

FD

CITY OF ASTORIA Founded 1811 • Incorporated 1856

COMMUNITY DEVELOPMENT

NO FEE

## FLOOD ZONE DEVELOPMENT PERMIT

Property Address:			
Lot	Block	Subdivision	
Мар	Tax Lot	Zone	
Applicant's Name:			
Mailing Address:			
Ph:	Bus. Ph:	Email:	
Signature of Applican	t:	Date:	
Property Owner's Nar	ne:		
Ph:	Bus. Ph:	Email:	
Signature of Property	Owner:	Date:	
Business Name (if ap	plicable):		
Project Description:			
Briefly address ea ADC§14.535(A)(1)	-	additional sheets if necessary.	) of all
_ ,,,,	structures.		

ADC§14.535(A)(3)	Certification by a registered professional engineer or architect that the floodproofing method for any non-residential structure meets the floodproofing criteria in Section 14.545(A.2).				
ADC§14.535(A)(4)	Description of the extent to which any watercourse will be altered or relocated as a result of proposed development.				
ADC§14.500	Defines the areas where CRESO review is required in addition to this permit.				
FLOOD INSURANCE	RATE MAP INFORM	MATION:			
<u>COMMUNITY/PAN</u>	NEL NUMBER	DATE	ON FIRM INDEX	FIRM ZONE	
FOR OFFICE USE ON	ILY				
SUBSTANTIAL DEVE	LOPMENT?*	YES□ NO □	ELEVATION CERTIFICA	TE REQUIRED?	YES□ NO □
(*Substantial Developr 50% of the market valu		onstruction o	r improvement of a structure	, the cost of which equal	s or exceeds
Approved by:					
	Planner		Date		

Application Complete:		
120 Days:		
Other Permits Required?	YES 🗖	NO 🗖