

# Flood Mitigation Cost Share Reimbursement Program

| Contact Information   |              |            |       |
|---|--------------|------------|-------|
| Applicant Name  |              | Date       |       |
| Address/Location of work  |              |            |       |
| Property owner and address (if different from applicant)  |              |            |       |
| Brief description of project  |              |            |       |
| Name of licensed surveyor or engineer that completed attached elevation certificate:  |              |            |       |
| Date elevation certificate completed:   |              |            |       |
| Name of licensed design professional (engineer, architect) or contractor assisting applicant with attached plan and cost estimate                               |              |            |       |
| Planning level cost estimate  |              |            |       |
| Selection Criteria  | Enter Number | Multiplier | TOTAL |
| Difference between base flood elevation and lowest opening elevation on the home (to the hundredth of foot)   |              | x5         |       |
| Difference between base flood elevation and lowest adjacent grade (to the hundredth of foot)  |              | x3         |       |
| Difference between base flood elevation and lowest floor elevation (to the hundredth of foot)   |              | x1         |       |
| Type of flood mitigation measure proposed:<br>Floodproofing (sealing up low opening) <b>10 points</b><br>Flood protection barrier (levee, wall) <b>5 points</b> |              | x1         |       |
| Number of past flood events as evidenced by insurance claims, or similar written and photographic documentation acceptable to the City                          |              | x1         |       |
| <b>TOTAL</b>  |              |            |       |
| Cost of damage from past flood events as evidenced by insurance claims, or similar written and photographic documentation acceptable to the City.               |              | \$         |       |
| Staff notes   |              |            |       |



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.

