



Lemhi County Floodplain Development Permit

Parcel #	Site Address: (if one had not been assigned the parcel # will suffice)	Permit# FP-	
Owner Information			
Name:	Telephone ()		
Mailing Address:	City:	State:	Zip:
Contractor Information			
Contractor Name:	Telephone ()		
Company Address:	City:	State:	Zip:
Company Mailing Address:	City:	State:	Zip:

Description of Development

Type of Development:

- | | |
|--|---|
| <p><input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> Substantial Improvement (>50%)
(Requires detailed improvement list)
(Requires appraisal/assessment value)</p> <p><input type="checkbox"/> Improvement (<50%)
(Requires detailed improvement list)
(May require appraisal/assessment value)</p> <p><input type="checkbox"/> Channelization
(Requires "No-Rise" Certification)</p> <p><input type="checkbox"/> Fill
(Requires placement of fill certification)</p> <p><input type="checkbox"/> Bridge/Culvert
(Requires "No-Rise" Certification)</p> <p><input type="checkbox"/> Levee
(Requires "No-Rise" Certification)</p> | <p><input type="checkbox"/> Single Family Dwelling</p> <p><input type="checkbox"/> Multi-Family Dwelling</p> <p><input type="checkbox"/> Manufactured Home
(Requires Anchoring Certification)</p> <p><input type="checkbox"/> Nonresidential</p> <p><input type="checkbox"/> Rehabilitation (>50%)</p> |
|--|---|

Other/Written Explanation: PLEASE ATTACH

Flood Hazard Data

Water Course Name: _____

Special Flood Hazard Designation Zone: _____

Is Development in Floodway? No: _____ Yes: _____ (Yes requires "No-Rise" Certification, development causes no increase in existing footprint or does not displace water)

Base Flood Elevation (BFE) at the development site: _____

If no BFE is available indicate highest adjacent grade: _____

Source of BFE determination: _____

If no BFE is available indicate the source of elevation determination: _____

Elevation required for lowest floor (NGVD): _____ Elevation Required for floodproofing (NDVD): _____

Flood Hazard Data

I hereby certify that the information submitted is true and correct to the best of my knowledge.
I have read and understand the Lemhi County Development Code and proceed with development accordingly.
I will submit a post construction elevation certificate (on required structures)

Owner Signature: _____ Date: _____



Proposed Flood Plain Development Review Checklist

Name: _____	Permit # FP- _____
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<u>Forms Required</u>	<u>Form List</u>	<u>Compliance</u>
_____	Current Appraisal or Assessor's Valuation of Structure Value: _____ Source: _____	_____
_____	Elevation Certificate lowest floor elevation is at or above BFE	_____
_____	Elevation Certificate lowest floor elevation is at or above highest adjacent grade.	_____
_____	Placement of fill certification	_____
_____	Manufactured Home Anchoring Certification	_____
_____	Engineering "No Rise" Certification	_____
_____	Engineering data provided for "No Rise" Certification	_____
_____	Acceptance of Data by regional FEMA office	_____
_____	Other: _____	_____

Permit Action

_____ **Permit Approved:** The information submitted for the proposed project was reviewed and is in compliance with approved flood plain management standards.

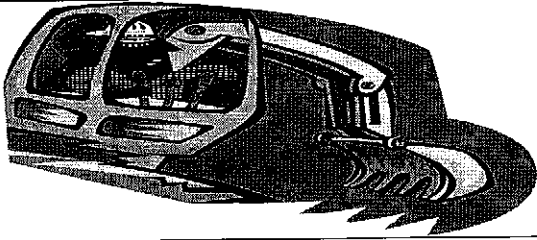
_____ **Permit Denied:** The proposed project does not meet approved flood plain management standards (explanation on file)

_____ **Variance Granted:** A variance was granted from the base (100 year) flood elevations established by FEMA consistent with variance requirements of NFIP regulations Part 60.6 (Variance action documentation is on file)

_____ Floodplain Administrators Signature

_____ Date

Comments: _____



Lemhi County Development Permit

Parcel# _____

Corresponding
Permit # _____

Site Address: _____
(if one has not been assigned a parcel # will suffice)

Owner Information

Name: _____

Telephone () _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Type of Development

Please mark the applicable development(s)

New Construction
(must fill out
section below)

Lot Split

**Lot Line
Adjustment**

Record of Survey

Residential

- New Construction
 - Single Family Dwelling
 - Multi-Family Dwelling
 - Addition
 - Alteration
 - Garage
 - Detached
 - Attached
 - Accessory structure
- Interior Remodel
- Manufactured/Modular Home
 - Permanent Foundation
 - Pier set up
- Home Occupation
- Other: _____

Commercial

- New Construction
 - Multi-Family Dwelling
 - Addition
 - Alteration
 - Storage
 - Detached
 - Attached
 - Interior Remodel
 - Other: _____

Required Documentation to be Provided

Provided

- Plot Plan and or Plat/Record of Survey
- showing setback distances from all property lines, ditches, streams, rivers, roadways and easements (public and/or private)
 - Provide compliance with safe access
 - All newly created roads and or driveways utilizing a state or federal highway must have a valid permit from ITD

Checked for Compliance

(to be filled out by the Planning & Zoning Department)

- Complies
- Not Applicable

<input type="checkbox"/> Flood Plain designation- If your development is located within a flood hazard area an elevation certificate and Flood Plain Development Permit is required.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Home occupation plan of operation if applicable.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Army Corp Permit must be provided if your project is within a wetland area. Please contact (208) 522-1645	<input type="checkbox"/> Complies <input type="checkbox"/> Not Applicable

I hereby certify that the information submitted is true and correct to the best of my knowledge. I have read and understand the Lemhi County Development Code and proceed with development accordingly.

Applicant's Signature

Date

Permit Action

Permit Approved: The information submitted for the proposed project was reviewed and found in compliance with the applicable codes.

Permit Denied: The information submitted for the proposed project was reviewed and found **NOT** in compliance with the applicable codes. (explanation on file)

Authorized Signature: _____

Date: _____