

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 Burden Notice*

Biennial Report for  
 Calendar Year 2005 and 2006

**EMERGENCY AND REGULAR PROGRAM  
 (Without 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](http://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 Hazard Boundary Map/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 Hazard Boundary Maps/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 in a Flood Insurance 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.  YES  NO
- 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 Hazard Boundary Map/Flood Insurance Rate Map?
- C. Is your community in need of assistance in improving local floodplain management, such as regulation interpretation, planning, enforcement procedures, floodproofing, or a community visit?  YES  NO
- D. 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 are not available, please give us your best estimate.

	Permanent Year-Round Population	1-4 Family Structures	All Other Structures
1. In your <u>entire</u> community (including flood hazard areas)			
2. In your flood hazard areas <u>only</u> .			

- GIS data     best estimate     tax map overlays     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 1-2 hours per response. The burden estimates 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.**