

PRELIMINARY INTERVIEW

1. OWNER(S) OF RECORD AND ADDRESS		2. DATE OF INTERVIEW	
4. PROPERTY ADDRESS (If address is different from above)		3. INTERVIEWED BY	
5. PARTY INTERVIEWED		6. INTEREST	7. IS THIS YOUR PRIMARY RESIDENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. IS THE OWNER OR LAND CONTRACT PURCHASER AN LPA EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. ARE THE OWNER(S)/TENANT(S) US CITIZENS OR ALIEN(S) LAWFULLY PRESENT IN THE US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. OWNER PHONE	11. ALTERNATIVE NUMBER	12. BEST TIME TO CONTACT OWNER:	13. E-MAIL ADDRESS

Please inform the Interviewee – Accommodations under the Americans with Disabilities Act will be provided if requested by the owner, the tenant or their representative.

TITLE, LAND & PLAN DATA	ENVIRONMENTAL DATA
<p>14. Are Parties of Interest correct on Title Evidence? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> <p>15. Is Marital Status correct? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> <p>16. Is all contiguous property or property impacted by acquisition identified on title evidence/plans? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> <p>17. Area of total ownership: _____ x _____ Acres _____ Sq. Feet _____</p> <p>18. Is there a : Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Refinance <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Land Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Lease in Writing? <input type="checkbox"/> Yes <input type="checkbox"/> No Billboards? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact(s) for above: _____ _____</p> <p>19. Are all improvements and signs within or near the right of way accurately shown on the plans? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> <p>20. Building Information: <input type="checkbox"/> House <input type="checkbox"/> Mobile <input type="checkbox"/> Apt. <input type="checkbox"/> Bus. <input type="checkbox"/> Farm <input type="checkbox"/> 1 story <input type="checkbox"/> 1 ½ Story <input type="checkbox"/> 2 story <input type="checkbox"/> Other, describe: _____</p> <p>21. Outbuildings: _____</p>	<p>22. Water: <input type="checkbox"/> None <input type="checkbox"/> Public Water <input type="checkbox"/> Well, how many? _____ Location of well: _____</p> <p>23. Sewage Disposal: <input type="checkbox"/> None <input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic System, how many? ____ Location of Septic: _____</p> <p>24. Are there any underground improvements? <input type="checkbox"/> Yes <input type="checkbox"/> No (i.e. drain tile, sprinklers, etc.) If yes, describe: _____ Are they in the proposed ROW? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Are there above ground storage tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are they currently being used? <input type="checkbox"/> Yes <input type="checkbox"/> No What Do or Did they store? _____ Location: _____</p> <p>26. Are there underground storage tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are they currently being used? <input type="checkbox"/> Yes <input type="checkbox"/> No What Do or Did they store? _____ Location: _____</p> <p>27. Has the property been used for anything other than its present use, i.e. orchard, gas station, dumping of debris? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe type and location: _____</p> <p>28. Is the property enrolled in: The Farmland/Open Spaces Preservation Act of 1974 (PA 116)? <input type="checkbox"/> Yes <input type="checkbox"/> No Listed under the Commercial Forest Act 94 of 1925, as amended <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____</p>

JOB NO.	PARCEL	NAME
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RESIDENTIAL OWNER/TENANT	BUSINESS
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29. Type of Housing:
 House Mobile Multi-unit Condo
 Other _____

30. Is this a Seasonal Dwelling?
 Yes – # of months occupied out of the year? ____
 No

31. Total # of Rooms _____

32. No. of Bedrooms:____ **33. No. of Bathrooms:**_____

34. Sq. Footage of Dwelling:_____

35. Date first occupied:_____

36. No. in Family:_____ **36. No. of Parents:**_____

37. Children: Sex # Ages

Sex	#	Ages
F		
M		

38. Other Occupants (besides children or parents listed above)

Name	Age	Relationship

39. School District: _____

40. Monthly Utilities (Relocation/Clearance Information):

	Amount	Company & Acct#
Electric	\$	
Gas	\$	
Oil	\$	
Propane	\$	
Water/Sewer	\$	

QUESTIONS FOR RENTAL DETERMINATION (Tenant):

41. Name of Tenant:_____

42. Phone:_____ **43. Unit**_____

44. Monthly Rent:\$_____

45. Are utilities included in rent? Yes No

46. Annual Household Income (attach Tenant Income Certification) \$ _____

REMARKS:

Additional Pages Attached

47. Type of Occupancy: Owner Tenant

48. Years in Operation _____

49. Type of Operation:
 Business Name: _____
 Non-Profit Name: _____
 Farm – Type of Farm: _____

50. Describe primary activity: _____

51. Are there any physical items (i.e. fixtures, equipment) that are associated with the business? Yes No
 Describe: _____

52. Do you anticipate any unique problems in relocating your business? Yes No Uncertain
 If yes, describe: _____

53. Does the business require any special licenses, permits, or certificates? Yes No
 If yes, list: _____

54. If Landlord, number of Units in the Building: _____

Names of Tenants & Unit #'s: (attach list if necessary)

Name	Unit #

REMARKS:
