

Town of Wallingford, Connecticut

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TOWN OF WALLINGFORD FLOODPLAIN PERMIT

Name of Applicant:			Date	Date:	
Mailing Address:					
	cation of operty:				
ls e	existing structure: a. Floodproofed? [] Yes [] No			
	b. Elevated? [] Yes [] No			
Тур	oe of Development	<u>Size</u>		Value of Improvement	
[] New Residential Building		sq.ft.	\$	
[]New Commercial/Institutional Bldg		sq.ft.	\$	
[Addition or Improvement to] Residential Building		sq.ft.	\$	
[Addition or Improvement to] Commercial/Industrial Building		sq.ft.	\$	
[] Excavation		yds.		
[] Fill		yds.		
[] Grading		yds.		
[] Other – Describe				
Lo	cation in Floodplain:				
	[] Inside Floodway[] Outside Floodway[] Inside Floodplain – No Floodway	ay Establishe	d		

comply: Required lowest floor elevation______ MSL (NGUD)_____ 1. Required flood-proofed elevation_____ MSL (NGUD)____ 2. If in floodway or in area with no regulatory floodway established – attach engineering 3. certification and supporting data as required. By signing this application I understand that the issuance of this permit is contingent upon the information being correct and that the plans and supporting data have been or shall be provided as required. Applicant: Please Print Applicant: _____ Date:_____ Signature FOR OFFICIAL USE: Permit Issued by:_______ Date:_____ Permit Issued for:_____ Permit not required Because:_____ As-built lowest floor elevation MSL As-built flood-proofed elevation______MSL Final Inspection and Compliance Visit Completed by: Name:_____ Please Print Signature Title

Development Standard from Section 6.5 of the Wallingford Zoning Regulations to which you must