

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

O.M.B. Control Number: 1660-0004
Expires: 06/30/2023

APPLICATION FOR PARTICIPATION IN THE NATIONAL FLOOD INSURANCE PROGRAM

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. This collection of information is required to obtain or retain benefits. 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 estimate 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, and Paperwork Reduction Project (1660-0004). **NOTE: Do not send your completed form to this address.**

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| APPLICANT COMMUNITY NAME (City, town, etc.) | DATE |
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| COUNTY, STATE |
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| COMMUNITY OFFICIAL - CHIEF EXECUTIVE OFFICER (CEO) | E-MAIL ADDRESS | TELEPHONE # (Include area code) |
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| ADDRESS (Street or box no. city, state, zip code) |
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| PROGRAM COORDINATOR (Official, if different from above, with overall responsibility for implementing program) | E-MAIL ADDRESS | TELEPHONE # (Include area code) |
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| ADDRESS (Street or box #., city, state, zip code) |
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| LOCATION OF COMMUNITY REPOSITORY FOR PUBLIC INSPECTION OF NFIP MAPS |
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| ADDRESS |
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ESTIMATES FOR THOSE AREAS PRONE TO FLOOD AND/OR MUDSLIDE AS OF THE DATE OF THIS APPLICATION

| AREA IN ACRES | POPULATION | NUMBER OF 1-4 FAMILY STRUCTURES | NUMBER OF ALL OTHER STRUCTURES |
|---------------|------------|---------------------------------|--------------------------------|
| | | | |

ESTIMATES OF TOTALS IN ENTIRE COMMUNITY

| POPULATION | NUMBER OF 1-4 FAMILY STRUCTURES | NUMBER OF ALL OTHER STRUCTURES |
|------------|---------------------------------|--------------------------------|
| | | |

FOR FEMA REGIONAL USE ONLY

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|----------------------|-----------------|------------------|
| FEMA REGIONAL OFFICE | NAME OF CONTACT | TELEPHONE NUMBER |
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| LEVEL OF 44 CFR 60.3 REGULATION ADOPTED (Check one) <input type="checkbox"/> 60.3 <input type="checkbox"/> 60.3(b) <input type="checkbox"/> 60.3(c) <input type="checkbox"/> 60.3(d) <input type="checkbox"/> 60.3(e) | CHECK APPROPRIATE BOX: <input type="checkbox"/> EMERGENCY PHASE <input type="checkbox"/> REGULAR PHASE |
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| 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 |
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