



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DIVISION OF PERMITS
STX DISTRICT TEL: (340) 773-1082 STT/STJ DISTRICT TEL: (340) 774-3320

APPLICATION for FLOOD HAZARD PERMIT

FZP NO

RECEIPT NO.

QUARTER

DATE

Property Owner/Applicant

(First Name)

(M.I.)

(Last Name)

Address: _____

City: _____ Island: _____ USVI Zip Code: _____

Telephone (Cell) _____ (Home) _____ (Work) _____

Engineer, Architect, Land Surveyor (If Applicable)

(First Name)

(M.I.)

(Last Name)

Street Address: _____

Mailing Address: _____

Telephone (Cell): _____ (Home): _____ (Work) _____

Seal and Signature of Licensed USVI Engineer, Architect, or Land Surveyor.



PROJECT INFORMATION

Site Location (Address, Property Description, or Lot Number) **Attach Flood Map (FIRM) and show property location.

PROPOSED DEVELOPMENT

New Construction Residential Non-Residential Improvement of Existing Structure

Value of Existing Structure _____ Value of Proposed Improvement _____

Manufactured Home

Within existing manufactured home park or subdivision _____

Outside existing manufactured home park or subdivision _____

Fill (amount and type) _____

Alteration of Water Course (**Describe and attach sheet**)

FLOOD HAZARD ZONE

Please Check (ONE)

A AO AH A1-30 AE V V1-30 VE

Flood Source (Name of Waterway, etc.) _____

Floodway? **Please Check (ONE)** YES NO (If yes, Step-Backwater Analysis Required)

Base Flood Elevation _____

FEMA Map Panel Number _____ Map Date _____

Certificate of Elevation File Date _____

DEPARTMENTAL USE ONLY

Approved Disapproved

Comments:

Signature: _____ **Date:** _____

CERTIFICATE OF COMPLIANCE FOR FLOODPLAIN DEVELOPMENT

(Applicant must fill in all pertinent information in Section A including sections numbers 1 and/or 2.)

SECTION A

Premises Location: _____

Permit No.: _____ Variance No. _____

Project Type: _____ Date: _____

1. I certify that I have completed the above project in accordance with the Community's floodplain management regulations and have met all the requirements which were conditions of my permit. I now request the completion of this Certificate of Compliance by the program administrator.

Date: _____

Signature

2. I certify that I have completed the above project in accordance with conditions of variance number _____, dated _____, to the Community's floodplain management regulations, and have met all requirements which were a condition of the variance. I now request the completion of this Certificate of Compliance by the program administrator.

Date: _____

Signature

DEPARTMENTAL USE ONLY

SECTION B

(Local Administrator will complete, file, and return a copy to the applicant.)

Floor Slab Elevation Date: _____ Inspected By: _____

Inspector's Signature

This certifies that the above-described floodplain development complies with the requirements of Flood Damage Prevention Local Law Number _____ or has a duly granted variance.

Signed: _____ Date: _____

Please (LIST) Supporting Certifications: Floodproofing, elevation, hydraulic analysis, etc.
