FOR OFFICIAL USE ONLY
Permit No. _____
Fee Received _____ Date _____

TOWN of CHENANGO

BROOME County, New York

Permit Application for Development
in
Flood Hazard Areas

A. General instructions page 4 (Applicant to read and sign)

B. For assistance in completing or submittal of this application contact:

_____, Floodplain Administrator,
(Name)

_____
(Address)

_____, NY ( ) _____ - _____.

1. Name and Address of Applicant

_____ _____ _____
(First Name) (MI) (Last Name)

Street Address: _____

Post Office: _____ State: _____ Zip Code: _____

Telephone: ( ) ____ - _____

2. Name and Address of Owner (If Different)

_____ _____ _____
(First Name) (MI) (Last Name)

Street Address: _____

Post Office: _____ State: _____ Zip Code: _____

Telephone: ( ) ____ - _____

3. Engineer, Architect, Land Surveyor (If Applicable)

_____ _____ _____
(First Name) (MI) (Last Name)

Street Address: _____

Post Office: _____ State: _____ Zip Code: _____

Telephone: ( ) -

PROJECT LOCATION

Street Address: _____ Tax Map No. _____

_____

Name of, distance and direction from nearest intersection or other landmark

_____

_____

Name of Waterway: _____

PROJECT DESCRIPTION (Check all applicable boxes and see Page 4, Item 3)

Structures

____ New Construction
____ Addition
____ Alteration
____ Relocation
____ Demolition
____ Replacement

Structure Type

____ Residential (1-4 family)
____ Residential (More than 4 family)
____ Commercial
____ Industrial
____ Mobile Home (single lot)
____ Mobile Home (Park)
____ Bridge or Culvert

Estimated value of improvements if addition or alteration: _____

Other Development Activities

____ Fill ____ Excavation ____ Mining ____ Drilling ____ Grading

____ Watercourse alteration ____ Water System ____ Sewer System

____ Subdivision (New) ____ Subdivision (Expansion)

____ Other (Explain)

CERTIFICATION

Application is hereby made for the issuance of a floodplain development permit. The applicant certifies that the above statements are true and agrees that the issuance of the permit is based on the accuracy thereof. False statements made herein are punishable under law. As a condition to the issuance of a permit, the applicant accepts full responsibility for all damage, direct or indirect, of whatever nature, and by whomever suffered, arising out of the project described herein and agrees to indemnify and save harmless to the community from suits, actions, damages and costs of every name and description resulting from the said project. Further, the applicant agrees that the issuance of a permit is not to be interpreted as a guarantee of freedom from risk of future flooding. The applicant certifies that the premises, structure, development, etc. will not be utilized or occupied until a Certificate of Compliance has been applied for and received.

_____ Date _____ Signature of Applicant

_____ of _____
Flood Hazard Development Permit

Administrative Action
Completed by Floodplain Administrator

Proposed project located in ____ "A" zone with elevation
____ "A" zone without elevation
____ Floodway
____ Coastal High Hazard Area (V-Zone)

Base flood elevation at site is _____

Source documents: _____

PLAN REVIEW

Elevation to which lowest floor is to be elevated _____ft. (NGVD)
Elevation to which structure is to be floodproofed _____ft. (NGVD)
Elevation to which compacted fill is to be elevated _____ft. (NGVD)

ACTION

____ Permit is approved, proposed development in compliance with applicable floodplain management standards.

____ Additional information required for review. Specify: (i.e, encroachment analyis)

_____

___ Permit is conditionally granted, conditions attached.

____ Permit is denied. Proposed development not in conformance with applicable floodplain management standards. Explanation attached. A variance, subject to Public Notice and Hearing, is required to continue project.

Signature _____ Date _____
(Permit Issuing Officer)

This permit is valid for a period of one year from the above date of approval.

BUILDING CONSTRUCTION DOCUMENTATION

The certified "As Built" elevation of lowest floor (including basement) of structure is _____ft. NGVD.

Certification of registered professional engineer, land surveyor or other recognized agent, documenting these elevations is attached.

CERTIFICATE OF OCCUPANCY/COMPLIANCE

Certificate of Occupancy and/or Compliance Issued:

Date Signature

_____ of _____

_____ County, New York

Development in Flood Hazard Areas
Instructions

1. Type or print in ink

2. Submit ____ copies of all papers including detailed construction plans and specifications.

3. Furnish plans drawn to scale, showing nature, dimension and elevation of area in question; existing or proposed structures, fill, storage of materials, drainage facilities and the location of the foregoing. Specifically the following is required: (A) NGVD (Mean Sea Level) elevation of lowest floor including basement of all structures; (B) description of alterations to any watercourse; (C) statement of techniques to be employed to meet requirements to anchor structures, use flood resistant materials and construction practices; (D) show new and replacement potable water supply and sewage systems will be constructed to minimize flood damage hazards; (E) Plans for subdivision proposal greater than 50 lots or 5 acres (whichever is least) must provide base flood elevations if they are not available; (F) Additional information as may be necessary for the floodplain administrator to evaluate application.

4. Where a non-residential structure is intended to be made watertight below the base flood level, a registered professional engineer or architect must develop and/or review strucutral design, specifications, and plans for the construction and certify that the design and methods of construction are in accordance with accepted standards of practice for meeting the applicable provisions of the local floodplain management regulations.

5. No work on the project shall be started until a permit has been issued by the floodplain administrator.

6. Applicant is hereby informed that other permits may be required to fulfill local, state and federal regulatory compliance.

7. Applicant will provide all required elevation certifications and obtain a certificate of compliance prior to any use or occupancy of any structure or other development.

Applicant's signature Date

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

CITY STATE ZIP CODE

For Insurance Company Use:
Policy Number
Company NAIC Number

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)

LATITUDE/LONGITUDE (OPTIONAL) (##° - ## - ##.## or ##.#####°) HORIZONTAL DATUM: |__| NAD 1927 |__| NAD 1983 SOURCE: |__| GPS (Type) _____ |__| USGS Quad Map |__| Other _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
|__| FIS Profile |__| FIRM |__| Community Determined |__| Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: |__| NGVD 1929 |__| NAVD 1988 |__| Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? |__| Yes |__| No
Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: |__|Construction Drawings* |__|Building Under Construction* |__|Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum _____ Conversion/Comments _____
Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? |__| Yes |__| No

a) Top of bottom floor (including basement or enclosure) _____ . ___ ft.(m)
b) Top of next higher floor _____ . ___ ft.(m)
c) Bottom of lowest horizontal structural member (V zones only) _____ . ___ ft.(m)
d) Attached garage (top of slab) _____ . ___ ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) _____ . ___ ft.(m)
f) Lowest adjacent (finished) grade (LAG) _____ . ___ ft.(m)
g) Highest adjacent (finished) grade (HAG) _____ . ___ ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME LICENSE NUMBER
TITLE COMPANY NAME
ADDRESS CITY STATE ZIP CODE
SIGNATURE DATE TELEPHONE