Visual Impact Rating Form

Project Name [EDR Project #]

Viewpoint #:	Viewpoint Location:
Your Name:	Date:
Landscape Similarity Zone (LSZ):	Viewer Type *check as many as apply* ☐Resident ☐Traveler ☐Recreational ☐Other _____
Inventoried Aesthetic Resources: ☐Yes ☐No	Describe:

VIEWPOINT DESCRIPTION: *Please describe this view in your own words.*

VIEWPOINT SENSITIVITY: *Rate the scenic quality and viewer exposure for this view.*	
SCENIC QUALITY: *please rate existing scenic quality* ☐Low ☐Moderate ☐High	VIEWER EXPOSURE: *frequency and duration of view* ☐ Continuous ☐Repeated/Regular ☐Occasional/Brief ☐Rare

CONTRAST RATING: *Rate the level of contrast between the proposed structures and the existing view.*

COMPONENT	*SCORE*	*DESCRIPTION OF CONTRAST*
Landform		
Vegetation		
Land Use		
*Water **		
Sky		
Viewer Activity		
TOTAL		*Total all scores above.*
AVERAGE		*Average all scores above.*

** If no water is visible in the view, please enter "N/A" in the 'Score".*

Variable factors that may have influenced rating (atmospheric conditions, season, etc.):

Perceived effect on scenic quality / viewer enjoyment:

Contrast Rating Score Chart

0	Insignificant
0.5	
1	Minimal
1.5	
2	Moderate
2.5	
3	Appreciable
3.5	
4	Strong