

**LAND APPRAISAL CHECKLIST FOR  
GROUP HOMES UNDER THE SECTION  
811 CAPITAL ADVANCE PROGRAM**

**U.S. Department of Housing  
and Urban Development**  
Office of Housing  
Federal Housing Commissioner

OMB Control NO. 2502-  
XXXX  
(exp. xx/xx/xxxx)

Public reporting burden for this collection of information is estimated to average 0.5 hour (30 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintain the data needed, and completing and reviewing the collection of information. HUD may not collect this information and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information collection is necessary to ensure that viable projects are developed. It is important to obtain information from applicants to assist HUD in determining if nonprofit organizations initially funded continue to have the financial and administrative capacity needed to develop a project and that the project design meets the needs of the residents. The Department will use this information to determine if the project meets statutory requirements with respect to the development and operation of the project, as well as ensuring the continued marketability of the project. This information is required in order to obtain benefits. This information is considered non-sensitive and no assurance of confidentiality is provided.

**INSTRUCTIONS:**

1. Use 3 to 5 comparables.
2. Make sure comparables are recent sales.
3. Make sure each comparable is adjusted from the sale comparable to the subject site.
4. Use comparables with the same or similar zoning.
5. The location of the comparables should be in reasonable proximity to the subject site.
6. Determine whether a desk or field review is necessary.

**SECTION I**

Project No.: \_\_\_\_\_

Project  
Sponsor/Owner: \_\_\_\_\_

Project Location: \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City, State, Zip Code)

**SECTION II**

Dimensions \_\_\_\_\_

Site Area \_\_\_\_\_ Corner Lot  Yes  No

Specific Zoning Classification and Description \_\_\_\_\_

Zoning Compliance  Legal  Legal Nonconforming (Grandfathered Use)  
 Illegal  No Zoning

Market Value of Land  Present Use  
 Intended Use (Group Home)  
 Other Use (Explain)

**SECTION III**

Topography \_\_\_\_\_

Size\_ \_\_\_\_\_

Shape/Plottage \_\_\_\_\_

Drainage \_\_\_\_\_

View\_ \_\_\_\_\_

Landscaping/Demolition/Piling \_\_\_\_\_

Driveway Surface \_\_\_\_\_

Apparent Easements \_\_\_\_\_

FEMA Special Flood Hazard Area     Yes     No

FEMA Zone \_\_\_\_\_ Map Date \_\_\_\_\_

FEMA Map No.\_ \_\_\_\_\_

**SECTION IV**

<b><u>Utilities</u></b>	<b><u>Public</u></b>	<b><u>Other</u></b>
Electricity	<input type="checkbox"/>	_____
Gas	<input type="checkbox"/>	_____
Water	<input type="checkbox"/>	_____
Sanitary Sewer	<input type="checkbox"/>	_____
Storm Sewer	<input type="checkbox"/>	_____

**SECTION V**

<b><u>Off-Site Improvements</u></b>	<b><u>Type</u></b>	<b><u>Public</u></b>	<b><u>Private</u></b>
Street	_____	<input type="checkbox"/>	<input type="checkbox"/>
Curb/gutter	_____	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalk	_____	<input type="checkbox"/>	<input type="checkbox"/>
Street Lights	_____	<input type="checkbox"/>	<input type="checkbox"/>
Alley	_____	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION VI**

**Comments:** (apparent adverse easements, encroachments, special assessments, slide areas, illegal or legal nonconforming zoning use, etc.)

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**SECTION VII**

**Environmental Considerations**

**Flood Hazards:**

Are the property improvements in a Special Flood Hazard Area?  Yes  No

(If "yes", a Letter of Map Amendment (LOMA) or Letter of Map Revision (LOMR) is attached.)  Yes  No

The flood insurance Map (FIRM) Number and Date:

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**Noise:**

Is the property located within 1,000 feet of a highway, freeway, or heavily traveled road?  Yes  No

Within 3,000 feet of a railroad?  Yes  No

Within one mile of a civil airfield or 5 miles of a military airfield?  Yes  No

**Runway Clear Zones/Clear Zones:**

Is the property within 3,000 feet of a civil or military airfield?  Yes  No

If "yes", is the property in a Runway Clear Zone/Clear Zone?  Yes  No

**Explosive/Flammable Materials Storage Hazard:**

Does the property have an unobstructed view, or is it located within 2,000 feet of any facility handling or storing explosive or fire prone materials?  Yes  No

**Toxic Waste Hazards:**

Is property within 3,000 feet of a dump or landfill, or a site on an EPA Superfund (NPL) list or equivalent State list?  Yes  No

**Foreseeable Hazards or Adverse Conditions:**

- Does the site have any rock formations, high ground water levels, inadequate surface drainage, springs, sinkholes, etc?  Yes  No
  
- Does the site have unstable soils (expansive, collapsible, or erodible)?  Yes  No
  
- Does the site have any excessive slopes?  Yes  No
  
- Does the site have any earthfill?  Yes  No
  
- If "yes", will foundations, slabs, or flatwork rest on the fill?  Yes  No

**SECTION VIII**

**Recommendation:**

- Approve
- Approve with Conditions
- Disapprove

**Comments/Conditions:** \_\_\_\_\_

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Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)