



City of Durham

17160 SW Upper Boones Ferry Road
 Durham, OR 97224
 503-639-6851 Fax 503-598-8595
 Website: www.durham-oregon.us
 Email: cityofdurham@comcast.net

FLOOD HAZARD AREA DEVELOPMENT PERMIT APPLICATION

File _____

Date: _____

APPLICANT INFORMATION*		OWNER INFORMATION	
Name:		Name:	
Company:		Company:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Email:		Email:	

DESCRIPTION OF PROPERTY			
Street Address			
Tax Map/Lot:		Size (acres & square feet):	
Current Zoning:		Existing Use:	
Proposed Use:		Project Description:	

Proposed Development in the:	Floodplain		Floodway		Please provide 3 copies and an electronic copy of a site map and plans showing the nature, location, dimensions, elevations, and proposed grading of the proposed development area. Please include: 1. Elevation, in relation to mean sea level, of the lowest floor (including basements) of all structures; 2. Elevation, in relation to mean sea level, of flood proofing in any structure; 3. Certification by a registered professional engineer or architect that the flood proofing methods for any nonresidential structures meet required criteria; and 4. A description of the extent to which a watercourse will be altered or relocated.
FIRM Date:		Base Flood Elevation at the site:			
Elevation of proposed lowest floor:					
Elevation of proposed flood proofing:					
Will the watercourse be altered or relocated?		If yes, provide description.			
A FEMA Flood Elevation Certificate must be submitted to the City before final building permit approval can be issued.					

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts on this application is cause for cancellation of the application. By signing this application, the applicant and property owner agree to pay all fees associated with this application. *The information provided in this application is subject to disclosure in accordance with the Oregon Public Records Law.*

Applicant's signature: _____ Owners' signature: _____

*If the applicant is not the property owner, the applicant must attach documentation of their authority to act as an agent on behalf of the owner.

FOR CITY USE ONLY:

Date Received: _____ By: _____ Payment Received: _____ Receipt: _____

Date Application Complete: _____ Attest: _____ Approved/Denied: _____