****Section4(f) Initial Assessment

Project Development Division Form 040

Project Name Project Number

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Control Number Date Completed

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Project Location *(Town, County)* Name and Organization of Preparer

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The following form was developed as an initial assessment of potential Section 4(f) properties within a project area. The number of each question block corresponds directly to the NDOT Section 4(f) Guidance section with the same number. **One Initial Assessment Form per PROJECT must be included as an attachment to the CE Form or incorporated into the appropriate chapter in the EA/EIS.**

NOTE: At the time the Section 4(f) Initial Assessment Form is filled out, the Section 106 process must be sufficiently complete that historic properties have been identified. If a project effects determination has not been made by NDOT Section 106 Professionally Qualified Staff (PQS), use the best available information to make a determination and review during the NEPA process.

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1. Identification of Section 4(f) Properties

A. *For historic properties*, based on the NDOT Section 106 Tier Review Form or best available information, are there properties that are listed or eligible for listing on the National Register of Historic Places?

Yes   No   N/A (Section 106 Tier I)

If Yes, provide the name, Finding of Effect, and any other pertinent information from the Section 106 review for each identified property.

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B. Are there existing or planned parks, recreation areas, or wildlife/waterfowl refuges present within 0.25 miles of the project area?

Yes   No

C. In consultation with the online resources identified in the Section 4(f) Guidance, list the resources used to determine if parks, recreation areas, or wildlife/waterfowl refuges are present.

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D. Identify all potential Section 4(f) parks, recreation areas, and wildlife/waterfowl refuges *(include property name(s)*, *location(s) along project, etc.)*.

If any properties are listed in 1.A. or 1.C., proceed to 2.A. – 2.E. If there are no properties, documentation is complete.

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2. Applicability Criteria for Section 4(f) Parks, Recreation Areas, and Wildlife/Waterfowl Refuges (not Historic Properties)

A. List all properties from 1.D. that are (1) NOT publicly owned, or (2) NOT privately owned and leased to a public entity, for a Section 4(f) protected purpose, and how this was determined.

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B. List all properties from 1.D. that are NOT open to the public, and how this was determined. (This does NOT apply to wildlife/waterfowl refuges.)

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C. List all properties from 1.D. that are considered multiple-use properties, and what those uses are.

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D. List all pedestrian or bicycle paths from 1.D. that are not officially designated primarily for recreation, and state below how this was determined.

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E. List all properties from 1.D. that were NOT called-out in 2.A., B., or C.; these properties will be carried forward in the Section 4(f) process. Carry forward any multiple-use properties from 2.C. If no properties are carried forward, note below and documentation is complete.

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3. Determination of Section 4(f) Use

A. Is there a potential *use* of the Section 4(f) applicable properties from 2.E. above? Will the properties be impacted by the project, including access restrictions? (See Guidance Section 3 for definition of *use*.)

Yes   No Is there a potential *permanent* use?

Yes   No Is there a potential *temporary* use (including exceptions)?

Yes   No Is there a potential *constructive* use?

**Any Yes:** complete the appropriate Section 4(f) analysis for each impacted property

**No:** state impact avoidance measures below, then documentation is complete.

B. List impact avoidance measures (for “No” answer only). If justification is needed to support a “No” answer in 3.A., describe below.

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**NDOT Reviewer Approval Signature: Date:**

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NDOT Section or Documents Unit Manager signature is only required in the following circumstances:

* If the property is leased
* If the property is considered multiple-use
* If the Official(s) with Jurisdiction claims that the property is NOT significant

**NDOT Section or Documents Unit Manager Signature: Date:**

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