DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
APPLICATION FOR PARTICIPATION IN THE NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. NO. 1660-0004
Expires February 29, 2008

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 4 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, and submitting the form. You are not required to submit to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estinmate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472, Paperwork Reduction Project (1660-0004). **NOTE: Do not send your completed form to this address.**

1. APPLICANT COMMUNITY NAME (City, town, etc.)	DATE

COUNTY, STATE

2. COMMUNITY OFFICIAL - CHIEF EXECUTIVE OFFICER (CEO)	E-MAIL ADDRESS	TELEPHONE NO. (Include area code)

ADDRESS (Street or box no. city, state, zip code)

3. PROGRAM COORDINATOR (Official, if different from above, with overall responsibility for implementing program)	E-MAIL ADDRESS	TELEPHONE NO. (Include area code)

ADDRESS (Street or box no., city, state, zip code)

LOCATION OF COMMUNITY REPOSITORY FOR PUBLIC INSPECTION OF NFIP MAPS

ADDRESS

5. ESTIMATES FOR THOSE AREAS PRONE TO FLOOD AND/OR MUDSLIDE AS OF THE DATE OF THIS APPLICATION

AREA IN ACRES	POPULATION	NO. OF 1-4 FAMILYSTRUCTURES	NO. OF ALL OTHER STRUCTURES

6. ESTIMATES OF TOTALS IN ENTIRE COMMUNITY

	POPULATION	NO. OF 1-4 FAMILYSTRUCTURES	NO. OF ALL OTHER STRUCTURES

7. FOR FEMA REGIONAL USE ONLY

1. FEMA REGIONAL OFFICE	2. NAME OF CONTACT	3. TELEPHONE NO.

4. LEVEL OF 44 CFR 60.3 REGULATION ADOPTED (Check one)

☐ 60.3   ☐ 60.3(b)   ☐ 60.3(c)   ☐ 60.3(d)   ☐ 60.3(e)

5. CHECK APPROPRIATE BOX:

☐ EMERGENCY PHASE   ☐ REGULAR PHASE

IF REGULAR PROGRAM, SPECIFY FIRM INDEX DATE. IF USING ANOTHER COMMUNITY'S FIRM, GIVE COMMUNITY NAME, CID, FIRM INDEX DATE AND MAP PANEL NUMBER DEPICTING COMMUNITY

FEMA Form 81-64, APR 06