E-HR.2 Appendix A

**

 *(All previous versions are obsolete)*

Before an activity is approved, this **Appendix A** review must be successfully completed and kept in file for each residential structure proposed for acquisition/rehabilitation/disposition. This Appendix A may be used only in conjunction with a currently valid **RER** (Rehabilitation Environmental Review) form for the target area. Completion of the Appendix A does not require the submission of an additional RROF/C [Request for Release of Funds/Certification] ADOH E-12 (HUD 7015.15) if the Responsible Entity has received Authority to Use Grant Funds – ADOH E-13 (HUD 7015.16) for the project.

**Building and Unit Address:**

**Part III HISTORIC PRESERVATION (NHPA, Section 106)**

1. Does this undertaking involve only those activities permitted without further consultation under a currently valid **programmatic agreement** among the responsible entity, the State Historic Preservation Officer (**SHPO**) or Tribal Historic Preservation Officer (**THPO**) and/or the Advisory Council on Historic Preservation?

 [ ]  Yes [ ]  No

 If “Yes”, note date of programmatic agreement      , document implementation of the terms of the agreement and **STOP** here; the Section 106 Historic Preservation review is complete. If “No”, PROCEED.

2. Does the project involve only acquisition and/or rehabilitation of a 1-4 unit residential structure that is **less than 50 years old?**

 [ ]  Yes [ ]  No

 If “Yes”, record date of building construction     , age:       years and **STOP** here. The Section 106 Historic Preservation review part is complete. If “No”, PROCEED.

3. If the building is 50 or more years old, does the project involve rehabilitation of the interior only?

 [ ]  Yes [ ]  No

 If “Yes” document the scope of work to prove interior only rehabilitation and STOP here. The Section 106 Historic Preservation review part is complete. If “No”, PROCEED.

4. If the proposed rehabilitation involves physical work with potential to affect any historic structure, **determine** -in consultation with the appropriate **SHPO/THPO**- whether the building is **listed or eligible** for inclusion in the National Register of Historic Places (**NR**). (\*If the structure is located in a National Register Historic District, the area of effects includes not only the subject property, but the Historic District as a whole.)

 Is the building listed in or eligible for listing in the NR? [ ]  Yes [ ]  No

 If “No”, attach SHPO/THPO concurrence or other evidence of conclusion and **STOP** here. This part is complete pursuant to 36 CFR §800.4(d). If “Yes”, Proceed.

5. Determine whether **historic properties are affected** per §800.4(d). Has SHPO/THPO concurred with your fully documented determination of “no historic properties affected”, or failed to object within 30 days of receipt of such determination, allowing sufficient time for mail delivery?

 [ ]  Yes. Enclose documentation and **STOP** here. Section 106 review is complete.

 [ ]  No. Proceed.

6. **Determine whether the project will have adverse effects** on historic properties according to § 800.5, in consultation with the SHPO/THPO and consulting parties [see §800.2(c)].

 Will this project have an adverse effect(s) on historic properties? [ ]  Yes [ ]  No

 If "No", attach SHPO/THPO concurrence and **STOP** here. This part is complete per 36 CFR §800.5(d)(1).

 If "Yes", PROCEED.

7. Resolve Adverse Effects per §800.6 -in consultation with the SHPO/THPO, the Advisory Council on Historic Preservation (ACHP) if participating, and any consulting parties. The loan or grant may not be approved until adverse effects are resolved according to §800.6 or ACHP comment is considered by the Responsible Entity.

**NOTES**: 1. A determination/consultation of eligibility for the NR may be sent to SHPO/THPO concurrently with the determination/consultation of effect/no effect and with the determination/consultation of adverse/no adverse effects.

2. The **Chief Executive Officer of the jurisdiction cannot delegate** **to another person** the decision to approve a project in opposition to Advisory Council comment.

 3. Keep copies of this form, all SHPO/THPO and ACHP correspondence in the ERR as evidence of compliance with Section 106 of the National Historic Preservation Act.

**Part IV AIRPORT CLEAR ZONES (24CFR51D)**

1. Does this proposal involve the purchase or sale of property? [ ]  Yes [ ]  No

 If “No”, **STOP** here. This project complies with 24 CFR Subpart D §51.300. If “Yes”, PROCEED.

2. Is the subject property located in the Clear Zone (CZ), Approach Protection Zone, or in the Runway Clear Zone (RCZ) of a commercial civil airport or military airfield? [ ]  Yes [ ]  No

Source Documentation:

If “No”, **STOP** here; this project complies with 24 CFR Subpart D §51.300. If “Yes”, PROCEED.

Provide an airport **disclosure statement** advising the buyer that the property is in a RCZ or CZ, what the implications of such a location are and that there is a possibility that the property may, at a later date, be acquired by the airport operator. Obtain the buyer’s signature acknowledging receipt of this information and attach it to this Appendix A. (This disclosure requirement does not apply to Accident Potential Zones). AND PROCEED.

3. Does the rehabilitation significantly prolong the physical or economic life of the building? [ ]  Yes [ ]  No. If “No” the activity complies with HUD policy at 24 CFR Subpart D §51.303. If “Yes” the activity is *not* in compliance with HUD policy at 24 CFR Subpart D §51.303; **deny HUD assistance for this activity.**

**Part V EXPLOSIVE & FLAMMABLE OPERATIONS (24CFR51C)**

1. Will this proposed acquisition/rehabilitation project result in increased residential density or cause a vacant building to become physically or legally habitable? [ ]  Yes [ ]  No

 If the answer to both parts of the question is” No”, **STOP** here; this proposal complies with 24 CFR §51.201.

 If the answer to any part of the question is “Yes”, PROCEED.

2. Is this proposed project within 1 mile of any visible, explosive-or-flammable-substance container (a stationary, aboveground tank with a capacity of more than 100 gallons)? [ ]  Yes [ ]  No (See 24 CFR 51C, Appendices I and II).

 Field inspection by:       Date

 If “No”, **STOP** here. This part is complete. If “Yes”, PROCEED.

3. Note Tank volume:      gallons, or diked area around tank:       square feet.

 Record distance from the project to the flammable/explosives container:       feet.

4. According to HUD Guidebook, “Siting of HUD-Assisted Projects Near Hazardous Facilities" (HUD-1060-CPD), the **Acceptable Separation Distance** (**ASD**) thermal radiation (Appendix F) is:       feet and the ASD for blast overpressure (Appendix G) is:       feet. The greater ASD is:       feet. Is the project located beyond the ASD according to Appendices F and G? [ ]  Yes [ ]  No If “Yes”, STOP; the project complies with 24 CFR 51C. If “No”, **deny HUD assistance,** or **[ ]  APPROVE ONLY** if the following shielding/mitigation measures; designed in compliance with 24 CFR §51.205 are carried out:

**Part VI TOXIC/HAZARDOUS/RADIOACTIVE MATERIALS POLICY [24 CFR 58.5(i)(2)]**

1. Field Observations of the property (exterior/interior):

2. Are there visible dumps, landfills, industrial sites or other locations containing or releasing toxic/hazardous/ radioactive/ materials, chemicals or hazardous wastes on or near the subject site?

 [ ]  Yes [ ]  No If “No” PROCEED. If “Yes”, DESCRIBE:       and PROCEED.

3. Does this project site contain an underground storage tank (which is not a residential fuel tank)?

 [ ]  Yes [ ]  No If “No” PROCEED. If “Yes”, DESCRIBE:       and PROCEED.

4. Search Federal, State or local environmental toxic sites records (e.g. [www.epa.gov/enviro/emef](http://www.epa.gov/enviro/emef) ) Do these sources reveal nearby on or nearby sites that may pose threats to the subject site occupants health or safety? [ ]  Yes [ ]  No If “No”; cite databases:       and PROCEED. If “Yes”; cite databases:      ; DESCRIBE       and PROCEED.

5. **Determination**: Are the neighborhood and property free of hazardous materials, contamination, toxic chemicals, gases and radioactive substances which could affect the health or safety of occupants? [ ]  Yes, according to toxic site database research and field observations. [ ]  No, the following toxic or hazardous conditions must be mitigated during implementation:       (Prescribe mitigation measures now, and attach mitigation compliance, disclosure & clearance documents as appropriate, after project implementation. [ ]  No, hazardous exposure or risk will not be mitigated; **Deny HUD Assistance for this activity.**

**Part VII FLOOD INSURANCE/FLOOD DISASTER PROTECTION ACT [24CFR58.6(a)]**

(The Flood Disaster Protection Act mandates the purchase of **flood insurance** for buildings located in SFHA’s as a condition of approval for federal financial assistance. Flood insurance protection is mandatory for acquisition, construction, reconstruction, repair and improvement activities. Responsible Entities approving such Federally assisted activities located in SHFA’s must ensure that flood insurance is maintained for the statutorily-prescribed period and dollar amount. In the case of grants, flood insurance must be maintained for the life of the building. In the case of loans, flood insurance must be maintained for the term of the loan. A copy of the flood insurance Policy Declaration must be maintained in the ERR. The amount of flood insurance coverage must be at least equal to the total project cost (less the estimated land cost) or to the maximum limit of coverage made available by the NFIP).

1. Does the project involve the acquisition or rehabilitation of structures, buildings or mobile homes?

 [ ]  No; flood insurance is not required. STOP; compliance is established.

 [ ]  Yes; PROCEED.

2. Is the structure or part of the structure located in a FEMA designated Special Flood Hazard Area?

 [ ]  No; cite Source Document (FEMA/FIRM floodplain zone designation, panel number, date):       STOP; compliance is established.

 [ ]  Yes; cite Source Document (FEMA/FIRM floodplain zone designation, panel number, date):      , PROCEED.

3. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?

 [ ]  Yes. Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the activity to cover the total activity cost. A copy of the flood insurance Policy Declaration must be kept in the Environmental Review Record.

 [ ]  No, **HUD assistance may not be provided for this property in the Special Flood Hazard Area.**

**PART VIII**  **LEAD BASED PAINT**

(Applicable to Housing Rehab Projects starting with those funded from FY 2002 funds)

1. Was the construction of the subject building completed on or after January 1, 1978? [ ]  Yes [ ]  No

 If “Yes”, record the year of construction (     ) and **STOP** here; this part is completed. If “No”, PROCEED.

2. Is this property a Single Room Occupancy Dwelling Unit, a residential property designated exclusively for persons with disabilities or the elderly; where a child under six years old is not expected to reside?

 [ ]  Yes [ ]  No If “Yes”, **STOP** here; this part is completed**.** If “No”, PROCEED.

1. Has this property been inspected in accordance with §35.1320(a) and found not to have lead based paint?

 [ ]  Yes [ ]  No If “Yes”, attach a copy of the inspection report as **pages** and **STOP** here, this part is now completed**.** If “No”, PROCEED.

1. Has all LBP been removed, interim controlled or abated and LBP clearance for the property achieved?

[ ]  Yes [ ]  No If “Yes”, attach a copy of the clearance report **as pages** and **STOP** here; this part is now completed. If “No”, PROCEED.

5. Is this rehabilitation which will not disturb a painted surface, or is the disturbance limited to 20 square feet exterior painted surfaces or 2 square feet painted surfaces in any one interior room? [See §35.1350(d)]

 [ ]  Yes [ ]  No If “Yes”**, STOP** here; this part is completed**.** If “No”, PROCEED to a. thru c. below, which applies to the level of Federal rehabilitation assistance applicable to this project.

* 1. Are the average Federal funds for the hard costs of rehabilitation per unit limited to $5,000 or less?

 [ ]  Yes [ ]  No If “Yes”, conduct paint testing per Sec. 35.930(a)(1) and implement safe work practices per § 35.930(a)(2) OR presume LBP and implement safe work practices. Either way, conduct a clearance examination, per §35.930(b)(3) after rehabilitation. Attach a copy of the paint test (if applicable) **as pages** and clearance examination reports **as pages** , after completion.

* 1. Are the average Federal funds for the hard costs of rehabilitation per unit more than $5000 but not exceeding $25,000?

 [ ]  Yes [ ]  No If “Yes”, conduct paint testing per Sec. 35.930(c)(1) and a risk assessment per Sec. 35.930( c )(2); perform interim controls per Sec. 35.1330 (see Sec. 35.930( c )(3)) OR presume LBP and/or hazards present and use standard treatments per Sec. 35.120(a). Either way, conduct a clearance examination per Sec. 35.930(b)(3) after rehabilitation. Attach a copy of the paint test as pages       and risk assessment (if applicable) as pages     , and clearance examination reports as pages     , after completion.

* 1. Are the average Federal funds for the hard costs of rehabilitation per unit more than $25,000?

[ ]  Yes [ ]  No If “Yes”, conduct paint test and perform a risk assessment per §35.930(d)(2), or presume LBP. Abate all LBP hazards identified by the paint test or risk assessment conducted and any LBP hazards created as a result of the rehabilitation work, in accordance with §35.1325, except that interim controls are acceptable on exterior surfaces that are not disturbed by rehabilitation. Either way, conduct a clearance examination per Sec. 35.930(b)(3) after rehabilitation. Attach a copy of the paint test as pages       and risk assessment (if applicable) as pages       and clearance examination reports as pages     , after completion.

Prepared by *(insert name and title)*

Signature Date

Certifying Officer for Responsible Entity *(insert name and title)*

Signature Date

\* **Notes:** If Federal rehabilitation assistance under the HOME program is also used, recipient shall require property owner to incorporate ongoing LBP maintenance activities into regular building operations, per Sec. 35.1355(a) (see Sec. 35.935). Also, there are notification requirements for all rehabilitation activities: Lead Hazard Information Pamphlet, disclosure of known LBP hazards, and notices of lead hazard evaluation/reduction activity (see Sec. 35.910).