**Georgia Emergency Management Agency / Homeland Security**

**Structure Elevation Projects**

|  |
| --- |
| **Assistance Requesting: Primary** **Community Lifeline Utilized:**FMA (Flood Mitigation Assistance) BRIC (Building Resilient and Infrastructure Communities)  Safety and Security  Energy (power grid, fuel) HMGP (Hazard Mitigation Grant Program)  Food, Water, Shelter  Communications  **** Health and Medical TransportationIf HMGP: FEMA-DR-#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hazardous Material (HAZMAT)  **Community Information: Community NFIP/CRS Status:**  Conforms to State Mitigation Plan NFIP Participating  In Good Standing  Conforms to Local Mitigation Plan  Non-Participating  CRS Community State or Local Government  Private Non-Profit CRS Community Score: \_\_\_\_\_\_\_  Project Pre-Identified in Local Plan  Declared County (HMGP only)  **Building Codes:**   Adopted the building codes consistent with the international codes?  Year of Building Code: \_\_\_\_\_\_\_\_\_\_\_\_ Building Code Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Building codes been assessed on the Building  Code Effectiveness Grading Schedule? BCEGS Score: \_\_\_\_\_\_\_\_\_  **For state use only:**Date Pre-Application Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State Reviewer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ |

This worksheet is for all Hazard Mitigation Assistance grant programs structure “elevation” proposals that meet design criteria in ASCE 24-14, “Flood Resistant Design and Construction” or latest edition. Please complete ALL sections and provide the documents requested. If you require technical assistance with this worksheet, please contact the Hazard Mitigation Division at (404)-635-7522, hazmitpoc@gema.ga.gov, or 1-800-TRY-GEMA to have a Hazard Mitigation Risk Reduction Specialist assigned to you. If you have more than one structure, complete pages 1-4 for each structure.

1. Applicant Information
	* 1. Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Applicant Type

 State Government Local Government Private Non-Profit

3. Worksheet Prepared by:

 Ms. Mr. Mrs. First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Authorized Applicant Agent (**An individual authorized to sign financial and legal documents on behalf on the local government (e.g., the Chairperson, Board of County Commissioners, or the County Manager, etc.).

Ms. Mr. Mrs. First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_**

1. Project Information/Mitigation Plan
2. Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Project Summary: (Describe in detail what you are proposing to do.)
4. **Date of Hazard Mitigation Plan approval by FEMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This project must be identified in your Hazard Mitigation Plan. Provide a copy of the goal, objective, and action step that supports your project application. Please attach a letter of endorsement for the project from your County’s Emergency Management Agency (EMA) Director.

NOTE: Participation in an elevation project must be voluntary on the part of the property owner. Flood Insurance Policies must be purchased for all structures that are part of a FEMA funded elevation project. **Complete a worksheet for each individual structure.**

**Required items to include for structure:**

* Include the tax parcel map.
* Include a copy of the Elevation Certificate
* Include a copy of the current tax card.
* Include signed statement of homeowner willingness to voluntarily participate (Residential Properties ONLY).
* Include declarations page of current flood insurance policy.
1. **Property Information:**
2. Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Physical Address (including city, and zip code):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Latitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Longitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a Google map with the physical location of the site clearly marked

1. Map and Photographs of Structure Location

🞎 Include Google map with structure site clearly marked

🞎 Provide high-resolution color photographs by email showing a front-view, side-view, back view and street view

 of the structure.

1. Tax Parcel Identification Number (include tax card):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Year Built\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Flood Zone Designation (check all zones applicable for the property):

🞎 VE 🞎 A (no base flood elevation given) 🞎 C or X (unshaded)

🞎 AE 🞎 B or X (shaded)

🞎 CBRA Zone 🞎 Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **FIRM Panel Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRM Panel Number and Map can be generated at this address- <http://map.georgiadfirm.com/>.

Follow the steps below after accessing the website.

 *-Locate by* ***Coordinate Search***

*-Zoom to Point*

*- (Click on Red Dot) Flood Risk Snapshot*

*-Click Aerial View (Found on top right of viewer)*

*- Click Generate Report and Save As*

*-Once saved, open Adobe Acrobat Pro*

*-In Adobe select the Comment tab then add annotation with name of building, latitude, and longitude*

*-Save and export into Pre-Application*

1. Name of Flood Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Base Flood or 1% annual chance Flood Elevation of Property**: \_\_\_\_\_\_\_\_\_\_\_\_

 (Not applicable if structure is in Flood Zone A, B, C, X)

1. **Lowest (Finished) Floor Elevation of Living Area of Principal Structure**: \_\_\_\_\_\_\_\_\_\_

 Provide documentation such as elevation certificate, letter from registered surveyor, or etc.

 (Not required if structure is in Flood Zone A, B, C, X)

1. **Structure Information:**

**\*Note: You must provide a property tax card\***

1. **Building Type:**

🞎 1-story w/o basement 🞎 2-story w/o basement 🞎 Split-level w/o basement 🞎 Split level with basement

🞎 1-story with basement 🞎 2-story with basement 🞎 Mobile Home 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Building Use**

🞎 Primary Residence 🞎 Rental Property 🞎 Secondary Residence 🞎 Commercial Property

🞎 Public Building 🞎 House of Worship 🞎 Multi-Family 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Does the building have a basement?** \_\_\_\_\_

**If Residential Property:**

Number of People in Household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Loss of Rental Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month □N/A

**If Commercial/Critical Facility:**

Number of Workers in Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Construction Type** 🞎 Wood Frame 🞎 Concrete Block 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Other Data to Complete BCA**
3. Total Square Footage of Principal Structure (heated or cooled areas only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Estimated Cost to Replace Principal Structure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide documentation such as letter from building inspector or international building code or RS Means, Marshall and Swift, etc.

1. Estimated Cost to Replace Contents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Foundation Type**

🞎Slab on Grade 🞎Crawl Space 🞎Basement 🞎Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Elevation Information**

a. Proposed Elevation Height (above sea level): \_\_\_\_\_\_\_Feet \_\_\_\_\_\_\_Inches

 If coastal community, is Sea Level Rise Included in proposed elevation height 🞎 Yes 🞎 No

b. Proposed Foundation Type for Elevated Structure: 🞎 Columns 🞎 Pilings 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Project Cost:**

Estimated costs should clearly reference source information used in obtaining estimates. See page 5 for list of eligible structure elevation costs.

Estimated costs should clearly reference source information used in obtaining the estimates. For instance, RS Means, Marshall & Swift, qualified contractor, A/E firm, etc. Consider the potential future date of construction when compiling the cost estimate.

|  |  |  |
| --- | --- | --- |
| **Item Description** | **Cost Estimate** | **Source** |
| 1.Project scoping (Pre-Award) |  |  |
| 2.Pre-Construction Activities  |  |  |
| 3.Construction Activities: |  |  |
|  3a. Foundation Construction |  |  |
|  3b. Structure Elevation |  |  |
|  4. Construction Completion Activities |  |  |

Total Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **History of Hazards / Damages to the Property being Elevated**

List all current and past damages to the property (including damages to the structure, its contents, and any displacement costs).

**Note regarding damage estimates:** *The date, depth of flooding inside structure, description of damages and cost of repairs/replacement (Amount of Damages) must be specific to ONLY the building under consideration. Additionally, vague information is not useful or acceptable in lieu of specific building damage estimates. The property damages may be a contractor’s itemized repair estimate.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Event** | **Event** | **Depth of Flooding Inside Structure (Above finished floor)** | **Description of Damage** | **Amount of Damages** | **Insurance Claim File? (Yes/No)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Is structure currently insured through the National Flood Insurance Program? 🞎 Yes 🞎 No

If yes, provide flood copy of flood declarations page

Is structure on FEMA’s repetitive loss list? 🞎 Yes 🞎 No

If yes, provide repetitive loss number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If elevation project is for residential structure, a Notice of Voluntary Interest form (Page 4 of 5) must be completed by Homeowner.*

# Notice of Voluntary Interest

*Local Government Name*
Structure Elevation Project
**Homeowner Interest Sign-up Sheet and Voluntary Interest Notice**

Please complete this form if you are interested in exploring further your options for reducing your flood losses.  Signing this does not commit you to any action.

Property Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner(s) Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner(s) Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEMA Individual Assistance Registration # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The local government is required by FEMA to inform you that your participation in this project for structure elevation is voluntary.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_
Owners Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_
Owners Signature Date

**Eligible Structure Elevation Costs**

**Project Scoping**

♦ Engineering services for design, structural feasibility analysis, and cost estimate preparation

**Pre-Construction Activities**

♦ Surveying, soil sampling, completion of Elevation Certificate, title search, deed recordation fees, legal and/or permitting fees, project administration, and construction management

♦ Disconnection of all utilities

**Construction Activities**

♦ Building of a foundation so that the lowest floor is at the BFE or higher if required by local ordinance or FEMA

♦ Physical elevation of the structure and subsequent lowering and attachment of the structure onto a new foundation

♦ Construction of a floor system that meets minimum building code requirements when the existing floor system cannot be elevated or is not appropriate for the new foundation

**Construction Completion Activities**

♦ Reconnecting utilities and extending lines and pipes as necessary and elevating all utilities and service equipment

♦ Debris disposal and erosion control

♦ Costs for repair of lawns, landscaping, sidewalks, and driveways if damaged by elevation activities

Construction of a utility room above the BFE only if there is no existing space within the house for this purpose or there is no alternative cost-effective way to elevate the utilities

♦ Elevation of existing decks, porches, or stairs

♦ Construction of new stairs, landings, and railings to access the elevated living space per minimum code or local ordinance

♦ Construction of ADA-compliant access facilities or ramps when an owner or a member of the owner’s family has a permanent disability and a physician’s written certification. An ADA-compliant access to ingress/egress is allowable for funding unless specified otherwise in applicable State or local codes (for more information on ADA, see http://www.ada.gov). If ramps are not technically feasible, a mechanical chair lift may be installed.

♦ Documented reasonable living expenses (except food and personal transportation) that are incurred while the owner is displaced by the elevation construction

♦ Abatement of asbestos and lead-based paint

♦ Filling basements with compacted clean fill

♦ Certificate of Occupancy

♦ Final Elevation Certificate (including digital photographs)

♦ Prepare and record deed amendment on requirement for flood insurance and maintaining property in accordance with floodplain management criteria (44CFR Part 60.3)

5

5