



Environmental Checklist
Housing and Community
Development Activities

Kansas City, Missouri
City Planning & Development
Department

Program & Program File #: _____

CPD Use: **ERR File #:** _____

This checklist is **to be completed during the application/approval process** for programs such as the Minor Home Repair, Barrier Removal, Rehabilitation Rebate, and Rehabilitation Loan Programs. A completed form will be associated with all activities to be undertaken on the site(s) identified, will identify the potential environmental concerns, will be filled-in completely, and then signed by a preparer who has received the appropriate training to inspect sites.

Part I:

Project Address: _____ **County:** _____

Does a building exist on site? **Yes** **No** **Date of Construction:** _____ **Info Source for Date:** _____

An overall **description of the site and surrounding area** should be provided. Use a **site map, photographs and photo key** to aid in defining the site or sites, the **condition** of items/areas noted in this checklist, and surrounding properties. Conditions observed should be recorded on the site map so long as the footprint of structures can be identified, and the information is legible and organized. Provide either a clear copy of the applicable **FEMA Flood Insurance Rate Map (FEMA FIRMette Maps Website)** showing the location of the site in relation to any Flood Zone A (100 Year Floodplain); or a "Standard Flood Hazard Determination" (form FEMA 81-93) for the subject site. It is recommended that appropriate databases be accessed to assist in identifying potential concerns, buildings and other site characteristics. To ensure that a complete Environmental Review can be generated, **this form MUST be accompanied by a separate, written scope of work including appropriate attachments. Attachments may include:** renderings, dimensioned drawings, dimensioned site plan, and/or product sheets for materials proposed for the project.

Part II:

Hazards

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is the project near (w/in 300 feet) a dump or landfill site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the project near (w/in 300 feet) an industry handling chemicals or hazardous wastes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the project adjacent to or across the street from a gasoline station? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there other unusual conditions on site or along the perimeter such as: | | |
| Distressed vegetation (describe in "Comments" field) | <input type="checkbox"/> | <input type="checkbox"/> |
| Odors of Chemical, Solvent or Petroleum (describe in "Comments" field) | <input type="checkbox"/> | <input type="checkbox"/> |
| Waste material/ waste containers (describe in "Comments" field) | <input type="checkbox"/> | <input type="checkbox"/> |
| Soil staining, pools of liquid (describe in "Comments" field) | <input type="checkbox"/> | <input type="checkbox"/> |
| Loose/empty drums, barrels (describe in "Comments" field) | <input type="checkbox"/> | <input type="checkbox"/> |
| Oil/chemical spills (describe in "Comments" field) | <input type="checkbox"/> | <input type="checkbox"/> |
| Abandoned machinery, cars, refrigerators, etc. (describe in "Comments" field) | <input type="checkbox"/> | <input type="checkbox"/> |
| Transformers, fill/vent pipes, pipelines, drainage structures (describe in "Comments" field) | <input type="checkbox"/> | <input type="checkbox"/> |

Other Considerations

- | | | |
|--|--------------------------|--------------------------|
| 1. Does the Project anticipate removal of florescent light fixtures? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the ballast in the fixture identified as a Non-PCB ballast? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the ballast show signs of leaking? (Conditional Item) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the Project anticipate removal of roofing, siding, mastic, floor tiles, ceiling tiles or other substance that may be Asbestos Containing Materials? (Conditional Item) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Project anticipate removal of a HVAC unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is a mercury-filled tipping mechanism (thermostat) to be removed? (Conditional Item) | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a freon-based AC unit to be replaced? (Conditional Item) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the Project anticipate impacting painted surfaces? Estimated area in Sq. Ft: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is this property or an adjacent property listed on either the National or KC Registers of Historic Places? (Conditional Item) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, District Name or Site Address: _____ Date Listed: _____ | | |

Comments (use additional sheets as necessary): _____

Date Inspected: _____ **Preparer (Print):** _____ **Signature:** _____