

Public Reporting Burden for this collection is estimated to average .5 hours per response, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and compiling and reviewing the collection of information. This information is required to obtain benefits and voluntary. 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 projects meet statutory requirements, ensuring the continued marketability of the projects. This information is required in order to obtain benefits. This information is considered non-sensitive and no assurance of confidentiality is provided.

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

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

Utilities

Public

Other

Electricity	<input type="checkbox"/>	_____
Gas	<input type="checkbox"/>	_____
Water	<input type="checkbox"/>	_____
Sanitary Sewer	<input type="checkbox"/>	_____
Storm Sewer	<input type="checkbox"/>	_____

SECTION V

Off-Site Improvements

Type

Public

Private

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.)

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:

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:

Prepared by: _____
(Signature)

Date:

Supervisor: _____
(Signature)

Date: