

**MAUMEE RIVER BASIN COMMISSION**  
FLOODPROOFING / RETROFITTING COST-SHARE ASSISTANCE PROGRAM  
**APPLICATION FORM**

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**PART 1** (To Be Completed by Property Owner)

**Homeowner's Information**

Name: \_\_\_\_\_

Telephone No. (day): \_\_\_\_\_

Telephone No. (home): \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**Property's Location**

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from property address): \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

\_\_\_\_\_ Property is located in corporate limits of: \_\_\_\_\_ (City / Town) within \_\_\_\_\_ County, Indiana

**Zoning Information**

Structure Use (check one):

\_\_\_\_\_ Single Family Residential

\_\_\_\_\_ Multi-family Apartment Building

\_\_\_\_\_ Manufactured / Mobile Home Unit

\_\_\_\_\_ Non-residential

\_\_\_\_\_ Other (Specify): \_\_\_\_\_

**Structure Information**

Structure Type: \_\_\_\_\_ One-Story \_\_\_\_\_ Two-Story \_\_\_\_\_ Split-Level \_\_\_\_\_ Manufactured Home

Foundation Type: \_\_\_\_\_ Basement \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_ Walkout Basement

\_\_\_\_\_ Floor Drain \_\_\_\_\_ Sump Pump

Has Structure Sustained Flood Damage? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If **yes**, please include a narrative describing any prior damages due to flooding, including dates, costs, repair receipts, insurance claim report, photographs if available, & other relevant information). Attach additional pages if necessary.

**Affirmation**

I affirm that the above information is, to the best of my knowledge, accurate and true.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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**PART 2** (To Be Completed by Local Floodplain Administrator or MRBC)

**Floodplain Information:**

Source of Potential Flooding: \_\_\_\_\_ (River, Creek, Ditch, Stream)

Flood Zone: \_\_\_\_\_ AE \_\_\_\_\_ A \_\_\_\_\_ X-shaded \_\_\_\_\_ X

Flood Hazard Area: \_\_\_\_\_ Floodway \_\_\_\_\_ Floodway Fringe

Base Flood Elevation (BFE)\*: \_\_\_\_\_ NAVD1988 \_\_\_\_\_ NGVD1929

Base Flood Elevation Source: \_\_\_\_\_

FEMA DFIRM - Map / Panel Number: \_\_\_\_\_ (attach copy with location marked)

Lowest Floor Elevation\*: \_\_\_\_\_ NAVD1988 \_\_\_\_\_ NGVD1929

Lowest Adjacent Grade\*: \_\_\_\_\_ NAVD1988 \_\_\_\_\_ NGVD1929

**\*Attach copy of FEMA Elevation Certificate if available.**

**Description of Proposed Work**

Estimated Retrofitting Costs: \$ \_\_\_\_\_

Basis for Estimate: \_\_\_\_\_

Name of Engineer / Architect and Contractor: \_\_\_\_\_

Detailed Scope and Description of Proposed Work to be completed: (attach photographs from the site / structure, a narrative outlining work to be done, and a copy of the contractor's proposal / cost estimate.)

Information in Part 2 completed by: \_\_\_\_\_

Date: \_\_\_\_\_

**PART 3** (To Be Completed by the Local Jurisdiction)

**Local Government (appropriate department, plan commission, etc.) Concurrence**

Name: \_\_\_\_\_ ,

Title: \_\_\_\_\_

\_\_\_\_\_ Department / Commission:

Community (County, City/ Town): \_\_\_\_\_

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Please return completed application to: **Maumee River Basin Commission**  
10347 Dawson's Creek Blvd, Ste B  
Fort Wayne, IN 46825-1956