

**FEDERAL EMERGENCY MANAGEMENT AGENCY
HISTORIC REVIEW ASSESSMENT FOR DETERMINATION OF EFFECT**

FIPS Number	Project Number	LATITUDE/LONGITUDE /
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Address/location of facility/site	Historic Name and ID #
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Historic Status: NHL NR/NR eligible State Register or other Contributing to Historic District

1. Describe disaster damage, particularly as it relates to character-defining features:

2. The proposed scope of work will (*check all that apply*):

Repair or replace non character-defining features. Repair and/or replace historic features/elements in-kind to return facility to pre-disaster condition.

Alter or remove historic features/elements. Add non-historic features/elements to a historic facility, setting or landscape.

Disturb, destroy or make archeological resources inaccessible. Include mitigation, an alternate project or an improved project.

Other (explain): _____

3. Describe measures to prevent or minimize loss or impairment of character-defining features:

4. Attachments:

Maps Drawings Specifications Photographs Project Worksheet Scope of Work Site Plan National Register

List of Materials Samples Archeological Survey Field Notes Summary Views of Interested Parties Nomination Form

Research Material Other

5. Conclusions:

5a. No Character-defining features were affected.

5b. The above action(s) meets the conditions for a Programmatic Exclusion # _____ of the Programmatic Agreement governing historic review.

5c. The above action(s) substantially conforms with the applicable parts of the Secretary of the Interior's Standards and Guidelines for Archeology and Historic Preservation.

5d. Further consultation with the SHPO in accordance with the Programmatic Agreement is required.

5e. Development of STMA or Memorandum of Agreement is required.

5f. Recommendations for conditions or stipulations to ensure that the assessment of effect is consistent with 36 CFR Part 800 criteria of effect and substantially conforms to the Secretary of the Interior's Standards and Guidelines for Archeology and Historic Preservation include:

6. Assessment of Effect (check one): No Effect No Adverse Effect Adverse Effect

7. Specialist: Your signature shows that you have reviewed this form and related material for conformity with requirements in FEMA's Programmatic Agreement governing compliance with the National Historic Preservation Act; applicable parts of the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings 1992 (Standards), the Secretary of the Interior's Guidelines for Archeological Documentation (Guidelines), or any other applicable Secretary of the Interior's Standards, 44 CFR Part 206, and FEMA Management Policies, and have provided your best professional opinion.

Comments:

Name	Field of Expertise	Date
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8. Action Taken and Date: