

OCONEE COUNTY
Critical Facility Data Collection Form

Facility Name _____

Longitude (GPS Coordinates) _____

Latitude (GPS Coordinates) _____

Address 1 _____

Address 2 _____

City _____

Zip Code _____

Governing Jurisdiction _____

Square Footage _____

Value _____ Year _____

Valuation Type (Market Rate/Appraisal/Etc.) _____

Critical Facility Type - check all that apply:
(see reverse for definitions)

Essential Facility Lifeline System Hazardous Material Vulnerable Population

Transportation System High Potential Loss Important Facility Economic Assets

Special Consideration Historic Consideration Other _____

Structural Type (Ref. Codes/Definitions) _____

Occupancy Class (Ref. Codes/Definitions) _____

Facility Type (Ref. Codes/Definitions) _____

OPTIONAL (Included in Previous Plan)

Point of Contact (Name & Title) _____

Point of Contact Phone # _____

Square Footage _____

Replacement Cost of Structure _____ Year _____

Replacement Cost of Contents _____ Year _____

Displacement Cost per Day _____

Annual Operating Budget of Facility _____

Maximum Occupancy/Capacity _____

Presence & Type of Haz. Materials _____

Emergency Generator (Yes/No) _____

Emergency Shelter (Yes/No) _____