**

- Replacement Option B  
- (Option A consists of renovating current facility)
# 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

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New Construction - Library and Community Center</td>
<td>10,000</td>
<td>$/SF</td>
<td>$215.00</td>
<td>$2,150,000.00</td>
</tr>
<tr>
<td>2</td>
<td>Site Development</td>
<td>N/A</td>
<td>N/A</td>
<td>lump sum est.</td>
<td>$750,000.00</td>
</tr>
<tr>
<td>3</td>
<td>Construction / Design Contingency</td>
<td>N/A</td>
<td>%</td>
<td>5.00%</td>
<td>$145,000.00</td>
</tr>
<tr>
<td>4</td>
<td>Cost Escalation Contingency</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$304,500.00</td>
</tr>
</tbody>
</table>

Subtotal $3,349,500.00

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimated Construction Cost</td>
<td>10,000</td>
<td>SF</td>
<td>$334.95</td>
<td>$3,349,500.00</td>
</tr>
</tbody>
</table>

Project Costs

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Area</th>
<th>Unit</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fixtures. Furnishings &amp; Equipment (FF&amp;E of finished space)</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$334,950.00</td>
</tr>
<tr>
<td>2</td>
<td>Site and Construction Testing</td>
<td>N/A</td>
<td>%</td>
<td>2.50%</td>
<td>$83,737.50</td>
</tr>
<tr>
<td>3</td>
<td>Misc. Fees</td>
<td>N/A</td>
<td>%</td>
<td>10.00%</td>
<td>$334,950.00</td>
</tr>
<tr>
<td>4</td>
<td>Property Acquisition (assume County-owned land)</td>
<td>N/A</td>
<td>N/A</td>
<td>lump sum est.</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Subtotal $753,637.50

TOTAL ESTIMATED PROJECT BUDGET $4,103,137.50

Notes:

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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>
<thead>
<tr>
<th>YEAR</th>
<th>ADP</th>
<th>Amount of change from previous year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>59.79</td>
<td>-</td>
</tr>
<tr>
<td>2015</td>
<td>72.32</td>
<td>+12.53</td>
</tr>
<tr>
<td>2016</td>
<td>80.60</td>
<td>+8.28</td>
</tr>
<tr>
<td>2017</td>
<td>108.65</td>
<td>+28.05</td>
</tr>
<tr>
<td>2018</td>
<td>104.70</td>
<td>-3.95</td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th>YEAR</th>
<th>Number of Offenders admitted into the jail.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1231</td>
</tr>
<tr>
<td>2015</td>
<td>1264</td>
</tr>
<tr>
<td>2016</td>
<td>1311</td>
</tr>
<tr>
<td>2017</td>
<td>1475</td>
</tr>
<tr>
<td>2018</td>
<td>1556</td>
</tr>
</tbody>
</table>

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.
Table III

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Using highest admission rate of 430.82205</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>1601</td>
</tr>
<tr>
<td>2025</td>
<td>1713</td>
</tr>
<tr>
<td>2030</td>
<td>1826</td>
</tr>
<tr>
<td>2035</td>
<td>1938</td>
</tr>
<tr>
<td>2040</td>
<td>2051</td>
</tr>
</tbody>
</table>

**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

| 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>
<thead>
<tr>
<th>YEAR</th>
<th>ADP for Study Years</th>
<th>Highest Population for study year</th>
<th>Peaking ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>59.79</td>
<td>83</td>
<td>1.39</td>
</tr>
<tr>
<td>2015</td>
<td>72.32</td>
<td>99</td>
<td>1.37</td>
</tr>
<tr>
<td>2016</td>
<td>80.60</td>
<td>111</td>
<td>1.38</td>
</tr>
<tr>
<td>2017</td>
<td>108.65</td>
<td>136</td>
<td>1.25</td>
</tr>
<tr>
<td>2018</td>
<td>104.70</td>
<td>130</td>
<td>1.24</td>
</tr>
<tr>
<td>Averages</td>
<td>85.21</td>
<td></td>
<td>1.33</td>
</tr>
</tbody>
</table>

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 **Highest** Admission rate

<table>
<thead>
<tr>
<th>YEAR</th>
<th>FORECASTED ADP</th>
<th>CLASSIFIED ADP (+20 %)</th>
<th>PEAKED ADP</th>
<th>CLASSIFIED &amp; PEAKED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>117.94</td>
<td>141.53</td>
<td>1.33</td>
<td>187.60</td>
</tr>
<tr>
<td>2025</td>
<td>126.23</td>
<td>151.49</td>
<td>1.33</td>
<td>200.79</td>
</tr>
<tr>
<td>2030</td>
<td>134.52</td>
<td>161.42</td>
<td>1.33</td>
<td>213.96</td>
</tr>
<tr>
<td>2035</td>
<td>142.80</td>
<td>171.36</td>
<td>1.33</td>
<td>227.15</td>
</tr>
<tr>
<td>2040</td>
<td>151.10</td>
<td>181.32</td>
<td>1.33</td>
<td>240.34</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>BUILDING</th>
<th>DEPARTMENTS</th>
<th>PIN</th>
<th>YEAR BUILT/ETF</th>
<th>BUILDING SQ. FT.</th>
<th>ACREAGE</th>
<th>BUILDING VALUE</th>
<th>LAND VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courthouse Annex</td>
<td>Tax</td>
<td>6595100017</td>
<td>1952/1990</td>
<td>4830</td>
<td>0.74</td>
<td>$699,583</td>
<td>$407,000</td>
</tr>
<tr>
<td></td>
<td>Administration</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Finance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Economic Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courthouse</td>
<td>Civil Process</td>
<td>6595100179</td>
<td>1972/1982</td>
<td>42,726</td>
<td>1.61</td>
<td>$3,512,490</td>
<td>$760,600</td>
</tr>
<tr>
<td></td>
<td>SCE</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shopping &amp; Register of Deeds</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GSP</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>IA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clerk of Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL COURTHOUSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>53,436</td>
<td>2.35</td>
<td>$4,665,245</td>
</tr>
<tr>
<td>LAKESIDE DRIVE</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHHS</td>
<td>Building Inspections</td>
<td>6595371587</td>
<td>2000</td>
<td>37,816</td>
<td>165.14</td>
<td>$2,324,800</td>
<td>$10,037,000</td>
</tr>
<tr>
<td></td>
<td>Health Department</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>#55</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detention Center</td>
<td>Sheriff</td>
<td>6595371587</td>
<td>2000</td>
<td>25,546</td>
<td></td>
<td>$2,615,760</td>
<td></td>
</tr>
<tr>
<td>Maintenance Shed</td>
<td>Garage</td>
<td>6595371587</td>
<td>2003</td>
<td>12,264</td>
<td></td>
<td>$953,160</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transit Building</td>
<td>Transit</td>
<td>6595371587</td>
<td>2003</td>
<td>1,920</td>
<td></td>
<td>$154,620</td>
<td></td>
</tr>
<tr>
<td>Animal Control</td>
<td></td>
<td>6595371587</td>
<td>2009</td>
<td>4,680</td>
<td></td>
<td>$205,500</td>
<td></td>
</tr>
<tr>
<td>Sierra Drive</td>
<td>Landfill</td>
<td>6595260611</td>
<td>1973/1996</td>
<td>2,316</td>
<td>1.66</td>
<td>$221,470</td>
<td>$140,660</td>
</tr>
<tr>
<td>New Landfill Admin</td>
<td>Landfill</td>
<td>6595482707</td>
<td>2005</td>
<td>2,142</td>
<td>14.58</td>
<td>$224,040</td>
<td>$412,150</td>
</tr>
<tr>
<td>TOTAL LAKESIDE DRIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>86,684</td>
<td>20.38</td>
<td>$6,699,350</td>
</tr>
<tr>
<td>EMERGENCY SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yellow Building</td>
<td>Sheriff Admin</td>
<td>6594199962</td>
<td>2008</td>
<td>3,520</td>
<td>0.37</td>
<td>$240,500</td>
<td>$598,160</td>
</tr>
<tr>
<td>Barrett Building</td>
<td>Emergency Management</td>
<td>6595109027</td>
<td>1995/1975</td>
<td>10,396</td>
<td>0.31</td>
<td>$549,210</td>
<td>$251,180</td>
</tr>
<tr>
<td></td>
<td>911 Dispatch</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Veterans Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL EMERGENCY SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13,916</td>
<td>0.68</td>
<td>$789,710</td>
</tr>
<tr>
<td>SATELLITE OFFICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old Murphy Road</td>
<td>Housing</td>
<td>6584369478</td>
<td>1961</td>
<td>2,400</td>
<td>0.00</td>
<td>$12,732</td>
<td>$225,000</td>
</tr>
<tr>
<td></td>
<td>Storage</td>
<td></td>
<td>1981</td>
<td>3,200</td>
<td></td>
<td>$27,841</td>
<td></td>
</tr>
<tr>
<td>Thomas Heights</td>
<td>Soil and Water</td>
<td>6594680116</td>
<td>1980/1990</td>
<td>7,536</td>
<td>8.66</td>
<td>$676,490</td>
<td>$624,000</td>
</tr>
<tr>
<td></td>
<td>Cooperative Extension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Services</td>
<td>Senior Services</td>
<td>6594072427</td>
<td>1977/1997</td>
<td>15,998</td>
<td>1.30</td>
<td>$2,096,050</td>
<td>$325,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6594074511</td>
<td></td>
<td></td>
<td>0.36</td>
<td>$117,000</td>
<td></td>
</tr>
<tr>
<td>TOTAL SATELLITE OFFICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>29,134</td>
<td>12.32</td>
<td>$2,813,113</td>
</tr>
</tbody>
</table>
## MACON COUNTY
### PROPERTY SCHEDULE

<table>
<thead>
<tr>
<th>Building</th>
<th>Department</th>
<th>PIN</th>
<th>Year Built/Eff</th>
<th>Building Sq. Ft</th>
<th>Acreage</th>
<th>Building Value</th>
<th>Land Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recreation/Maintenance</td>
<td>6584810165</td>
<td>1977/1987</td>
<td>16,208</td>
<td>8.80</td>
<td>$1,322,100</td>
<td>$3,200,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6584818142</td>
<td></td>
<td></td>
<td>21.50</td>
<td>$626,670</td>
<td>$1,075,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6584811767</td>
<td></td>
<td></td>
<td>7.26</td>
<td>$50,100</td>
<td>$2,190,000</td>
</tr>
<tr>
<td>Nantahala Rec Park</td>
<td>Recreation/Maintenance</td>
<td>6506985866</td>
<td>LEASED</td>
<td>27.20</td>
<td></td>
<td></td>
<td>$217,400</td>
</tr>
<tr>
<td><strong>TOTAL RECREATION</strong></td>
<td></td>
<td></td>
<td></td>
<td>16,208</td>
<td>64.76</td>
<td><strong>$1,998,870</strong></td>
<td><strong>$6,681,100</strong></td>
</tr>
</tbody>
</table>

### ECONOMIC DEVELOPMENT

<table>
<thead>
<tr>
<th>Building</th>
<th>Department</th>
<th>PIN</th>
<th>Year Built/Eff</th>
<th>Building Sq. Ft</th>
<th>Acreage</th>
<th>Building Value</th>
<th>Land Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Incubator</td>
<td></td>
<td>6574437543</td>
<td>1984</td>
<td>17,550</td>
<td>2.72</td>
<td>$670,300</td>
<td>$136,500</td>
</tr>
<tr>
<td><strong>TOTAL ECONOMIC DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td>17,550</td>
<td>2.72</td>
<td><strong>$670,300</strong></td>
<td><strong>$136,500</strong></td>
</tr>
</tbody>
</table>

### LIBRARIES

<table>
<thead>
<tr>
<th>Building</th>
<th>Department</th>
<th>PIN</th>
<th>Year Built/Eff</th>
<th>Building Sq. Ft</th>
<th>Acreage</th>
<th>Building Value</th>
<th>Land Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library (Franklin)</td>
<td></td>
<td>6594016894</td>
<td>2006</td>
<td>30,196</td>
<td>5.00</td>
<td>$4,544,490</td>
<td>$500,400</td>
</tr>
<tr>
<td>Library (Nantahala)</td>
<td>Includes School</td>
<td>6517790447</td>
<td>1988</td>
<td>1,728</td>
<td>6.29</td>
<td>$1,933,680</td>
<td>$22,000</td>
</tr>
<tr>
<td>Library (Highlands)</td>
<td>Edison Library Owned</td>
<td>7540501521</td>
<td>1985</td>
<td>6,300</td>
<td>1.10</td>
<td>$1,201,010</td>
<td>$1,375,000</td>
</tr>
<tr>
<td><strong>TOTAL LIBRARIES</strong></td>
<td></td>
<td></td>
<td></td>
<td>38,224</td>
<td>12.39</td>
<td><strong>$7,695,180</strong></td>
<td><strong>$1,897,000</strong></td>
</tr>
</tbody>
</table>

### EMS

<table>
<thead>
<tr>
<th>Building</th>
<th>Department</th>
<th>PIN</th>
<th>Year Built/Eff</th>
<th>Building Sq. Ft</th>
<th>Acreage</th>
<th>Building Value</th>
<th>Land Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyatt Road EMS</td>
<td></td>
<td>6595022244</td>
<td>1988</td>
<td>4,952</td>
<td>3.64</td>
<td>$836,620</td>
<td>$728,800</td>
</tr>
<tr>
<td>Highlands EMS</td>
<td>Town of Highlands owned</td>
<td>7540411078</td>
<td>1980</td>
<td>3,840</td>
<td>5.00</td>
<td>$1,016,910</td>
<td>$2,500,400</td>
</tr>
<tr>
<td>Nantahala EMS</td>
<td></td>
<td>6516232773</td>
<td>2002</td>
<td>2,100</td>
<td>2.00</td>
<td>$100,000</td>
<td>$196,550</td>
</tr>
<tr>
<td><strong>TOTAL EMS</strong></td>
<td></td>
<td></td>
<td></td>
<td>10,892</td>
<td>10.64</td>
<td><strong>$1,453,530</strong></td>
<td><strong>$3,424,150</strong></td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td>266,054</td>
<td>307.24</td>
<td><strong>$26,769,298</strong></td>
<td><strong>$26,008,600</strong></td>
</tr>
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</table>

### OTHERS

<table>
<thead>
<tr>
<th>Building</th>
<th>Department</th>
<th>PIN</th>
<th>Year Built/Eff</th>
<th>Building Sq. Ft</th>
<th>Acreage</th>
<th>Building Value</th>
<th>Land Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior Court Judge Leased Space</td>
<td></td>
<td>6595106302</td>
<td></td>
<td>0.27</td>
<td></td>
<td>$603,810</td>
<td>$155,920</td>
</tr>
<tr>
<td>Dental Clinic Leased Space</td>
<td>Health Dept</td>
<td>6595841834</td>
<td></td>
<td>1.99</td>
<td></td>
<td>$823,280</td>
<td>$335,110</td>
</tr>
<tr>
<td>Leased Storage Units</td>
<td>Various</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Land Holdings - Siler Road</td>
<td></td>
<td>6594004924</td>
<td></td>
<td>33.52</td>
<td></td>
<td>$1,776,000</td>
<td></td>
</tr>
<tr>
<td>Other Land Holdings - Siler Road</td>
<td></td>
<td>6594115867</td>
<td></td>
<td>26.64</td>
<td></td>
<td>$1,332,000</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OTHERS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>62.42</td>
<td><strong>$1,427,090</strong></td>
<td><strong>$3,599,730</strong></td>
</tr>
</tbody>
</table>

**GRAND TOTAL**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>266,054</td>
<td>369.66</td>
<td>$28,196,388</td>
<td>$29,608,330</td>
</tr>
</tbody>
</table>
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:
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
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.

<table>
<thead>
<tr>
<th>Services and functions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operational goals and objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Objectives include adequate staffing, training and utilization of resources provided by Macon County and the Administrative Office of the Courts to achieve our goals.</td>
</tr>
</tbody>
</table>
2. What changes do you anticipate in your services or functions in the next ten years, and why?

<table>
<thead>
<tr>
<th>Changes anticipated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of Court</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Deputy Clerk</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of Court</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Deputy Clerk</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Bookkeeper</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Assistant Clerk</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

4. What percentage of your staff is female? 100%  male?  %
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, if 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 workspace 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
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

13. Not sure. Although the state may implement electronic filing, there remains the possibility that a paper backup would be needed.
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.)

<table>
<thead>
<tr>
<th>Active Files</th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>48</td>
<td>4</td>
<td>75</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior Court</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Magistrate</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Court</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>District Attorney</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Juvenile Probation</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Probation</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Other—____</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
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
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.

<table>
<thead>
<tr>
<th>Services and functions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process and maintain all files for concealed handgun permits.</td>
</tr>
<tr>
<td>Process and maintain all files for pistol purchase permits.</td>
</tr>
<tr>
<td>Background investigations for new hires.</td>
</tr>
<tr>
<td>Process and maintain files for domestic violence orders.</td>
</tr>
<tr>
<td>Process and storage for evidence.</td>
</tr>
<tr>
<td>Admin work and office work.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operational goals and objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larger working area and storage.</td>
</tr>
</tbody>
</table>
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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of Court</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Deputy Clerk</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>x</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>X</td>
</tr>
</tbody>
</table>

4. What percentage of your staff is female? % male? 100%
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
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.

<table>
<thead>
<tr>
<th>Computer, TVs, Wifi</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Large copier, mail boxes for officers.</th>
</tr>
</thead>
</table>

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
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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td>14</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior Court</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Magistrate</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Court</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>District Attorney</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of Court</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Juvenile Probation</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Probation</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Other-_______</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:
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

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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
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.

<table>
<thead>
<tr>
<th>Services and functions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operational goals and objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
2. What changes do you anticipate in your services or functions in the next ten years, and why?

<table>
<thead>
<tr>
<th>Changes anticipated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Increase in courts and number of defendants</td>
</tr>
<tr>
<td>2) Increase in amount of civil papers being served</td>
</tr>
<tr>
<td>3) Increased amount of employees in my unit</td>
</tr>
</tbody>
</table>

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
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of Court</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Deputy Clerk</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>x</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lt.</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Sgt.</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>x</td>
</tr>
<tr>
<td>Admin. Assistant</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Baliff</td>
<td>2</td>
<td>4-5</td>
<td>7-8</td>
<td>10</td>
<td>x</td>
</tr>
</tbody>
</table>

4. What percentage of your staff is female? 20% male? 80%
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.
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
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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior Court</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Magistrate</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Court</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>District Attorney</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of Court</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Juvenile Probation</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Probation</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>Other-________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
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!
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
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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

YOUR RESPONSES:
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? _____
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.
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.)

<table>
<thead>
<tr>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?


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?
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:  

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.
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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of Court</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Deputy Clerk</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jail Admin.</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>CCHP &amp; Background</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>Evidence Tech</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
</tbody>
</table>

4. What percentage of your staff is female? % male? %
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
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.
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
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.)

<table>
<thead>
<tr>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active Files</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inactive files in your office area</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inactive files not in your office area</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Magistrate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>District Attorney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Juvenile Probation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Probation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other-________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:
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!
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@ncourts.org
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.
2. What changes do you anticipate in your services or functions in the next ten years, and why?

<table>
<thead>
<tr>
<th>Changes anticipated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None that can be anticipated.</td>
</tr>
</tbody>
</table>

Why?
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td><strong>EXAMPLES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of Court</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Deputy Clerk</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>x</td>
</tr>
<tr>
<td><strong>YOUR RESPONSES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>Superior Court Judge</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>Judicial Assistant</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
</tbody>
</table>

4. What percentage of your staff is female? 100% male? 0%
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
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.
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
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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
</tbody>
</table>

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       X 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.

<table>
<thead>
<tr>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Magistrate</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>District Court</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>District Attorney</td>
<td></td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>Clerk of Court</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Juvenile Probation</td>
<td></td>
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<td></td>
<td>X</td>
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<tr>
<td>Adult Probation</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>Other-________</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
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
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!
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@ncourts.org
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?
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td><strong>EXAMPLES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td><strong>YOUR RESPONSES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sr. Resident Judge</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>Judicial Assistant</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
</tbody>
</table>
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
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.
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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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
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 |
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.
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.

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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
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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
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<tr>
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<td>Private office</td>
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<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patrol Lt.</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Patrol 1st Sgt.</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Sgt.</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>Cpl.</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>Deputy</td>
<td>15</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>X</td>
</tr>
</tbody>
</table>
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
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
   - [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?
   - [ ] Yes
   - [x] 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.)

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<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

   - Active Files
   - Inactive files in your office area
   - Inactive files not 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
   - 100% if they are not in the same building
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.
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.
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 your department. After you have completed the questionnaire, our team will meet with you in person 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. 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
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?
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.

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<th>Job Title</th>
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<th>How many in 5 years?</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheriff</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-service training coordinator</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructors/Part time</td>
<td>10</td>
<td>10</td>
<td></td>
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</tr>
</tbody>
</table>
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
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.
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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
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<tbody>
<tr>
<td>Active Files</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

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.
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.
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 your department. After you have completed the questionnaire, our team will meet with you in person 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. 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
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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>Sheriff</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>Lieutenant</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Sergeant(s)</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>Medical Officer(s)</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>Receptionist</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>1.5</td>
<td>X</td>
</tr>
<tr>
<td>Transport Officer</td>
<td>1</td>
<td>1.5</td>
<td>1.5</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>Detention Officer(s)</td>
<td>12</td>
<td>14</td>
<td>16</td>
<td>20</td>
<td>X</td>
</tr>
<tr>
<td>Evidence Technician</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>DCI/TAC Officer</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
</tbody>
</table>
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
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.
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

☑ No (files are spread out due to lack of storage space)

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.)

<table>
<thead>
<tr>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

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.
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

14. 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

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 your department. After you have completed the questionnaire, our team will meet with you in person 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. 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
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?
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
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<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>Private office</td>
</tr>
<tr>
<td><strong>EXAMPLES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheriff</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>YOUR RESPONSES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Crimes Detective(s)</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Juvenile Detective(s)</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Narcotics Detective(s)</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Investigations Sergeant</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Investigations Lieutenant</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>SROs</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>
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
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.)

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<th>Open shelf units</th>
<th>Boxes</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td></td>
<td></td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td></td>
<td></td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td>50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
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.
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.
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 your department. After you have completed the questionnaire, our team will meet with you in person 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: 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@maconn.org
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?

<table>
<thead>
<tr>
<th>Custodian of property and evidence. Entry of records into state DCIN system.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Operational goals and objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To store, maintain, and keep records of property and evidence. To enter records into DCIN in a timely manner.</td>
</tr>
</tbody>
</table>

2. What changes do you anticipate in your division’s services or functions in the next five years, and why?

<table>
<thead>
<tr>
<th>Greater influx of property and evidence, creating a need for more storage space that is secure.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>As population increases, so will crime.</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td><strong>EXAMPLES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheriff</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td><strong>YOUR RESPONSES:</strong></td>
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<tr>
<td>Property/evidence</td>
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</tbody>
</table>
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

12/27/18
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.
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.)

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</table>

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
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.
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.
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@maconncc.org
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 could-based database and phone. Office requirements will probably not change.
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.

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<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
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<th>How many in 10 years?</th>
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<tr>
<td>County Manager</td>
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<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
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<tr>
<td><strong>YOUR RESPONSES:</strong></td>
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<td></td>
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<tr>
<td>911 Addressing Coordinator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>911 Sign Tech</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
</tbody>
</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

   X 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?

   X 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 X Once in a while

   What is the usual number of meeting participants? 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).

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 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)?

X Yes □ No

If yes, please describe briefly.
8. Does your division have centralized files?

X Yes  □ 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.)

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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?

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.
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.
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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): 9-1-1 Communications
Your Telephone Number: 828-349-2067
Your email address: wcabe@maconnc.org
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.
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.

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<td>County Manager</td>
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<td>Administrative Assistant</td>
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<td>Telecommunicators</td>
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</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

Yes  X 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?

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
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?

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.
8. Does your division have centralized files?

   X Yes   □ No

   If yes, do you expect the quantity of paper/hard copy 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

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.)

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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?

- 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
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.
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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
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.
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.

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<tr>
<td>EM Director</td>
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<td>EM Admin Asst</td>
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4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

X 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?

X 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  X Once in a while

What is the usual number of meeting participants? 6

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).

| 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?

- [X] 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)?

- [X] Yes
- [ ] No

If yes, please describe briefly.
8. Does your division have centralized files?

   X Yes  □ 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.)

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<td>14</td>
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<tr>
<td>Inactive files in your office area</td>
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<tr>
<td>Inactive files not in your office area</td>
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</tr>
</tbody>
</table>

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?

- 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.
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.
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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): EMS

Your Telephone Number: 828-349-2067

Your email address: wcabe@maconnc.org
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.
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.

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<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
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<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
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<tr>
<td>County Manager</td>
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<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td><strong>YOUR RESPONSES:</strong></td>
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<tr>
<td>EMS Coordinator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>EMS Supv/Training Officer</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>EMS Shift Supv</td>
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<td>4</td>
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<td></td>
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<tr>
<td>EMS Providers</td>
<td>35</td>
<td>36</td>
<td>38</td>
<td>40</td>
<td></td>
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<tr>
<td>Community Medic</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

   X 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?

   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? 12

What is the maximum number? 45
For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

<table>
<thead>
<tr>
<th>Training</th>
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Please describe any audio-visual equipment or other special features you regularly need for meetings.

<table>
<thead>
<tr>
<th>Wireless connectivity, AV equipment</th>
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</table>

Is your group responsible for staging public meetings?

| Yes | X No |

If so, how often and for how many attendees?

<p>| |</p>
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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 |  |

If yes, please describe briefly.
8. Does your division have centralized files?

   X Yes  □ No

   If yes, do you expect the quantity of paper/hard copy 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

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.)

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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?

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.
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.
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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
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?

- Oversight of contractual agreements with county FDs
- Fire inspections
- Fire and emergency response assistance to local FDs

Operational goals and objectives:

- Accurate and efficient fire inspection process
- Management assistance with FD contracts
- 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?

- 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.
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.

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<td>County Manager</td>
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<tr>
<td>Administrative Assistant</td>
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<tr>
<td>YOUR RESPONSES:</td>
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<td></td>
</tr>
<tr>
<td>Fire Marshal</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Firefighters</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>X</td>
</tr>
</tbody>
</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

   X 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?

   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    □ Monthly    X Once in a while

   What is the usual number of meeting participants? 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).

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  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)?

X Yes  □ No

If yes, please describe briefly.
PPE, spare uniforms, chargers for equipment, additional consumable supplies

8. Does your division have centralized files?

X Yes ☐ 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.)

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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?

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<td>EMS Coordinator</td>
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</tbody>
</table>

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?

- 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
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.
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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@maconc.org
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.
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.

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<td>1</td>
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<tr>
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<td>3</td>
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</table>

**YOUR RESPONSES:**

| Communications Tech        | 2             | 2                    | 2                     | 2                     | X              | X                          |         |                                    |

...
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

   X 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?

   X 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   X Once in a while

   What is the usual number of meeting participants? 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).

| 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 | 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)?

| X Yes | No |

If yes, please describe briefly.
8. Does your division have centralized files?

   X Yes     □ 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.)

<table>
<thead>
<tr>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   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?

| 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. |
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.
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: 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
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. |
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*IT Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>*Asst. IT Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>X</td>
</tr>
<tr>
<td>*Network Administrator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>*Asst. Network Administrator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>*Network Support Specialist</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>*Computer Support Specialist II</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>*Computer Support Specialist I</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>*GIS Analyst</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>GIS Coordinator</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Business Analyst</td>
<td>0</td>
<td>1</td>
<td></td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Database Administrator</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Security Specialist</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
</tbody>
</table>

Note: telecommuting occurs frequently for IT support staff  
( * Currently authorized)

12/27/18
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 3rd 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
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.
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.)

<table>
<thead>
<tr>
<th>Lateral cabinets</th>
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<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>2 Drawer per office (x7)</td>
<td>7</td>
<td>Some, mostly hardware and surplus equipment storage</td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
11. Describe any special requirements or concerns your division may have regarding security.

Being on the 3rd 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.
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" the 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: 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
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.
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.

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<th>How many in 10 years?</th>
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</tr>
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<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>x</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12/27/18
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

X 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?

X 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 X 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
For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

<table>
<thead>
<tr>
<th>Budget Meetings with department representatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews</td>
</tr>
<tr>
<td>Committee Meetings</td>
</tr>
<tr>
<td>Staff Meetings</td>
</tr>
</tbody>
</table>

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?

X ☐ 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  X ☐ 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.)

<table>
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<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>16</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td>10</td>
<td></td>
<td></td>
<td>60</td>
<td></td>
</tr>
</tbody>
</table>

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
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.
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.
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: 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
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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
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<tr>
<td>Code Enforcement Official</td>
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<tr>
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<td>Director</td>
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</tbody>
</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

[x] 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?

[x] 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?

[x] 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
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  x☐ 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.)

<table>
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<tr>
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<tr>
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<tr>
<td>Inactive files in your office area</td>
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<td>Inactive files not in your office area</td>
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</tbody>
</table>

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
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?
11. Describe any special requirements or concerns your division may have regarding security.

[Blank space for response]

12. Describe any unusual heating, cooling, lighting, or electrical power requirements for your division. Number of Vehicle Bays needed?

[Blank space for response]

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.
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 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
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.
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 SHIIP
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.

<table>
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<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
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<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
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<td>YOUR RESPONSES:</td>
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<td>SHIIP Volunteers</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>15</td>
<td>4</td>
</tr>
</tbody>
</table>
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
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
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
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
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.)

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</table>

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
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?
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)
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
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.
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: 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
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:

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?
1. Uncertainty in funding and capacity needs.
2. Increase in the number of dwellings that meet program requirements.

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.
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.

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<thead>
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<th>Job Title</th>
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<tr>
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<td></td>
<td>Private office</td>
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<td>Shared enclosed office</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cubicle</td>
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<td></td>
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<td></td>
<td>No dedicated workspace required</td>
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<tr>
<td>EXAMPLES:</td>
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<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
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<tr>
<td>YOUR RESPONSES:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Housing Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Housing Coordinator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Housing Administrative Assistant/Intake/clerical</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Housing Crew Member</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

X[ ] 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>2. Private intake office, Intake person’s computer and client accessible computer (no internet).</td>
<td></td>
</tr>
</tbody>
</table>

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? 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?

X[ ] 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
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/Trainor'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    X☐ 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    X☐ No

If yes, please describe briefly.
8. Does your division have centralized files?

X Yes □ No

If yes, do you expect the quantity of paper/hard copy 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

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.)

<table>
<thead>
<tr>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
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<tbody>
<tr>
<td>Active Files</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
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<td></td>
<td>30(+)</td>
</tr>
</tbody>
</table>

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
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 |
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.

12/27/18
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: Leigh Tabor Holbrooks

Your Department: Veteran Services

Your Division within the Department (if applicable):

Your Telephone Number: 828-349-2171

Your email address: ltabor@maconncc.org

03/21/2017
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 department’s 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.
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.

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</thead>
<tbody>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td><strong>YOUR RESPONSES:</strong></td>
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<td></td>
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</tr>
<tr>
<td>Veteran Service Officer, Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Veteran Service Officer</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

12/27/18
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
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.
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.)

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<tr>
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<td></td>
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<td></td>
<td>4</td>
<td></td>
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<tr>
<td>Inactive files not in your office area</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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?

| 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 |
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.
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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
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 1st 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 inserter 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?
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.

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<td><strong>EXAMPLES:</strong></td>
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<tr>
<td>County Manager</td>
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<td>1</td>
<td>x</td>
</tr>
<tr>
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<td>4</td>
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<tr>
<td><strong>YOUR RESPONSES:</strong></td>
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</tr>
<tr>
<td>Finance Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Accountant/Purchasing Agent</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Accounting Specialist</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Payroll Specialist</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Accounting Assistant</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
</tbody>
</table>
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
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.
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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active Files</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 sets</td>
</tr>
<tr>
<td><strong>Inactive files in your office area</strong></td>
<td>2</td>
<td>1.5</td>
<td>6</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td><strong>Inactive files not in your office area</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>130</td>
</tr>
</tbody>
</table>

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?

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
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
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 Statue (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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elections Specialist</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>Deputy Director</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
</tbody>
</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?
   X 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?
   X 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
   X Twice a month  □ Monthly  □ Once in a while

What is the usual number of meeting participants? 6

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).

| 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?

| X 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)?

| X Yes | ☐ No |

If yes, please describe briefly.

Voting equipment, Precinct supplies for Elections, Voter photo booth (required in 2020) for Voter ID
8. Does your division have centralized files?

   X Yes [ ] No

   If yes, do you expect the quantity of paper/hard copy 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?

     [ ] 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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>[X]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td>[X]</td>
<td></td>
<td>[X]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[X]</td>
</tr>
</tbody>
</table>

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
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.
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.
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@maconncc.org
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.
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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Private office</td>
<td>Shared enclosed office</td>
<td>Cubicle</td>
<td>No dedicated workspace required</td>
<td></td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of Court</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Deputy Clerk</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>x</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mapping Supervisor</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>GIS Technician</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Mapper</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>x</td>
</tr>
</tbody>
</table>

4. What percentage of your staff is female? 0%  male? 100%
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 access to a larger conference area to meet with officials from the State or other counties for training purposes.
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.)

<table>
<thead>
<tr>
<th>Type</th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior Court</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Magistrate</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>District Court</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>District Attorney</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Clerk of Court</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Juvenile Probation</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Adult Probation</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Register of Deeds</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
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!
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: (628) 524-3311
Your email address: mbreedlove@maconnc.org

03/21/2017
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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Stream Technician</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>District Conservationist</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
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
For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

<table>
<thead>
<tr>
<th>Monthly District Board Meeting</th>
<th></th>
</tr>
</thead>
</table>

Please describe any audio-visual equipment or other special features you regularly need for meetings.

<table>
<thead>
<tr>
<th>Power Point presentations</th>
<th></th>
</tr>
</thead>
</table>

Is your group responsible for staging public meetings?

- ☑ Yes
- ☐ No

If so, how often and for how many attendees?

<table>
<thead>
<tr>
<th>Two to five times annually. 8 to 40 attendees.</th>
<th></th>
</tr>
</thead>
</table>

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.
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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Farm Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shovels, Surveying equipment</td>
</tr>
<tr>
<td>Soil sampling equipment</td>
</tr>
</tbody>
</table>

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. |
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.
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@macconnc.org
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?

See attached page.

Operational goals and objectives:

2. What changes do you anticipate in your division's services or functions in the next five years, and why?

See attached page.

Why?
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.

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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Private office</td>
<td>Shared enclosed office</td>
<td>Cubicle</td>
<td>No dedicated workspace required</td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(ideally, position would be split into 2)</td>
</tr>
<tr>
<td>HR &amp; Safety Director/Clerk</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>x</td>
</tr>
<tr>
<td>HR Coordinator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>HR Specialist</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>x</td>
</tr>
<tr>
<td>HR Processing Assistant</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Risk Manager</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
</tbody>
</table>

12/27/18
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 ☐ 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
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.
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.
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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>multiple</td>
<td>0</td>
</tr>
</tbody>
</table>

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?

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.
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? __

How many fax machines? __ *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

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: 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
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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Svcs. Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Social Svcs. Business Officer</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Human Svcs. Planner / Eval.</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Computing Support Tech.</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Income Maint. Supervisors</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>x</td>
</tr>
<tr>
<td>Income Maint. – Public Intake</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td>Income Maint. Team Leads</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>x x</td>
</tr>
<tr>
<td>Income Maint. Investigator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>x</td>
</tr>
<tr>
<td>Income Maint. Caseworkers</td>
<td>16</td>
<td>18</td>
<td>22</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Child Support Team Lead</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Child Support Agents</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Social Work Supervisors</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>x</td>
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<tr>
<td>Social Workers</td>
<td>13</td>
<td>15</td>
<td>17</td>
<td>22</td>
<td>x x</td>
</tr>
</tbody>
</table>
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
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.
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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>23</td>
<td>10</td>
<td>14</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td>13</td>
<td>5</td>
<td>10</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?
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 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.
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: 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
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,
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Administrator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Assistant Administrator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Tax Collector</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Asst. Tax Collectors</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>Business Listings</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Real Estate Transfers</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>X</td>
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<tr>
<td>Appraisers</td>
<td>3</td>
<td>5</td>
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<td>X</td>
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<tr>
<td>Revaluation Director</td>
<td>1</td>
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<td>X</td>
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<tr>
<td>Assessment clerks</td>
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<td>X</td>
</tr>
<tr>
<td>Land Records</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>X</td>
</tr>
</tbody>
</table>

10/27/18
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

    X 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?

    X 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  X 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
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.
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?

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?

☐ Yes  X  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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active Files</strong></td>
<td>10</td>
<td>25</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inactive files in your office area</strong></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
<td></td>
</tr>
<tr>
<td><strong>Inactive files not in your office area</strong></td>
<td></td>
<td></td>
<td></td>
<td>150</td>
<td></td>
</tr>
</tbody>
</table>

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?

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.
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.
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
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
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.
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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of Court</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Deputy Clerk</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>x</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Collections Supervisor</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>Asst, to The Tax Collections Supervisor</td>
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<td>2</td>
<td>2</td>
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<td>X</td>
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<tr>
<td>Deputy Tax Collector</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>X</td>
</tr>
</tbody>
</table>

4. What percentage of your staff is female? 100%            male?  %
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.

   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.)?

   □ Yes  □ No
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?

X□ 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 X□ 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.
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?

☐ Yes  X☐ No

If yes, do you expect the quantity of paper/hard copy centralized 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?

☐ Yes  X☐ 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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>Several</td>
<td>1</td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>21</td>
<td>0</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
<th>Department or Division</th>
<th>Very close</th>
<th>Same floor</th>
<th>Same building</th>
<th>Proximity not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Magistrate</td>
<td></td>
<td></td>
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<tr>
<td>District Court</td>
<td></td>
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<td></td>
<td></td>
<td>District Attorney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Juvenile Probation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Probation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other-<em>Security</em></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
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.
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!
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@maconncc.org
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 and 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
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Register of Deeds</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Assistant Register</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>Deputy Register</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
</tbody>
</table>
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
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.
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.)

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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
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
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.

12/27/18
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:  ddbhunter@ncsu.edu or adurden@ncsu.edu
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?
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td><strong>EXAMPLES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>YOUR RESPONSES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Extension Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Receptionist/Secretary</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4-H Agent</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>4-H EFNEP PA</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Livestock Agent</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Horticulture Agent</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Family &amp; Consumer Agent</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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.
8. Does your division have centralized files?

- [x] Yes
- [ ] 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?

- [ ] Yes
- [x] 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.)

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<tr>
<td><strong>Active Files</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inactive files in your office area</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inactive files not in your office area</strong></td>
<td></td>
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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
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.
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.
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
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.
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.
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.

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<td>EXAMPLES:</td>
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<td>County Manager</td>
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<tr>
<td>Administrative Assistant</td>
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<td>YOUR RESPONSES:</td>
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<td>Transit Director</td>
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<tr>
<td>Asst. Transit Director</td>
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<tr>
<td>Operations Supervisor</td>
<td>1</td>
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<td>Scheduler</td>
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<td>Administrative Assistant</td>
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<td>Mobility Manager</td>
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</table>
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
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
than normal copier; oversize printer or plotter; residential type setting for family meetings)?

- [ ] Yes
- [x] No

If yes, please describe briefly.

N/A

8. Does your division have centralized files?

- [x] Yes
- [ ] 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.)

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<td>Inactive files in your office area</td>
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<td>Inactive files not in your office area</td>
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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 – 1st 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)
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 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.
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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
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?
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.

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<td>YOUR RESPONSES:</td>
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<td>P&amp;R Director</td>
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<tr>
<td>Youth Athletics/Admin Assist</td>
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<td>Community, Building/Adult</td>
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<td>Athletics Coordinator</td>
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<td>P&amp;R Site Supervisor</td>
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<tr>
<td>Building Attendant</td>
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<td>Maintenance Worker I</td>
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</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

   X 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?

   X 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

   X Twice a month   □ Monthly   □ Once in a while

   What is the usual number of meeting participants?  25

   What is the maximum number?  100
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?

X 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 X No

If yes, please describe briefly.
8. Does your division have centralized files?
   X Yes  □ No

   If yes, do you expect the quantity of paper/hard copy 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

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.)

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<td>Inactive files not in your office area</td>
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</table>

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
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
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.
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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 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
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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>COUNTY MANAGER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solid Waste Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SW Business Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SW Enforcement Officer</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SW Env. Field Specialist</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Recycling Coordinator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SW Maintenance Mechanic</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Landfill Operators</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>RPC Operators</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Transfer Station Operators</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Convenience Center Workers</td>
<td>+/- 40</td>
<td>same</td>
<td>same</td>
<td>same</td>
<td></td>
</tr>
<tr>
<td>Scale house Weighmaster</td>
<td>2.5</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

X 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?

x 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 X Once in a while

What is the usual number of meeting participants? 6-10

What is the maximum number? 50-60
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?

- X 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
- X No

If yes, please describe briefly.
8. Does your division have centralized files?

- [X] Yes  
- [ ] No

If yes, do you expect the quantity of paper/hard copy 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

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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>2</td>
<td>8</td>
<td>8</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td>3</td>
<td>10</td>
<td>+/- 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
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?
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.
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
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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fleet Services Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Asst Fleet Services Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Truck &amp; Van Mechanic</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Landfill Mechanic</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Garage Mechanic</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Business Manager</td>
<td>½</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Svc Scheduler/Inventory Specialist</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
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.
FOR USE IN SHOP AREA:
- Lifts for vehicles
- Tire/tool machines
- Tool boxes
- Wheel balancer

Note: There is sufficient space for this equipment at this time

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.)

<table>
<thead>
<tr>
<th>File Type</th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>CURRENTLY STORED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tires</td>
</tr>
<tr>
<td>Automotive Parts</td>
</tr>
<tr>
<td>Inventory Items (i.e. fluids, vehicle components, etc)</td>
</tr>
<tr>
<td>Oil &amp; fluids (including used oil)</td>
</tr>
</tbody>
</table>

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 |
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

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: Michael Cope
Your Department: maintenance

Your Division within the Department (if applicable):

Your Telephone Number: 828 - 634 - 6104
Your email address: m cope @ macon nc 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?

upkeep + maintenance of county properties

Operational goals and objectives:
2. What changes do you anticipate in your division's services or functions in the next five years, and why?

Growth and added workload due to age of structures and equipment.

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.

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<tr>
<th>Job Title</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisors</td>
<td>4</td>
<td>c</td>
<td>c</td>
<td>c</td>
<td>x</td>
</tr>
<tr>
<td>Admin. Asst.</td>
<td>1</td>
<td>i</td>
<td>i</td>
<td>i</td>
<td>x</td>
</tr>
<tr>
<td>Workers</td>
<td>2</td>
<td>8</td>
<td></td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?
   
   Yes  [ ] No  [x]

   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 [x]

   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).

   Administrative [ ] Training [x]

   Please describe any audio-visual equipment or other special features you regularly need for meetings.

   None [ ]

   Is your group responsible for staging public meetings?
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.

Trucks
Maintenance equipment
Construction 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 now have. 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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

What percentage of your inactive files could be stored away from your department/division's office area?

% if they are in the same building
Other than filing, for what items does your division require storage space? Narcotics storage requirements?

Janitorial supplies, Const. materials / Heavy equip.

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?

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.

Equipment and Vehicles

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?

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.

12/27/18
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: 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
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.
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 are services are going to be required for an aging population and at the burden of public health.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Private office</td>
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<td>County Manager</td>
<td>1</td>
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<tr>
<td>Administrative Assistant</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>Processing Assist III</td>
<td>2.5</td>
<td>4</td>
<td>5</td>
<td>5</td>
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<td>Medical Office Assistant</td>
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<td>2</td>
<td>3</td>
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<td>X</td>
</tr>
<tr>
<td>Processing Assist IV</td>
<td>1</td>
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<td>X</td>
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<tr>
<td>Accounting Clerk IV</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>Planner I (HR/Vital Records)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Interpreter</td>
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<td>2</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>Health Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
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<tr>
<td>Assistant Health Director</td>
<td>1</td>
<td>1</td>
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<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Finance Officer</td>
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<td>X</td>
</tr>
<tr>
<td>Procurement Officer</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
</tbody>
</table>
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)?
1. 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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>10</td>
<td>12</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td>6</td>
<td>6</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td>8</td>
<td></td>
<td>30</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

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.
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.
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.

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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
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?
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
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<tr>
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<td>Private office</td>
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<td>EXAMPLES:</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>EH Supervisor</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>EH Program Specialist</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>EH Specialist</td>
<td>6.5</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>X X</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>X</td>
</tr>
</tbody>
</table>
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
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.)

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<tr>
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<tr>
<td>Inactive files not in your office area</td>
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</tr>
</tbody>
</table>

   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

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.
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.
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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): Clinical Services

Your Telephone Number: 828-349-2466

Your email address: jgarrett@maconnc.org
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 Integrated 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
<table>
<thead>
<tr>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have currently 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.</td>
</tr>
</tbody>
</table>
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.

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<td>Shared enclosed office</td>
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<td></td>
<td>Cubicle</td>
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<td></td>
<td></td>
<td></td>
<td>No dedicated workspace required</td>
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<tr>
<td><strong>EXAMPLES:</strong></td>
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<tr>
<td>County Manager</td>
<td>1</td>
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<td>1</td>
<td>1</td>
<td>x</td>
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<tr>
<td>Administrative Assistant</td>
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<td>2</td>
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<td>4</td>
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<tr>
<td><strong>YOUR RESPONSES:</strong></td>
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<tr>
<td>MD</td>
<td>1</td>
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<td>2</td>
<td>2</td>
<td>x</td>
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<tr>
<td>PA or FNP</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>x</td>
</tr>
<tr>
<td>Maternal Health /Immunization Nurse</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>x</td>
</tr>
<tr>
<td>Communicable Disease/STD/TB Nurse</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>x</td>
</tr>
<tr>
<td>Child Health/Integrated Care Nurse</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>x</td>
</tr>
<tr>
<td>BCCP/WW/Family Planning</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>x</td>
</tr>
<tr>
<td>MOA</td>
<td>1</td>
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<td>1</td>
<td>1</td>
<td>x</td>
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<tr>
<td>MOA</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Behaviorist (LPC/LCSW)</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>x</td>
</tr>
</tbody>
</table>
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  ☐ 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)?

12/27/18
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?

☐ 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.)

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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?
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
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.
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): Nutrition Services

Your Telephone Number: 828-349-2466

Your email address: jgarrett@maconnc.org
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 yourdivision?

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.
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.
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
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<tr>
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<td>Private office</td>
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<td>EXAMPLES:</td>
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<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
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<tr>
<td>YOUR RESPONSES:</td>
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</tr>
<tr>
<td>Registered Dietician</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>x</td>
</tr>
</tbody>
</table>
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 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?

   x[ ] 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  xx[ ] 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
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.
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   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.)

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<th>Rolling or rotating files</th>
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<tr>
<td>Inactive files in your office area</td>
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</tbody>
</table>

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?

- 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.
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.
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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
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. |
Why?
CC4C and OBCM are case management programs for Medicaid to keep costs down
Medicaid Transformation
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.

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<tr>
<td>YOUR RESPONSES:</td>
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<tr>
<td>Care Manager</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Care Manager</td>
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</table>
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.

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
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  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)?

☐ Yes  ☒ No

If yes, please describe briefly.
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.)

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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?

| 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 |
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.
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

03/21/2017
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
Why?
WIC services are economy driven
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.

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<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
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<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private office</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Shared enclosed office</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cubicle</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No dedicated workspace required</td>
</tr>
<tr>
<td>EXAMPLES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Nutritionist</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Nutritionist</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Processing Assistant/ Interpreter</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>Breast feeding peer counselor</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
</tbody>
</table>
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.
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 furnishings 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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?
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.
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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
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?

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>
| **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?

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why?</strong> Man-made and natural disasters are increasing.</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**TYPE OF WORKSPACE REQUIRED FOR THIS POSITION**

<table>
<thead>
<tr>
<th></th>
<th>Private office</th>
<th>Shared enclosed office</th>
<th>Cubicle</th>
<th>No dedicated workspace required</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Manager</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXAMPLES:**

- County Manager
- Administrative Assistant

**YOUR RESPONSES:**

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness Coordinator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
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
For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

<table>
<thead>
<tr>
<th>Meetings with partners and staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training meetings and workshops</td>
</tr>
<tr>
<td>EPI Team meetings</td>
</tr>
<tr>
<td>Emergency Operation Center (Incident Command staff)</td>
</tr>
</tbody>
</table>

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 workspace 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.
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.)

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<td></td>
</tr>
</tbody>
</table>

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?

| 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 |
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.
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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
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
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.

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<tr>
<td></td>
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<td></td>
<td>Private office</td>
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<tr>
<td>EXAMPLES:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Health Nurse</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>Employee Health Clerk</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
</tbody>
</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

- [x] 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?

- [x] 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?

- [x] 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
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  [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)?

- [x] Yes  [ ] No

If yes, please describe briefly.
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.)

<table>
<thead>
<tr>
<th></th>
<th>Lateral cabinets</th>
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</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>2</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Inactive files in your office area</td>
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<tr>
<td>Inactive files not in your office area</td>
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</tbody>
</table>

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?

- 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
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.
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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: ______
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 |
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.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
<th>How many in 20 years?</th>
<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>Private office</td>
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<tr>
<td>EXAMPLES:</td>
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</tr>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>YOUR RESPONSES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Medical Technician</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>MOA/Phlebotomist</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Improve front window, waiting room and blood draw rooms to accommodate clients more comfortably and efficiently. Assure emergency equipment (EMS) can access space.</th>
</tr>
</thead>
</table>

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
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.
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.)

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</tr>
</tbody>
</table>

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?
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.
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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
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.
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.

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</tr>
</thead>
<tbody>
<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>Community Health Promotion Coordinator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>MountainWise Personnel</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>X</td>
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<tr>
<td>Office Assistant</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Health Educator</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>X</td>
</tr>
</tbody>
</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

X□ 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.

<table>
<thead>
<tr>
<th>Conference Room</th>
<th>Exercise/Nutrition Studio</th>
<th>Storage Workroom with Library</th>
</tr>
</thead>
</table>

5. Does your division require a customer/visitor waiting area?

□ Yes X□ 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 X□ 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
For what types of meetings will the space(s) be used? Describe any special features required for the space(s).

<table>
<thead>
<tr>
<th>Task Force and Workgroup Meetings</th>
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<tbody>
<tr>
<td>Staff Meetings (Health Promotion and MountainWise)</td>
</tr>
<tr>
<td>Exercise and Food Demonstrations</td>
</tr>
<tr>
<td>Health Screenings</td>
</tr>
<tr>
<td>Special Events</td>
</tr>
</tbody>
</table>

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.
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.)

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</table>

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
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
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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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): Adult Dental

Your Telephone Number: 349-2475

Your email address: kmcgaha@maconnc.org
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. |
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.

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<td><strong>EXAMPLES:</strong></td>
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<tr>
<td>County Manager</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>x</td>
</tr>
<tr>
<td><strong>YOUR RESPONSES:</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Dentist</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>x</td>
</tr>
<tr>
<td>Dental Hygienist</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>Clinic Space</td>
</tr>
<tr>
<td>Dental Assistant</td>
<td>1</td>
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<td>2</td>
<td>3</td>
<td>Clinic Space</td>
</tr>
<tr>
<td>Customer Service</td>
<td></td>
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</tr>
<tr>
<td>Representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clinic Space</td>
</tr>
<tr>
<td>Dental Coordinator</td>
<td>.5</td>
<td>.5</td>
<td>.5</td>
<td>.5</td>
<td>x</td>
</tr>
</tbody>
</table>

12/27/18
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?
   
   x 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?
   
   x 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 x Once in a while

   What is the usual number of meeting participants? 6
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              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)?

☒ Yes              ☐ No

If yes, please describe briefly.
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.)

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<td>Inactive files not in your office area</td>
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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?

- 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?
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
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 operatory 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.
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.

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<thead>
<tr>
<th>Job Title</th>
<th>How many now?</th>
<th>How many in 5 years?</th>
<th>How many in 10 years?</th>
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<th>TYPE OF WORKSPACE REQUIRED FOR THIS POSITION</th>
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<td><strong>YOUR RESPONSES:</strong></td>
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<tr>
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<tr>
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</tr>
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<tr>
<td>Dental Health Coordinator</td>
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</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

  x 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?

  x 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    x Once in a while

What is the usual number of meeting participants? 6
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.
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.)

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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?

- 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)
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.
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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): School Health

Your Telephone Number: 349-2475

Your email address: kmcgaha@maconnc.org
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.
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.

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YOUR RESPONSES:

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<td>10</td>
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</table>
4. Do customers/visitors come to your facility for face-to-face interaction with your staff on a regular basis?

X 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 x 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 x Monthly □ Once in a while

What is the usual number of meeting participants? 5-10
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  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)?

x Yes  ☐ No

If yes, please describe briefly.
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?

   x 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  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.)

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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?

| |

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.
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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: 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
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.
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.

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<td>YOUR RESPONSES:</td>
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<td>Animal Services Section Administrator</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Lead Animal Control Officer</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Animal Control Officer</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>x</td>
</tr>
<tr>
<td>Shelter Attendant</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>x</td>
</tr>
<tr>
<td>Maintenance</td>
<td>0</td>
<td>1/2</td>
<td>1/2</td>
<td>1/2</td>
<td>X</td>
</tr>
</tbody>
</table>
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
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.
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.)

<table>
<thead>
<tr>
<th>Lateral cabinets</th>
<th>Vertical cabinets</th>
<th>Open shelf units</th>
<th>Boxes</th>
<th>Rolling or rotating files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Files</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files in your office area</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive files not in your office area</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   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
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).
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

<table>
<thead>
<tr>
<th>SPACE CODE</th>
<th>DESCRIPTION</th>
<th>SQ FT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COURTROOMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>crn1</td>
<td>Non-jury, 20 spectators</td>
<td>900</td>
</tr>
<tr>
<td>crn2</td>
<td>Non-jury, 40 spectators</td>
<td>1200</td>
</tr>
<tr>
<td>crn3</td>
<td>Non-jury, 100 spectators</td>
<td>2000</td>
</tr>
<tr>
<td>crn4</td>
<td>Non-jury, 150 spectators</td>
<td>2400</td>
</tr>
<tr>
<td>crj1</td>
<td>Jury, 50 spectators</td>
<td>2000</td>
</tr>
<tr>
<td>crj2</td>
<td>Jury, 75 spectators</td>
<td>2200</td>
</tr>
<tr>
<td>crj3</td>
<td>Jury, 100 spectators</td>
<td>2400</td>
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<tr>
<td>crj4</td>
<td>Jury, 150 spectators</td>
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<tr>
<td>crv</td>
<td>Courtroom entry vestibule</td>
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<tr>
<td>fcor</td>
<td>Fine and cost payment corridor</td>
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<tr>
<td>wit</td>
<td>Witness/attorney-client conference room</td>
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<td><strong>CONFERENCE ROOMS</strong></td>
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<td>cnf4</td>
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<td>cnf8</td>
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<tr>
<td>cnf10</td>
<td>Conference room for 10</td>
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<td>cnf12</td>
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<td>cnf14</td>
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<td>cnf24</td>
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<td>cnf30</td>
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<td><strong>EQUIPMENT</strong></td>
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<tr>
<td>cpy5</td>
<td>Standard copier</td>
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<td>cpy10</td>
<td>Large copier</td>
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<tr>
<td>atm1</td>
<td>ATM machine</td>
<td>35</td>
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<tr>
<td>fax1</td>
<td>Fax machine</td>
<td>15</td>
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<tr>
<td>frig</td>
<td>Refrigerator or freezer - full size, upright</td>
<td>20</td>
</tr>
<tr>
<td>blu1</td>
<td>Blueline machine</td>
<td>25</td>
</tr>
<tr>
<td>las1</td>
<td>Laser plotter</td>
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<td>Inkjet plotter</td>
<td>30</td>
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<td>drl1</td>
<td>Drill press</td>
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<td>&quot;B&quot; size scanner</td>
<td>18</td>
</tr>
<tr>
<td>scn2</td>
<td>&quot;E&quot; size scanner</td>
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<td>pm1</td>
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<td>pm2</td>
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<td>Rolling cart</td>
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<td>tel1</td>
<td>Wall telephone unit</td>
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<td>Paper cutter</td>
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<tr>
<td>psh</td>
<td>Paper shredder</td>
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<td>pm</td>
<td>Postage meter</td>
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<td>Item</td>
<td>Description</td>
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<td>rcy</td>
<td>Recycle Bin</td>
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<tr>
<td>mcr1</td>
<td>Microfilm reader</td>
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<tr>
<td>mcr2</td>
<td>Microfiche reader</td>
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<td>Lateral file</td>
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<td>vert</td>
<td>Vertical file</td>
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<tr>
<td>dwg</td>
<td>Drawing flat file</td>
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<td>hd1</td>
<td>High density rolling unit - 3' wide</td>
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<tr>
<td>hd2</td>
<td>High density rolling unit - 3' wide</td>
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<tr>
<td>hng</td>
<td>Hanging drawing files</td>
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<tr>
<td>plat</td>
<td>Plat storage cabinet</td>
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<tr>
<td>wall3</td>
<td>Side tab wall unit - 36&quot; wide</td>
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<tr>
<td>wall4</td>
<td>Side tab wall unit - 48&quot; wide</td>
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<td>jur1</td>
<td>Jury Deliberation Rm, seat 12</td>
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<td>jur2</td>
<td>Jury Deliberation Rm, seat 16</td>
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</tr>
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<td>Jury Deliberation Rm, seat 24</td>
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<td>lkr0</td>
<td>metal 12&quot;wx18&quot;dx3'h (half height)</td>
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<tr>
<td>lkr1</td>
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<tr>
<td>lkr2</td>
<td>18&quot;wx18&quot;dx6'h</td>
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<tr>
<td>lkr3</td>
<td>24&quot;wx24&quot;dx6'h</td>
<td>10</td>
</tr>
<tr>
<td>lkr4</td>
<td>custom 24&quot;x48&quot;x6'</td>
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<td>chg1</td>
<td>Changing area 5'x5'</td>
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<tr>
<td>hc1</td>
<td>Holding cell, 1 or 2 prisoners</td>
<td>70</td>
</tr>
<tr>
<td>hc5</td>
<td>Holding cell, 5 prisoners</td>
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</tr>
<tr>
<td>hc10</td>
<td>Holding cell, 10 prisoners</td>
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</tr>
<tr>
<td>hc15</td>
<td>Holding cell, 15 prisoners</td>
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</tr>
<tr>
<td>vest</td>
<td>Holding cell control vestibule at courtroom</td>
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<tr>
<td>cnt1</td>
<td>Security control room</td>
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<td>int1</td>
<td>Attorney-prisoner interview booth</td>
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<td>sal1</td>
<td>Vehicle sallyport - 1 van</td>
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</tr>
<tr>
<td>sal2</td>
<td>Vehicle sallyport - 2 vans</td>
<td>1200</td>
</tr>
<tr>
<td>po1</td>
<td>Private Office - Intern, part time, field worker</td>
<td>100</td>
</tr>
<tr>
<td>po2</td>
<td>Private Office - Typical</td>
<td>120</td>
</tr>
<tr>
<td>po3</td>
<td>Private Office - Supervisor</td>
<td>150</td>
</tr>
<tr>
<td>po4</td>
<td>Private Office - Department Director</td>
<td>175</td>
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<tr>
<td>po5</td>
<td>Private Office - Elected Official/Judge</td>
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</tr>
<tr>
<td>po6</td>
<td>Private Office - County Manager</td>
<td>250</td>
</tr>
<tr>
<td>po7</td>
<td>Private Office - Not Used</td>
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<tr>
<td>po8</td>
<td>Private Office - Not Used</td>
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</tr>
<tr>
<td>cs3</td>
<td>Customer public info term</td>
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<td>Item</td>
<td>Description</td>
<td>Space</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>-------</td>
</tr>
<tr>
<td>cs5</td>
<td>Customer counter 5' long</td>
<td>25</td>
</tr>
<tr>
<td>cs6</td>
<td>Customer counter 6' long</td>
<td>36</td>
</tr>
<tr>
<td>cs10</td>
<td>Customer counter 10' long</td>
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<td>cs12</td>
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<td>cs15</td>
<td>Customer counter 15' long</td>
<td>90</td>
</tr>
<tr>
<td>cs20</td>
<td>Customer counter 20' long</td>
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<tr>
<td>ctr1</td>
<td>Single public counter workstation</td>
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**STAFF FACILITIES**

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<tr>
<td>shw1</td>
<td>Single shower</td>
<td>35</td>
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<tr>
<td>shw2</td>
<td>Roll-in Accessible Shower</td>
<td>50</td>
</tr>
<tr>
<td>smk1</td>
<td>Smoking area</td>
<td>80</td>
</tr>
<tr>
<td>cof1</td>
<td>Coffee niche</td>
<td>25</td>
</tr>
<tr>
<td>kit1</td>
<td>Small kitchenette - sink, minifridge, microwave</td>
<td>60</td>
</tr>
<tr>
<td>kit2</td>
<td>Departmental Break Room</td>
<td>160</td>
</tr>
<tr>
<td>kit3</td>
<td>Multi-departmental Break Room</td>
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<tr>
<td>cot1</td>
<td>Coat rack</td>
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**STORAGE ROOMS / CLOSETS**

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<tr>
<td>st1</td>
<td>Storage room</td>
<td>25</td>
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<tr>
<td>st2</td>
<td>Storage room</td>
<td>50</td>
</tr>
<tr>
<td>st3</td>
<td>Storage room</td>
<td>80</td>
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<tr>
<td>st35</td>
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<td>100</td>
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<tr>
<td>st4</td>
<td>Storage room</td>
<td>120</td>
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<tr>
<td>st5</td>
<td>Storage room</td>
<td>160</td>
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<tr>
<td>st6</td>
<td>Storage room</td>
<td>200</td>
</tr>
<tr>
<td>st7</td>
<td>Storage room</td>
<td>250</td>
</tr>
<tr>
<td>st8</td>
<td>Storage room</td>
<td>300</td>
</tr>
<tr>
<td>st9</td>
<td>Storage room</td>
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<tr>
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<td>Closet</td>
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**STORAGE UNITS**

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<th>Item</th>
<th>Description</th>
<th>Space</th>
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<tr>
<td>cub1</td>
<td>Wall cubicles 5’x5’x18”</td>
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<tr>
<td>rck1</td>
<td>Wall rack for dwgs 4’x24”</td>
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</tr>
<tr>
<td>rck2</td>
<td>Wall rack for dwgs 12’x30”</td>
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<td>rck3</td>
<td>Wall rack for dwgs 15’x30”</td>
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<tr>
<td>rck4</td>
<td>Wall rack for forms 5’ long</td>
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<tr>
<td>bin1</td>
<td>Floor bins 24”x36”</td>
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</tr>
<tr>
<td>bk1</td>
<td>Bookshelf unit 3’ wide</td>
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</tr>
<tr>
<td>car1</td>
<td>Carrel 3’ wide</td>
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</tr>
<tr>
<td>car2</td>
<td>Carrel 4’ wide</td>
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</tr>
<tr>
<td>car3</td>
<td>Absentee Voting Booth</td>
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<td>cab1</td>
<td>Metal storage cabinet</td>
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<tr>
<td>rol1</td>
<td>2-sided roller shelf unit - 8’ long</td>
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<tr>
<td>rol2</td>
<td>2-sided roller shelf unit - 12’ long</td>
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<td>safe</td>
<td>Floor safe</td>
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**TOILETS**

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<tbody>
<tr>
<td>toil1</td>
<td>Single toilet</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Cost</td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>toil2</td>
<td>Two fixture toilet, 2 wc's, 2 lav's</td>
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<td>toil3</td>
<td>Multi-fixture toilet 3 wc's, 2 lav's</td>
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<tr>
<td>toil4</td>
<td>Multi-fixture toilet 4 wc's, 3 lav's</td>
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**TRAINING / MEETING ROOMS**

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<th>Description</th>
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**VISITOR WAITING AREAS**

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**WORKROOMS**

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<tr>
<td>ml1</td>
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<tr>
<td>wrk1</td>
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<tr>
<td>wrk2</td>
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**WORKSTATIONS**

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<td>ws2</td>
<td>6'x8' Workstation - Typical Field/shared</td>
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<td>10'x10' Workstation - Multiple client or layout needs</td>
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**MEDICAL EXAM**

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**CLASSROOM**

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<td>Large Classroom - 30x35</td>
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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.
Objectives

- 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

• 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

### SUMMARY

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<th>Function/Department</th>
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<th>2024</th>
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<td><strong>Sheriff - Admin Support/Training</strong></td>
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<td><strong>Sheriff - Investigations</strong></td>
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<td><strong>Sheriff - Civil Process and Courthouse Security</strong></td>
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<tr>
<td><strong>Total Staff</strong></td>
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<td><strong>Total Net Square Feet</strong></td>
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<td><strong>Total Building Gross Square Feet</strong></td>
<td>268,469</td>
<td>295,223</td>
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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

- **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?
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.
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

- 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

- 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

- 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

- 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.