

NEBRASKA DED HOUSING SITE REVIEW FORM

Please complete all the information in Box A, B and C. Please provide one site review form for each address.

Part A. Project Information

NAME OF PROJECT			
CONTRACT # <i>(or other identifier, if applicable)</i>			
APPLICANT		DEVELOPER	
NAME OF PERSON COMPLETING FORM			
EMAIL ADDRESS		PHONE	
FUNDING SOURCE <i>(select all that apply):</i>			
<input type="checkbox"/> CDBG-DR <input type="checkbox"/> HOME <input type="checkbox"/> HOME-American Rescue Plan (ARP) <input type="checkbox"/> National Housing Trust Funds (HTF)			
<input type="checkbox"/> NE Affordable Housing Trust Funds (NAHTF) <input type="checkbox"/> QCT Affordable Housing Program			
<input type="checkbox"/> Rural Workforce Housing Land Development Program <input type="checkbox"/> Pandemic Relief Housing Program			
PROJECT OVERVIEW Project activities include <i>(check all that apply):</i> <input type="checkbox"/> acquisition <input type="checkbox"/> rehabilitation <input type="checkbox"/> new construction <input type="checkbox"/> demolition <input type="checkbox"/> site improvements including infrastructure (i.e., roads, lights, turn lanes, etc.) <input type="checkbox"/> lot development only <input type="checkbox"/> Other: _____ Types of units to be served <i>(check all that apply):</i> <input type="checkbox"/> single family <input type="checkbox"/> rental <input type="checkbox"/> multi-family <input type="checkbox"/> homebuyer <input type="checkbox"/> townhouses (e.g., duplex, 3-plex) <input type="checkbox"/> elderly <input type="checkbox"/> special needs / homeless <input type="checkbox"/> secure building only <input type="checkbox"/> Other: _____	PROPOSED DED REQUEST		\$
	PROPOSED TOTAL PROJECT COST:		\$
	NUMBER OF UNITS PROPOSED		
	NUMBER OF BUILDINGS PROPOSED		
	DESCRIPTION OF ALL ACTIVITIES PROPOSED FOR THE PROJECT:		

Part B-1. Proposed Site Information

Property Physical Address and/or Parcel Number of Site proposed for the project: _____

Census Tract (QCT AHP, Pandemic Relief Housing Program and CDBG-DR only): _____

Condition of lot: vacant existing structure

Shape of Site Square Rectangular Other _____ (long narrow sites should be avoided)

Slope of Site No Slope Slight Slope Medium Slope Steep Slope

Is the site located in a suitable neighborhood or location? (consider noise, traffic, view, air pollution, etc.)

Yes No **Refer to 24 CFR 93.150 for HFT and 24 CFR 983.6(b) for HOME Site & Neighborhoods Standards*

Is the site compatible with surrounding land uses? Yes No

The adjacent properties include: (Residential, Commercial, vacant?)

North _____ South _____ East _____ West _____

Is the site located in reasonable proximity to facilities and services that may be utilized by the residents?

Yes No

Describe the distance to the following locations:

Day Care _____miles Grocery Store _____miles Hospital _____miles

Parks _____miles Schools _____miles Shopping _____miles

Other Health Care Services _____miles

Is the site located within a 100 year floodplain? (also known as a Special Flood Hazard Area [SFHA])

Yes No

Are there any mitigating measures needed for the project?

Yes No These measures will include: _____

Part B-2. Proposed Site & Project Information—Required for CDBG-DR only

Is the site in a location that addresses unmet housing needs outlined in the CDBG-DR Action Plan for DR-4420? Yes No

Is the site located within a 100-year floodplain? (i.e., Special Flood Hazard Area [SFHA])

Yes No

Are there any mitigating measures consistent with HUD CDBG-DR requirements needed for the project?

Yes No These measures will include: _____

Does developer have site control? Yes No

Have there been any choice limiting actions which would impair environmental review approvals? Yes No

Part C. Infrastructure

Are there unusual drainage problems?

No Yes If yes, problems include _____

Is street access appropriate for the scale of the development? Yes No

Are the streets paved? Yes No

Will the development also include paving? Yes No

Are there also sidewalks, curbs, and gutters? Yes No

Will the development include sidewalks, curb, and gutters? Yes No

Are there any additional street improvements or mitigating measures needed for the project? (i.e. additional street lights, turn lanes, etc.) No Yes If yes, these additional improvements/measures will include _____

Are there any mitigating measures needed for the project specifically related to infrastructure?

Yes No These measures will include: _____

Part D. REQUIRED Attachments to Accompany Form

Exhibit A: Short narrative 100 words or less on the proposed project. This project description should be consistent with that of the public hearing and the initial Environmental Review Determination of Level of Review (DLR) form, if applicable.

Exhibit B: Proposed site plan for the project.

Exhibit C: Aerial maps of the project site and surroundings and clearly identify the site on the map.

Exhibit D: FEMA Flood Insurance Rate Map (FIRM) _____ [Map #, Panel #]

Exhibit E: Proof of current zoning.

Exhibit F: Legal Description of project site. Include parcel number and/or legal physical address.

To Be Completed by DED Representative

Site review was conducted by _____ on _____ (date).

CONCLUSION: Based on the site review, the Department has determined that the site is:

Approved, because the site is acceptable.

Approved with the following mitigation measures: _____

Not approved because the site is outside of disaster declared counties.

Not approved because the site is unacceptable based on _____

Not approved because the site is subject to re-inspection.

Not approved until the following mitigating measures can be agreed upon: _____

Signature

Printed Name

Date