

Section 3

Floodplain Determination (to be completed by Local Administrator)

The proposed development is located on FIRM Panel No. _____, Dated _____.

The Proposed Development:

Is NOT located in a Special Flood Hazard Area (notify the applicant that the application review is complete and NO FLOODPLAIN DEVELOPMENT PERMIT IS REQUIRED)

Is partially located in the SFHA, but building/development is not.

Is located in a Special Flood Hazard Area

FIRM zone designation is _____

“100-Year” flood elevation at the site is _____ ft. NGVD (MSL)

Unavailable

Is located in the floodway.

See Section 4 for additional instructions

Signature _____

Date _____

Section 4

Additional Information Required (to be completed by Local Administrator)

The applicant must submit the documents checked below before the application can be processed:

- Plans in duplicate drawn to scale showing the location, dimensions and elevations of the area in question, existing and proposed structures, fill, storage of materials and drainage facilities.
- Elevation in relation to mean sea level of the lowest floor, including basement, of all proposed structures.
- Elevation in relation to mean sea level to which any proposed structure will be flood proofed.
- Certification by a registered professional engineer or architect that the flood proofing methods for non-residential structure meet the flood proofing criteria in Section 1155.07(b).
- Description of the extent to which any watercourse will be altered or relocated as a result of proposed development.
- Base flood elevation data as provided by the Federal Emergency Management Agency. If such base flood elevation data is not available from that source, the applicant shall provide base flood elevation data available from another federal or state agency. Where such base flood elevation data is not available from any other source, the applicant shall provide such data in accordance with a hydrologic and hydraulic engineering analysis, performed and certified by a professional engineer, who shall demonstrate that the technical methods used correctly reflect currently accepted technical concepts.
- Other information as requested by the Zoning Inspector to determine conformance with this Ordinance.

Department Address: 7815 Walton Parkway • New Albany, Ohio 43054 • Phone 614.939.2254

Mailing Address: 99 West Main Street • P.O. Box 188 • New Albany, Ohio 43054

Section 5

Permit Determination (to be completed by Local Administrator)

I have determined that the proposed activity **is in conformance** with provisions of New Albany Ordinance _____. The permit is issued subject to the conditions attached to and made part of this permit.

I have determined that the proposed activity **is not in conformance** with the provisions of New Albany Ordinance _____. A written summary of deficiencies is attached. The applicant may revise and resubmit an application or may request a hearing from the Board of Appeals.

Signature _____ Date _____

Appeal

Appealed to Board of Appeals Hearing Date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Board of Appeals Decision	_____ Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reasons / Conditions	_____	
_____	_____	
_____	_____	

Section 6

As-Built Elevations (to be submitted by Applicant)

The following information must be provided for structures that are part of this application. This section shall be completed by a registered professional engineer or a license land surveyor or attach certification to this application.

Actual (as-built) Elevation of the top of the lowest floor, including basement is _____ ft. NGVD (MSL).

Actual (as-built) Elevation of flood proofing protection is _____ ft. NGVD (MSL).

Section 7

Compliance Action (to be completed by Local Administrator)

The Local Administrator will complete this section as applicable based on inspection of the project to ensure compliance with New Albany's local law for flood damage prevention.

Inspections				
_____ Date	_____ Inspected by	Deficiencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Date	_____ Inspected by	Deficiencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Date	_____ Inspected by	Deficiencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 8

CERTIFICATE OF COMPLIANCE (to be completed by Local Administrator)

Certificate of Compliance issued: Date _____ by _____