

Independence Township

34 Campbell Street
PO Box E
Avella, PA 15312
Phone: 724-587-3518 Fax: 724-587-5988
indtwpwashco@hky.com

Office Use Only

Date: _____
Rcd By: _____
Fee Rcd: _____
Check #: _____

FLOOD PLAIN DEVELOPMENT PERMIT APPLICATION

Applicant, Owner, or Authorized Agent	Date	Email
Complete Address (Street, City, State, Zip)	Phone	Cell
Builder, Contractor, Company	Person in Charge	Date
Complete Address (Street, City, State, Zip)	Phone	Cell

SITE DATA

Tax Parcel / ID#

Type of Development: ☐ Filling ☐ Grading ☐ Excavation ☐ Minimum Improvement ☐ Routine Maintenance
☐ Substantial Improvement ☐ New Construction ☐ OTHER _____

Description of Development: _____

Premise Details: Structure Size _____ ft. by _____ ft. Area of site: _____ Sq. Ft.

Principle Use: _____ Accessory Use (Storage, Parking, etc) _____

Value of Improvement (fair market value) \$ _____ Pre-Improvement / Assessed Value of Structure \$ _____

Property located in a designated Floodplain FRINGE? ☐ Yes ☐ No

Elevation of the 100-Year Flood (ID source) _____ NGVD

Elevation of the Proposed Development Site _____ NGVD

Local Ordinance Elevation / Flood Proofing Requirement _____ NGVD

Other Flood Plain Elevation Information (ID and describe source) _____

Other Permits Required:

U.S. Army Corps of Engineer 404 Permit	☐ Yes	☐ No	☐ Provided
DEP Permit	☐ Yes	☐ No	☐ Provided
Environmental Protection Agency NPDES Permit	☐ Yes	☐ No	☐ Provided
Building Permit per PA Uniform Construction Code	☐ Yes	☐ No	☐ Provided
Township Land Development / Zoning Approval(s)	☐ Yes	☐ No	☐ Provided

Please include a copy of FEMA FIRM with proposed project area identified. (Panel# _____)

Map prepared by ☐ Applicant ☐ Third Party _____

This affidavit serves as testimony that the maps and location as marked are accurate. Any construction found to be in or encroaching a floodplain will be subject to enforcement as per chapter 210-15 of the Independence Township Municipal Code, including fines up to \$300 per violation. Construction must comply with elevation & flood proofing requirements.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY	
Complete Application Date Received: _____	Permit #: _____
Approved/Denied (reason): _____	Fee Collected: \$ _____
Municipal Official Signature: _____	Date: _____