

FLOODPLAIN DEVELOPMENT PERMIT APPLICATION
Town of Topsail Beach

Site Address: _____ Topsail Beach, NC 28445

Property Owner's Name(PRINT)_____

Daytime Telephone: _____ Email: _____

(Mailing Address) (City) (State) (Zip)

Section 14-5 "Development means any manmade change to improved or unimproved real estate, including, but not limited to, buildings or other structures, mining, dredging, filling, grading, paving, excavation or drilling operations, or storage of equipment or materials".

A. Description of Work:

1. As identified on the FIRM, what is the zone and Base Flood Elevation in the area of the proposed development? AE _____ VE _____ Base Flood Elevation _____ Feet M.S.L.

2. Will the proposed development have enclosures below BFE? _____ Yes _____ No

If ground level enclosure is below base flood and your property is located in a:

- **VE Zone, breakaway walls are required (Must submit a V-Zone Certificate)**
- **AE Zone, flood vents are required (2 minimum / 1 sq. in. for every sq. ft.)**
- **Below RFPE enclosures (if applicable) shall not be designed or used for human habitation but shall only be used for parking vehicles, building access, or limited storage of maintenance equipment used in connection with the premises.**

3. Elevation of proposed lowest floor (for AE) or horizontal structural member (for VE)? _____ Feet M.S.L.

4. Elevation to which all utilities, including heating and electrical equipment will be installed? _____ Feet M.S.L.

5. Will proposed development require alteration of any water course? _____ Yes _____ No

6. Will the dunes on the lot be altered in any way? _____ Yes _____ No

7. Will fill material be brought onto the property? _____ Yes _____ No

If So, will it be 4" or more? _____ Yes _____ No

Applies ONLY to Alterations, addition or improvements to an existing structure.

1. What is the estimated tax value of the existing structure? \$ _____

2. What is the cost of the proposed construction? \$ _____

3. If the cost of the proposed construction equals 50% of the market value of the structure then the substantial improvement requirements shall apply.

Owner (Signature)_____ Date _____

Authorized Contractor (Signature)_____ Date _____

Company Name _____ Phone # _____

Mailing Address _____

Authorized By:_____ Date:_____