

# FLOODPLAIN DEVELOPMENT PERMIT

Hill County, Texas



## Section 1 – Application

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone No.: ( ) \_\_\_\_\_ Work Phone No.: ( ) \_\_\_\_\_

Physical Location of Site: \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

Required Attachments: (1) Plans showing location, dimensions, and elevations of lowest floors of proposed project; (2) Engineer's or Architect's certification of flood proofing of non-residential structures; (3) information relative to any waterway alteration; and (4) other information as requested by the Floodplain Administrator in writing.

## Section 2 – Exemption

This project is determined to lie outside of the 100-year floodplain and thus is exempted from the County's "Flood Damage Prevention Order." (Warning: This determination was made using F.I.A. and U.S.G.S. maps with limited accuracies; the undersigned is responsible only for interpretation of available data.)

Date: \_\_\_\_\_

\_\_\_\_\_  
Floodplain Administrator or Designated Assistant

## Section 3 – Permit\*\*

This project is determined to lie within the 100-year floodplain and must be flood-proofed to an elevation of \_\_\_\_\_ feet above mean sea level and shall conform to the attached requirements contained in the County's "Flood Damage Prevention Order." (Warning: This determination was made using F.I.A. and U.S.G.S. maps with limited accuracies; the undersigned is responsible only for interpretation of available data.)

Date: \_\_\_\_\_

\_\_\_\_\_  
Floodplain Administrator or Designated Assistant

## Section 4 – Permit Denied

Permit to proceed with this project is denied for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Floodplain Administrator or Designated Assistant

**\*\* Applicant shall furnish an elevation certificate within 10 business days of completion of foundation construction.**

911 Address assigned to this location: \_\_\_\_\_

Fee Paid (amount): \$ \_\_\_\_\_

Check #: \_\_\_\_\_

County Receipt #: \_\_\_\_\_