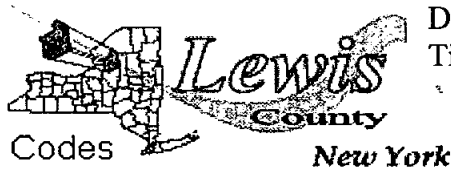


Ward Dailey, Sr. Codes Officer
Sandra Bacon, Admin. Assistant



Don Mallette, Codes Officer
Tim Widrick, Codes Officer

LEWIS COUNTY BUILDING & CODES DEPARTMENT
LEWIS COUNTY COURT HOUSE
7660 N. STATE STREET
LOWVILLE, NEW YORK 13367
PHONE: (315) 376-5377 FAX: (315) 377-3137

Town of Diana Flood Plain Development Permit Application

- **All structures** constructed in whole or in part within special flood hazard areas as identified on the FIRM map or FEMA flood mapping programs A to V zones **shall be designed by a NYS registered design professional**
- **Design must detail** all structural systems; the methods of connection and anchorage to resist flotation, collapse or lateral movement due to flooding. All structures in erected in areas prone to flooding shall be designed and constructed by methods and practices proven to minimize or prevent flood damage.
- Where present in the structure, a design shall detail electrical, plumbing, HVAC, and must include methods to protect the sanitary system and water supply from the effect of flooding.
- **Enclosed areas, including crawl spaces**, which are below the design flood elevation, or 3 feet or less above the highest adjacent grade, shall be used solely for parking of vehicles, building access or storage. And be provided with flood openings as specified in the NYS Residential or Building Codes
- **Elevation certificate is required** for all new or substantially reconstructed structures located within a special flood hazard area (A to V) identified on the Towns FIRM or FEMA Flood mapping programs
- ❖ **Town of Diana local law requires that within special flood hazard areas (A to V) new and substantially improved structures shall have the lowest floor to include basement floors elevated a minimum of (3) three feet above the highest adjacent grade.**

Date _____ Permit No _____ **Application Fee \$ 50.00**

Flood Hazard Designation _____ Body of Water _____ **FIRM # 360364B 9/24/1984**

Tax Map Section _____ Block _____ Lot _____

Property Owners Name _____ Phone _____

Mailing Address _____

Design Professional Name _____ Phone _____

Mailing Address _____

Project 911 Address _____

Description of Project _____

Applicant's Signature _____ Date _____

Approved _____

Denied _____ See Attached sheet for Denial or if a variance is requested letter of referral to Town Board

Variance requested _____ variances may only be granted by the Town of Diana Board in strict accordance to this law

Zoning officers signature _____ Date _____

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name		For Insurance Company Use:	
		Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			
		Company NAIC Number	
City	State	ZIP Code	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)			
A5. Latitude/Longitude: Lat. _____ Long. _____		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number _____			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s) _____ sq ft		a) Square footage of attached garage _____ sq ft	
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____	
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____ sq in	
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/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 base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

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. 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 C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

Benchmark Utilized _____ Vertical Datum _____
 Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name	License Number
Title	Company Name
Address	City
	State
	ZIP Code
Signature	Date
	Telephone

PLACE
 SEAL
 HERE

Use the space below or attach a separate sheet to show the location of the proposed building(s) in relation to all roads public or private, distance proposed building is from all bodies of water, the location of all wells and septic systems, existing and proposed, the distance between buildings and give the road name as well as the names of all adjacent landowners. Also show the lot width and depth, and show the distance of proposed building(s) to all property lines.

NOTE: GIVE THE DISTANCE OF ALL WELL AND SEPTIC SYSTEMS ON NEIGHBORING PROPERTIES TO YOUR PROPOSED WELL/SEPTIC IF CLOSER THAN 150FT.

PLOT DIAGRAM

NAME OF ADJACENT LAND OWNER _____ BY OUR PROPERTY LINES		
OWNERS NAME LEFT SIDE	REAR LOT WIDTH _____	OWNERS NAME RIGHT SIDE
LOT DEPTH _____		LOT DEPTH _____
FRONT LOT WIDTH _____		
ROAD NAME _____		
THIS AREA REPRESENTS THE ROAD IN FRONT OF YOUR PROJECT. SHOW DRIVEWAY.		