

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
SPECIAL CONSIDERATION QUESTIONS

O.M.B. Control Number: 1660-0017
Expires: December 31, 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is not required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the 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) **NOTE: Do not send your completed form to this address.**

APPLICANT		PA ID #	DATE
PROJECT NAME	PROJECT #.	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.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments
4. Will the proposed facility repairs/reconstruction change the pre-disaster condition? (e.g., footprint, material, location, capacity, use or function) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments
5. Does the applicant have a hazard mitigation proposal or would the applicant like technical assistance for a hazard mitigation proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments
7. Are there any pristine or undisturbed areas on, or near, the project site? Are there large tracts of forestland? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments
8. Are there any hazardous materials at or adjacent to the damaged facility and/or item of work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments
9. Are there any other environmental or controversial issues associated with the damaged facility and/or item of work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments