

GROWTH MANAGEMENT DEPARTMENT POLICY

POLICY TITLE: Flood Damage Protection – Substantial Damage and

Improvement of Buildings

POLICY #: 406GM DATE ADOPTED: January 1, 2005

DIVISION: Building Inspection DATE LAST REVISED:

DEPT./DIV. HEAD SIGNATURE: Ronnie Spooner 01/01/05

406.01 **AUTHORITY**

The Building Official is charged with the responsibility of enforcing the Flood Damage Protection Regulations adopted by the City of Tallahassee.

406.02 SCOPE AND APPLICABILTY

This policy establishes the procedures to be used in determining compliance with damaged or improved buildings and structures within the Flood Insurance Rate Map (FIRM) designated areas of flooding.

<u>406.03</u> <u>POLICY STATEMENT</u>

All permits issued for the repair, alteration, reconstruction or additions to buildings and structures located within the designated flood areas as delineated by the most current FIRM established in Chapter 6, Flood Damage Protection in the Land Development Code shall be reviewed for compliance with the Flood Damage Protection regulations and this policy.

406.04 PROCEDURE

4<u>06.04.01</u>

The assessed value of the building or structure in question shall be obtained from Leon County Property Appraiser's office and shall be made a part of the application documentation.

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406.04.02 The applicant shall be required to provide the following:

- Application for Substantial Damage/Improvement Review.
- Detailed cost of improvement/reconstruction estimate and affidavit, signed by a contractor properly licensed by the State of Florida.
- Elevation Certificate or elevation survey.
- A floor plan indicating damaged areas, even if plans may not be required for permitting.
- Owner's Reconstruction/Improvement Affidavit signed and dated, substantially in conformance with the form created by the Building Inspection Division.
- Contractor's Reconstruction/Improvement Affidavit signed and dated, substantially in conformance with the form created by the Building Inspection Division.

406.05 ATTACHMENTS

- Application for Substantial Damage/Improvement Review
- Estimated Cost of Reconstruction/Improvement
- Owner Reconstruction/Improvement Affidavit
- Contractor Reconstruction/Improvement Affidavit

406.06 ADMINISTRATION

The Building Inspection Division shall administer this policy.

406.07 EFFECTIVE DATE

January 1, 2005

APPLICATION FOR SUBSTANTIAL DAMAGE/IMPROVEMENT REVIEW

Parcel ID #:		
Property Address:		
Owner's Name:		
Co-Owner's Name:		
Owner's Mailing Address:		
Owner's Phone #:		
FIRM Panel:	FIRM Date:	
Flood Zone:	BFE:	
Lowest Floor Elevation (excl	uding garage):	
I am attaching an appraisal re I am not submitting an apprai I accept the Leon County Pro	(initials)(initials)(initials)	
I accept the attached estimate cost of repair or improvemen	ed cost of construction as a fair t for my structure.	(initials)
Signatures:		
Owner:		
Date:		
Co-Owner:		
Date		

ESTIMATED COST OF RECONSTRUCTION/IMPROVEMENT

PARCE ID#: _		<u> </u>			
Address:			_		
This cost estimate of magneturation/immuous	mont must be manere	d and signed by a ligance	daantusatau		
Items	This cost estimate of reconstruction/improvement must be prepared and signed by a licensed contractor. Items Cost Reconstruction/ Official				
200120	Labor & Materials	Repair Ratio of Work	Use		
Concrete, Form, ETC					
Carpentry Material (rough)					
Carpentry Material (labor)					
Roofing					
Insulation & Weatherstrip					
Exterior Finish (stucco)					
Doors, Windows & Shutters					
Lumber Finish					
Carpenter Labor, Finish					
Hardware (rough)					
Hardware (finish)					
Cabinets (built-in)					
Floor covering (tile/carpet)					
Plumbing					
Shower/Tub/Toilet					
Electrical					
Light Fixtures					
HVAC					
Paint					
Demolition and Removal					
Overhead and Profit					
Total					
(Please attach	any additional info	ormation)			
Contractor Name:		License #:			
Address:		Phone #:			
Signature:		Date:			

OWNER RECONSTRUCTION/IMPROVEMENT AFFIDAVIT

Property Address:			
Parcel ID#:		-	
Contractor Name:		License	e #:
Owner Name:			
Address:			
Phone #:			
I hereby attest to the fact that for a Substantial Damage/ DAMAGES/IMPROVEMI additions, improvements, or estimated construction here reconstruction or additions	Improvement length sustained repairs propose with. No oth	Review by my coby or to be done don the subject ler contractor h	ontractor are ALL OF THE to this structure, and that all building are included in this has made any repairs or
I understand that I am subjetines if inspection of the pro- INCLUDED ON THE ATTHOME or that I have included included to the existing strunderstand that any permit does not authorize the recoffences, sheds or non-conform	perty reveals that FACHED LIST ded non-conformation without issued by the Construction, repart	at I have made represent of REPAIRS/Ining or illegal structured having presente city of Tallahasse air or maintenance.	pairs or improvements NOT IMPROVEMENTS to MY uctures/additions, or repairs d plans for such work. Deepursuant to this affidavite of any illegal additions
SIGNATURE OF OW	NER		ATE
State of	County of	·	
The foregoing instrument wa	as acknowledged	l before me by	
Who is personally known by	me or who has	produced	
	as identific	ation and who die	d not take an oath.
WITNESS my hand and offi	cial seal this	day of	A.D. 20
Notary Public State of Florid	la at Large		

CONTRACTOR RECONSTRUCTION/IMPROVEMENT AFFIDAVIT

Property Address:				
Parcel ID#:				
Construction Company Name:				
Address:				
Phone #:	License #:			
mentioned property and produced and/or remodeling items that as Improvement Review. The DAMAGES/IMPROVEMENTS of the control of	the attached re hereby s ese damages sustained by	my staff, personally inspected the above- ditemized list of repairs, reconstruction submitted for a Substantial Damage es/improvements are ALL OF THE or to be done to this structure, and that all in the subject building are included in this		
NOT INCLUDED ON THE ATT to this structure or any non-conform to the existing structure without ha any permit issued by the City of Ta	rached Li ming or illegating presente allahassee put enance of any	hat I have made repairs or improvements IST OF REPAIRS/IMPROVEMENTS all structures/additions, or repairs included ed plans for such work. I understand that it is affidavit does not authorized yillegal additions, fences, sheds or non-operty.		
See Fittached Rennized East				
Total Labor and Materials: Overhead & Profit: Total Cost:	\$			
SIGNATURE OF QUALIFIE	ER	DATE		
State of C	County of _			
The foregoing instrument was ackn	owledged bet	efore me by		
Who is personally known by me or	who has prod	duced		
as	s identificatio	on and who did not take an oath.		
WITNESS my hand and official sea	al this	_day ofA.D. 20		
Notary Public State of Florida at La	 irge	_		