FEDERAL EMERGENCY MANAGEMENT AGENCY

APPLICATION FOR PARTICIPATION IN THE NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. NO. 3067-0020
Expires December 31, 2005

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 needed data, and completing, reviewing, and submitting the form. You are not required to submit to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472, Paperwork Reduction Project (3067-0020). Please do not send your completed form to the address above.

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)		
4. 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 FAMILY STRUCTURES	NO. OF ALL OTHER STRUCTURES

6. ESTIMATES OF TOTALS IN ENTIRE COMMUNITY

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

7. FOR FEMA REGIONAL OFFICE 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(a) ☐ 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.