



**TOWN OF LA CONNER  
APPLICATION FOR FLOODPLAIN PERMIT  
CLASS I**

Date of Application: \_\_\_\_\_

File # \_\_\_\_\_

Site Address: \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_

**APPLICANT:**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

**PROPERTY OWNER:**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

**PROJECT DESCRIPTION:**

**STRUCTURE:**

- |  |   |
|--|---|
| <input type="checkbox"/> Residential     | <input type="checkbox"/> Post-FIRM*Reg. |
| <input type="checkbox"/> Non-Residential | <input type="checkbox"/> Emergency      |
| <input type="checkbox"/> Pre-FIRM* Reg.  | <input type="checkbox"/> Accessory      |

**WORK:**

- |   |   |
|---|---|
| <input type="checkbox"/> Fill - # of cubic yards _____  | <input type="checkbox"/> Underground Improvements<br><i>(describe on separate sheet, if applicable)</i> |
| <input type="checkbox"/> Paving – Sq. Ft. _____         | <input type="checkbox"/> Above grade construction –<br>No Fill or Excavation                            |
| <input type="checkbox"/> Excavation – Cubic Yards _____ |   |
| <input type="checkbox"/> Drilling Operations            |   |

The work described above shall be constructed or performed in compliance with the Uniform Development Code, Chapter 15.70.

A Federal Emergency Management Agency National Flood Insurance Program Elevation Certificate verifying the actual (as-built) elevation of the lowest floor and providing floodproofing certification (Certification by a Registered Professional Engineer or Architect) must be submitted to the Town of La Conner prior to occupancy of the building.

In FIRM\* (Flood Insurance Rating Map) zones A1-A30 the lowest floor, including basement, will be at an elevation of eight feet, plus one foot (8.0' + 1.0') NGVD. The proposed finished floor elevation will be documented with a flood elevation certificate.

Is a Variance Required? Yes \_\_\_\_\_ No \_\_\_\_\_ *(if yes, attach decision of record)*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

|   |             |
|---|-------------|
| <b><u>OFFICE USE ONLY</u></b>   |             |
| Is an ESA (Endangered Species Act) Checklist Required? Yes _____ No _____ |             |
| Fee Paid _____  | Date: _____ |