

## Antelope County Floodplain Development Permit Application

### **SECTION 1: General Provisions (applicant to read and sign)**

1. No work of any kind may start until a permit is issued
2. The permit may be revoked if any false statements are made herein
3. If revoked, all work must cease until permit is re-issued.
4. Development shall not be used or occupied until a Certificate of Compliance is issued.
5. The permit will expire if no work is commenced within six months of issuance.
6. Applicant is hereby informed that other permits may be required to fulfill local, state, and federal regulatory requirements.
7. Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections required to verify compliance.
- 8. THE APPLICANT CERTIFIES THAT ALL STATEMENTS CONTAINED HEREIN AND IN ATTACHMENTS TO THIS APPLICATIONS ARE, TO THE BEST OF THEIR KNOWLEDGE, TRUE AND ACCURATE.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

### **SECTION 2: Proposed Development (to be completed by applicant)**

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
City State Zip Code Phone Number

\_\_\_\_\_  
Name of Contractor Address of Contractor

\_\_\_\_\_  
Engineer Address of Engineer

#### PROJECT LOCATION

To avoid delay in processing the application, please provide enough information to easily identify the project location. Provide the street address, or legal description. Also provide a sketch of the project and the surroundings.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF WORK TO BE DONE (CHECK ALL THAT APPLY)**

**A. STRUCTUARL DEVELOPMENT**

**ACTIVITY**

**STRUCTURE TYPE**

- New structure
- Addition
- Alteration
- Relocation
- Demolition
- Replacement

- Residential (1-4 family)
- Residential (more than 4 family)
- Non-residential (floodproofing? yes)
- Combined use (residential & commercial)
- Manufactured (mobile) Home

Estimated cost of project \$ \_\_\_\_\_

**B. OTHER DEVELOPMENT ACTIVITIES**

Clearing     Fill     Mining     Drilling     Grading

Excavation (except for Structural Development checked above)

Watercourse Alteration (including Dredging and Channel Modifications)

Drainage Improvements (including culvert work)

Road, Street or Bridge construction

Subdivision (new or expansion)

Individual water or sewer system

Other (explain) \_\_\_\_\_

After completing SECTION 2, APPLICANT should submit form to local administrator for review.

**SECTION 3: FLOODPLAIN DETERMINATION (to be completed by Administrator)**

The project development is located on FIRM Panel No.\_\_\_\_, Dated \_\_\_\_\_.

The proposed development:

Is NOT located in a Special Flood Hazard Area (SFHA) and no Floodplain development permit is required.

Is partially located in a SFHA, but building/development is NOT

Is located in a SFHA

FIRM zone designation is\_\_\_\_\_.

100 Year flood elevation at the site is \_\_\_\_\_ ft NGVD

unavailable

\_\_\_\_\_  
Floodplain Administrator signature

\_\_\_\_\_  
Date



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Board of Adjustment hearing needed: \_\_\_ yes \_\_\_no

Hearing date\_\_\_\_\_.

Decision of BOA:\_\_\_\_\_

\_\_\_\_\_

**Section 6 AS-BUILT ELEVATIONS (TO BE SUBMITTED BY APPLICANT BEFORE CERTIFICATION OF COMPLIANCE IS ISSUED)**

The following information must be provided for structures that are part of this application. This section MUST be completed by a registered professional engineer or licensed land surveyor (or attach a certification to this application. Complete 1 and 2 below.

1. Actual (as built) Elevation of the top of the lowest floor, including basement, is \_\_\_\_\_ft NGVD (MSL)

2. Actual (as built) Elevation of floodproofing protection is \_\_\_\_\_ft NGVD (MSL)

**Section 7 COMPLIANCE ACTION (TO BE COMPLETED BY ADMINISTRATOR)**

The Administrator will complete this section as applicable based on inspections of the project to ensure compliance with the Antelope County Floodplain Regulations.

Inspections: Date\_\_\_\_\_ by \_\_\_\_\_ Deficiencies? \_\_\_yes \_\_\_no

Date\_\_\_\_\_ by \_\_\_\_\_ Deficiencies? \_\_\_yes \_\_\_no

Date\_\_\_\_\_ by \_\_\_\_\_ Deficiencies? \_\_\_yes \_\_\_no

**SECTION 8 CERTIFICATE OF COMPLIANCE (to be completed by administrator)**

Certificate of Compliance issued: DATE\_\_\_\_\_

\_\_\_\_\_  
Administrator signature