

**DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM**

**O.M.B. No. 1660-0003
Expires June 30, 2007**

See reverse side for
Paperwork Disclosure Notice

Biennial Report for
Calendar Year 2005 and 2006

**REGULAR PROGRAM
(With Base Flood Elevations)**

RETURN TO:
Federal Emergency Management Agency
Biennial Report Coordinator
P.O. Box 1038
Jessup, Maryland 20794-1038

Instructions

- This report should be completed by the locally designated Floodplain Manager (e.g. your Community Manager, Community Planner, Building Inspector, etc.)
 - Please return this report within 45 days of receipt to the address above, or fax it to 1-800-358-9620. If you would like to respond via the Internet, go to www.floodmaps.fema.gov/br and use the following PIN number _____.
- For more information, contact the FEMA Map Assistance Center toll free at 1-877-FEMA Map (1-877-336-2627).

SECTION I - Changes in your community that may have affected flood hazard areas:

If you answer "yes" to any question in this section, please be prepared to provide explanatory information and/or technical data including, when appropriate, your own community map or a copy of the Flood Insurance Rate Map showing the areas affected. Do not send this information at this time. FEMA may contact you by phone in the near future for this information.

- | | YES | NO |
|--|--------------------------|--------------------------|
| A. Does your community have any changes to the base data on your Flood Insurance Rate Maps? (e.g. adding/correcting streets, adding Letters of Map Revision, or annexations/corporate limit changes) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have the characteristics of watersheds in your community changed to the extent that your floodplain needs to be restudied? (e.g., major landuse changes due to urbanization, deforestation, wildfires, or stream relocation due to erosion/siltation) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does your community have information that may be incorporated into Flood Insurance Rate Map? (e.g., watershed studies or Base Flood Elevations established by developers) | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Has there been a significant man-made change affecting your designated flood hazard areas? (e.g., levees, bridges, culverts, extensive filling, excavation or stream channalization) | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION II - Community Floodplain Management Data during the last 2 years (calendar 2001-2002 only):

- | | | |
|---|--------------------------|--------------------------|
| A. Has your community updated its floodplain management ordinance during the reporting period? If so, please send a copy of the new ordinance to the return address identified above. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. How many building permits were granted within the last 2 calendar years for new structures (including substantial improvements to existing structures) in the designated flood hazard areas shown on your community's Flood Insurance Rate Map? | <input type="text"/> | |
| C. How many variances to your local floodplain management ordinance were granted within the last 2 calendar years for new structures or substantial improvements to existing structures in the designated flood hazard areas shown on your community's Flood Insurance Rate Map? Please provide ONLY the number of variances granted for structures with the lowest floor below the Base Flood Elevation. | <input type="text"/> | |
| D. Is your community in need of technical assistance in improving local floodplain management, such as regulation interpretation, planning, enforcement procedures, floodproofing, or a community visit? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Please update the demographic information on your community that was provided to FEMA when your community last reported to the National Flood Insurance Program. If any numbers are NOT correct or a "0" appears, please provide the revised number in the space below. If precise data is not available, please give us your best estimate. | <input type="text"/> | |

	Permanent Year-Round Population	1-4 Family Structures	All Other Structures
1. In your <u>entire</u> community (including flood hazard areas)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. In your flood hazard areas <u>only</u> .	<input type="text"/>	<input type="text"/>	<input type="text"/>
2b. How did you determine the number of structures in the flood hazard areas? <input type="checkbox"/> GIS data <input type="checkbox"/> best estimate <input type="checkbox"/> tax map overlays <input type="checkbox"/> other (explain) _____			
NAME, TITLE, AND SIGNATURE AND E-MAIL ADDRESS	PHONE NO. (include area code)	DATE	
		MONTH	YEAR

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.5-3 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0003). **Note: Please do not send your completed form to the above address.**