



Village of Mamaroneck Building Department

169 Mt. Pleasant Avenue

Mamaroneck, N.Y. 10543

914-777-7731 Fax 914-777-7792

www.village.mamaroneck.ny.us

Application # _____

Permit # _____

Flood Plain Development Permit Application

SECTION 1: GENERAL PROVISIONS

1. No work 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 is invalid 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.

1. Project address:

Section	Block	Lot	What year was your house built ?
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2. Owners name and address :

E-Mail Address :

Phone #:

3. Applicants name and address (Please print) :

E-Mail Address :

Phone #:

4. Architect/Engineer name and address:

E-Mail Address :

Phone # :

5. Contractor name and address:

License # :

Experation date:

Phone #:

6. What is the cost of construction? Approximately \$100,000 for demo, and \$90,000 for new marina entrance work.

7. Description of work:

Structural Development (Please check all that apply)

- ☐ Repair/ Replacement ☐ New Structure ☐ Residential (1-2 Family) ☐ Demolition
☐ Alteration ☐ Addition ☐ Multi Family ☐ Non-Residential (Flood Proofing ?)

Other Development Activities (Please check all that apply)

- ☐ Grading Property (Up to 6" of Soil)
☐ Filling in Property ☐ Excavation (Except for Structural Development checked above)
☐ Water Course Alteration (Including Dredging or Channel Modifications) ☐ Drainage Improvements
☐ Water or sewer system ☐ Road, Street or Bridge Construction ☐ Subdivision
☐ Other (Please Specify)

I, THE APPLICANT, CERTIFY THAT ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

(APPLICANT'S SIGNATURE)

DATE

SECTION 2:

FLOODPLAIN DETERMINATION (To be completed by LOCAL ADMINISTRATOR)

The proposed development is located on FIRM Panel No. (Check the one that applies)

- | | | | |
|--------------------------|-------|-------------------------|--|
| <input type="checkbox"/> | 0351F | Dated September 28,2007 | The proposed development is in or adjacent to a flood area. |
| <input type="checkbox"/> | 0353F | Dated September 28,2007 | |
| <input type="checkbox"/> | 0354F | Dated September 28,2007 | The 100 year flood elevation at this site is: _____ Ft. NAVD |
| <input type="checkbox"/> | 0361F | Dated September 28,2007 | Is the proposed development located in a floodway? |
| <input type="checkbox"/> | 0362F | Dated September 28,2007 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Signed

Date

SECTION 3:

ADDITIONAL INFORMATION REQUIRED (To be completed by LOCAL ADMINISTRATOR)

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

- ☐ A site plan showing the location of all existing structures, water bodies, adjacent roads, lot dimensions and proposed development.
- ☐ Development plans and specifications, drawn to scale, including where applicable: details for anchoring structures, proposed elevation of lowest floor (including basement), types of water resistant materials used below the first floor, details of floodproofing of utilities located below the first floor, details of enclosures below the first floor, openings in
- ☐ Elevation Certificate
- ☐ Subdivision or other development plans (If the subdivision or other development exceeds 50 lots or 5 acres, whichever is the lesser, the applicant must provide 100-year flood elevations if they are not otherwise available).
- ☐ Plans showing the watercourse location, proposed relocations, Floodway location.
- ☐ Topographic information showing existing and proposed grades, location of all proposed fill.

☐ Top of new fill elevation _____ Ft. G NGVD 1929/ G NAVD 1988 (MSL)

☐ Other:

SECTION 4:

PERMIT DETERMINATION (To be completed by LOCAL ADMINISTRATOR)

I have determined that the proposed activity:

A. ☐ Is

B. ☐ Is not

in conformance with provisions of Local Law # 8-1987. This permit is hereby issued subject to the conditions attached to and made part of this permit.

SIGNED _____, **DATE** _____

Additional
comments:

If BOX A is checked, the Local Administrator may issue a Development Permit upon payment of designated fee.

If BOX B is checked, the Local Administrator will provide a written summary of deficiencies. Applicant may revise and resubmit an application to the Local Administrator or may request a hearing from the Planning Board.

Variance Requested : ☐ Yes
☐ No

Variance Approved : ☐ Yes
☐ No

Conditions:

SECTION 5:

AS-BUILT ELEVATIONS (To be submitted by APPLICANT before Certificate of Compliance is issued)

The following information must be provided for project structures. This section must be completed by a registered professional engineer or a licensed land surveyor (or attach a certification to this application). Complete 1 or 2 below.

1. Actual (As-Built) Elevation of the top of the lowest floor, including basement (in Coastal High Hazard Areas, bottom of lowest structural member of the lowest floor, excluding piling and columns) is: _____ FT. G NGVD 1929/
NAVD 1988 (MSL).

Attach Elevation Certificate FEMA Form 81-31

2. Actual (As-Built) Elevation of floodproofing protection is _____ FT. G NGVD 1929/ G NAVD 1988 (MSL).

Attach Floodproofing Certificate FEMA Form 81-65

NOTE: Any work performed prior to submittal of the above information is at the risk of the Applicant.

SECTION 6:**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 the community's local law for flood damage prevention.

INSPECTIONS:

DATE	BY	DEFICIENCIES ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
DATE	BY	DEFICIENCIES ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
DATE	BY	DEFICIENCIES ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

SECTION 7:**CERTIFICATE OF COMPLIANCE**(To be completed by **LOCAL ADMINISTRATOR**)

Certificate of Compliance issued: DATE: _____

BY: _____