

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
SPECIAL CONSIDERATIONS QUESTIONS

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

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

Form must be filled out - 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 it 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 Area?
 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. Does 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, similar 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 adjacent 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

PROJECT WORKSHEET - Damage Description and Scope of Work Continuation Sheet

DISASTER FEMA-_____ -DR-_____	PROJECT NO.	PA ID NO.	DATE	CATEGORY
APPLICANT		COUNTY		

PREPARED BY:

TITLE:

