

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
SPECIAL CONSIDERATION QUESTIONS

O.M.B. NO. 1660-0017
Expires October 31, 2008

APPLICANT		PA ID NO.	DATE
PROJECT NAME	PROJECT NO.	LOCATION	

Form must be filledout - for each project.

1. Does the damaged facility or item of work have insurance and/or is it an insurable risk? (e.g., buildings, equipment, vehicles, etc.)
 Yes No Unsure
Comments

2. Is the damaged facility located within a floodplain or coastal high hazard area/or does ti have an impact on a floodplain or wetland?
 Yes No Unsure
Comments

3. Is the damaged facility or item of work located within or adjacent to a Coastal Barrier Resource System Unit or an Otherwise Protected rea?
 Yes No Unsure
Comments

4. Will the proposed facility repairs/reconstruction change the pre-disaster condition? (e.g., footprint, material, location, capacity, use or function)
 Yes No Unsure
Comments

5. Dose the applicant have a hazard mitigation proposal or would the applicant like technical assistance for a hazard mitigation proposal?
 Yes No Unsure
Comments

6. Is the damaged facility on the National Register of Historic Places or the state historic listing? Is it older than 50 years? Are there other, sililar buildings near the site? Yes No Unsure
Comments

7. Are there any pristine or undisturbed areas on, or near, the project site? Are there large tracts of forestland?
 Yes No Unsure
Comments

8. Are there any hazardous materials at or adjacnt to the damaged facility and/or item of work?
 Yes No Unsure
Comments

9. Are there any other environmental or controversial issues associated with the damaged facility and/or item of work?
 Yes No Unsure
Comments

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 30 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0017). **Please do not send your completed survey to the above address.**