You will need a floodplain Development Permit to start your flood damage repair if:

- You are located the Floodplain
- The total cost to repair your house to pre-damage condition is $10,000 or more

Floodplain permits are handled at the Houston Permitting Center (HPC) at 1002 Washington Avenue or at satellite permit office. When you arrive at HPC or a satellite permit office, your first step will be to fill out a permit application and be assigned a project number.

Choose one of the options below and bring the document(s) for that option to apply for a floodplain flood damage repair permit:

<table>
<thead>
<tr>
<th>Option</th>
<th>Repair Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1*</td>
<td>Flood Damage Repair Form (see attached)</td>
</tr>
<tr>
<td></td>
<td>Flood Damage Repair Form (see attached) -OR- HCAD Summary (<a href="http://www.hcad.org">www.hcad.org</a>) – (FMO can provide this for you)</td>
</tr>
<tr>
<td>2</td>
<td>NFIP Proof of Loss or Final Report including attached detailed itemized cost estimate (see attached example)</td>
</tr>
<tr>
<td></td>
<td>NFIP Proof of Loss or Final Report</td>
</tr>
<tr>
<td>3*</td>
<td>Project Cost Estimate Form (see attached)</td>
</tr>
<tr>
<td></td>
<td>HCAD Summary (<a href="http://www.hcad.org">www.hcad.org</a>) – (FMO can provide this for you) -OR- Private Appraisal of Pre-Damage Market Value of Structure Only (from an appraiser licensed in the State of Texas)</td>
</tr>
<tr>
<td>4</td>
<td>Elevation Certificate (from a Texas Registered Professional Land Surveyor) demonstrating that structure is compliant (meets requirement that lowest floor is 42” above base flood elevation and all other floodplain requirements). No cost or value information required.</td>
</tr>
</tbody>
</table>

*FIELD VERIFICATION MAY BE REQUIRED*
The City’s Floodplain Management Office (FMO) has introduced this form to make it easier for homeowners to apply for a floodplain permit to repair their flood damage.

Along with a building permit application and the required information for a building permit, Homeowners can choose to fill out this form instead of submitting a cost estimate and appraisal or insurance claim information.

For many flood damaged homes, FMO can use the below information to complete a FEMA Substantial Damage Estimate in the office without physically inspecting the flood damaged home. However, some homes may require a field inspection or insurance cost estimate to be issued a floodplain Development Permit.

After reviewing this form, FMO will either:

- Approve the permit application and issue a floodplain permit
- Reject the permit application and request that the homeowner submit alternate information
- Reject the permit application and schedule an inspection of the damaged property.

Please note that additional permit requirements shall apply to properties that are determined to be substantially damaged by FMO. It should also be noted that a building permit and other trade permits may also be required to repair flood damage. The permit issued, if any, will be for repairs only. If improvements or modifications are planned, additional information will be required.

The homeowner is required to provide true and accurate information below to avoid floodplain violations and fines for completing repair work outside of the scope of a floodplain permit.

**Property and Owner Contact Information:**

Damaged Property Address: ______________________________________________________________

Owner(s) Name(s): ________________________________________________________________

Mailing Address: ________________________________________________________________

Email Address: ________________________________________________________________

Phone Number: ( ) ___________________ - ________________________________

**Information about the damaged home:**

Type of Home:       □ One Story       □ Two Story

Exterior Finish:    □ Brick Veneer   □ Siding   □ Combination of Brick Veneer and Siding

Has your home ever been rewired? □ Yes □ No □ Unknown
Floodplain Flood Damage Repair Form – Single Family Residences

Do you have central air conditioning? □ Yes □ No

Where is your water heater? □ Raised in garage/house □ On the floor □ In attic

Describe the damage to your home:

Date of Flood or other Damage: __________________________________________________

Type of Damage: □ Flood □ Wind □ Flood and Wind

Flood water depth: How much water did you get in your home? ______________ feet/inches (circle one)
(measure depth of water from your floor to the high water mark on an interior wall)

How long was your home flooded? □ 2 days or less □ More than 2 days

Do you have roof damage?: □ No Damage □ Minor Damage (up to 25% shingle replacement, repair of minor leaks) □ Major Damage

Do you have foundation damage? □ Yes □ No

What built-in appliances were damaged by floodwater?
□ Dishwasher □ Garbage Disposal □ Trash Compactor
□ Microwave □ Vent Hood □ Wall Oven
□ Cook Top □ Refrigerator (Built-in, Not Push-In)

Is your flooring damaged? □ Yes □ No

What percentage of your first floor is tile? ____________________________%

Your repair plans:

Do you plan to replace your cabinets? □ Yes □ No

Do you plan to replace your tile flooring, if any? □ Yes □ No

Owner's Statement

I/We ____________________________________________, affirm that the information above accurately reflects the condition of the property at ________________________________________________.

Owner Signature: ___________________________ Date: _______________________

Printed Name: _________________________________
DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM  

PROOF OF LOSS  

TO THE NATIONAL FLOOD INSURANCE PROGRAM:  
At time of loss, by above indicated policy of insurance, you insured the interest of  

against loss by flood to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto.  

TIME AND ORIGIN. A loss occurred about the hour of ___________ o'clock M.,  
on the ___ day of ___________ 20___. The cause of said loss was:  

OCCUPANCY The premises described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever:  

INTEREST No other person or persons had any interest therein or encumberance thereon except  

1. FULL AMOUNT OF INSURANCE application to the property for which claim is presented is ................................... $  
2. ACTUAL CASH VALUE of building structures........................................................................................................................................................... $  
3. ADD ACTUAL CASH VALUE OF CONTENTS of personal property insured..................................................................................................... $  
4. ACTUAL CASH VALUE OF ALL PROPERTY.................................................................................................................................................................. $  
5. FULL COST OF REPAIR OR REPLACEMENT (Building and Contents)................................................................................................................ $  
6. LESS APPLICABLE DEPRECIATION................................................................................................................................................................................ $  
7. ACTUAL CASH VALUE LOSS is....................................................................................................................................................................................... $  
8. LESS DEDUCTIBLES ........................................................................................................................................................................................................... $  
9. NET AMOUNT CLAIMED under above numbered policy is ............................................................................................................................... $  

The said loss did not originate by any act, design or procurement on the part of your insured, nothing has been done by or with the privity or consent of insured to violate the conditions of the policy or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said insurer as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.  

I understand that this insurance (policy) is issued Pursuant to the National Flood Insurance Act of 1968, or Any Act Amendatory thereof, and Applicable Federal Regulations in Title 44, the Code, Federal Regulations, Subchapter B, and that knowingly and willfully making any false answers or misrepresentations of fact may be punishable by fine of imprisonment under applicable United States Codes.  

I hereby authorize the insurer to sue any such third party in his name.  

The insured hereby warrant that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.  

The furnishing of this blank or the preparation of proofs by a representative of the above insurer is not a waiver of any of its rights.  

I declare under penalty of perjury that the information contained in the foregoing is true and correct to the best of my knowledge and belief.  

Executed this ___________ day of ___________ , 20___.  

Name ___________________________________
## CLAIM SUMMARY

* Defined as any repair, reconstruction, or improvement; the cost of which equals or exceeds 50% of the market value of the structure before the damage occurred or the reconstruction or improvement was begun.

## PRIOR LOSSES

(Continue under Remarks if additional space is needed for alteration or prior losses.)

## INTEREST

Mortgage(s):

Loss Payee(s):

Other Insurance:

## BUILDING WORKSHEET

**EXCLUDED DAMAGES**

<table>
<thead>
<tr>
<th>Excluded Building Damages</th>
<th>ACV Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1,000</td>
<td>5,000 - 10,000</td>
</tr>
<tr>
<td>1,000 - 2,000</td>
<td>10,000 - 20,000</td>
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<td>2,000 - 5,000</td>
<td>More than 20,000</td>
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</tr>
<tr>
<td>2,000 - 5,000</td>
<td>More than 20,000</td>
</tr>
</tbody>
</table>

The above statements are true and correct to the best of knowledge. I understand that any false statements may be punishable by fine or imprisonment under 18 U.S. Code Sec. 1001.

**CERTIFICATION**

Date of Report

Adjuster’s Signature

Adjuster’s FC Number

Date: [ ]

Witness: [ ]

County of __________________________

State of __________________________

Signed this ______ day of ___________, 20________.

(Company) __________________________

(Type) __________________________

(Policy Other) __________________________

(Covered Flood?) __________________________

### BUILDING SHEET

<table>
<thead>
<tr>
<th>Building worksheets</th>
<th>Photographs</th>
<th>Narrative (pp)</th>
<th>Proof of Loss</th>
<th>R/C Proof</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building WORKSHEET</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Contents worksheets</th>
<th>Encl. other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contents WORKSHEET</td>
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### TOTALS

<table>
<thead>
<tr>
<th>Building</th>
<th>Contents</th>
</tr>
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<tbody>
<tr>
<td>Totals</td>
<td></td>
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</tbody>
</table>

Total building claim: $ ____________________

If yes, R/C claim: $ ____________________

---

O.M.B. No. 1660-0005
Expires April 30, 2017
City of Houston Floodplain Management Office
Project Cost Estimate Worksheet

Property Address/Zip: ____________________________________________________________

Property Owner Name: _________________________________________________________

Description and price breakdown of improvements (use back if necessary):

<table>
<thead>
<tr>
<th>Improvement Description</th>
<th>Material Qty.</th>
<th>Material Unit Cost</th>
<th>Material Total Cost</th>
<th>Labor Quantity</th>
<th>Labor Unit Cost</th>
<th>Labor Total Cost</th>
<th>Total Labor &amp; Material</th>
<th>Receipt Attached</th>
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</tbody>
</table>

Total

Structure Value = $__________________ (Check one: HCAD _____ Appraisal _____)
Total Project Cost = $______________ Percentage of Structure Value = _________%

OWNER IS DOING WORK WITHOUT CONTRACTOR

I/we certify that the attached cost estimate is an accurate and complete description of the improvements and associated costs scheduled for the property listed above.

______________________________________________
Owner Signature    Date

______________________________________________
Owner Printed Name

______________________________________________
Texas Driver’s License or ID Number

Sworn to and subscribed before me, the undersigned authority on the _____day of __________, ______. To certify which witness my hand and seal of office.
OWNER HAS HIRED/WILL HIRE CONTRACTOR
I/we certify that the attached cost estimate is an accurate and complete description of the improvements and associated costs scheduled for the property listed above.

Owner Signature  Date  Contractor Signature  Date

Owner Printed Name  Contractor Printed Name

Texas Driver’s License or ID Number  Texas Driver’s License or ID Number

Notary for Owner Signature
Sworn to and subscribed before me, the undersigned authority on the _____day of __________, ______. To certify which witness my hand and seal of office.

_________________________  _________________________
Engineer/ Architect Signature  Seal & Date

Office Telephone Number