

Appendix C – Field Data Collection Suggested Equipment and Forms

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Suggested Field Equipment

- Laptop with the NT installed and up to date NFIP data imported
- Handheld GPS unit
- Digital camera
- Mapped travel route
- Area road maps and FIRMs

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Limited View > Address and Updates Tab

Property Locator / Repetitive Loss #: _____

Address Updates:

Incorrect Community and/or Address

Notes: _____

Community _____

CID _____

Street # _____ Directional _____ ST Type _____ Unit _____

Street Name _____

City _____ State _____ Zip _____

County _____

Mitigation Updates:

	Field	Field
Unable to Locate Property	<input type="checkbox"/>	
Flood Protection Provided	<input type="checkbox"/>	1: (Circle One)

- a. The building was elevated to or above the Base Flood Elevation (BFE).
- b. The building was elevated, but not to the BFE.
- c. The building (non-residential) was floodproofed to the BFE.
- d. The building was partially floodproofed (but, not to the BFE).
- e. The building was protected by a flood control/stormwater management project.
- f. The building was replaced by a new elevated/floodproofed building.

No Building on Property	<input type="checkbox"/>	2: (Circle One)
-------------------------	--------------------------	-----------------

- g. The building was demolished, but not acquired through any program.
- h. The building was acquired and demolished as part of a program.
- i. The building was relocated out of the floodplain.

Historic Building	<input type="checkbox"/>	3: (Circle One)
-------------------	--------------------------	-----------------

- j. Hazard Grant Mitigation Program (HMGP)
- k. Flood Mitigation Assistance Program (FMA)
- l. Pre-Disaster Mitigation Grant Program (PDM)
- m. Repetitive Flood Claims (RFC)
- n. Severe Repetitive Loss Program (SRL)
- o. Section 1362 Acquisition Program
- p. Other FEMA Programs
- q. Increased Cost of Compliance (ICC) Coverage
- r. U.S. Housing & Urban Development (HUD) Community Development Block Grant (CDBG)
- s. U.S. Army Corps of Engineers or Natural Resources Conservation Services (NRCS) Project
- t. Other Federal Program

- u. State Program
- v. Local Program
- w. Property Owner
- x. Natural Disaster or Fire
- y. Unknown

4: (Circle One) [If not available or unknown, circle letter "y"]

- j. Hazard Grant Mitigation Program (HMGP)
- k. Flood Mitigation Assistance Program (FMA)
- l. Pre-Disaster Mitigation Grant Program (PDM)
- m. Repetitive Flood Claims (RFC)
- n. Severe Repetitive Loss Program (SRL)
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- p. Other FEMA Programs
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- u. State Program
- v. Local Program
- w. Property Owner
- x. Natural Disaster or Fire
- y. Unknown

Notes: _____

Additional Research Needed Notes: _____

Mitigation Observed: *(Select one)*

- | | |
|---|--|
| <input type="checkbox"/> Structure appears to have been elevated | <input type="checkbox"/> Flood control project should have reduced the threat |
| <input type="checkbox"/> Structure appears to have been floodproofed | <input type="checkbox"/> Owner/neighbor/local official report mitigation actions |
| <input type="checkbox"/> There is a floodwall, berm, or other type of barrier | <input type="checkbox"/> Further Research Required |
| <input type="checkbox"/> Lower area subject to damage appears to have been modified | <input type="checkbox"/> Other (explain in notes) |
| <input type="checkbox"/> Drainage improvements appear to have been made | |

Notes: _____

Mitigation Verified* Yes No N/A Notes: _____

**(Verification of FEMA data observed in the field)*

Duplicate Listing / with Property Locator # _____

Limited View > Site Observations Tab

Property Locator / Repetitive Loss #: _____

Inspection Date: _____ / _____ / _____

Inspector: _____

Latitude: _____ +/-

Longitude: _____ +/-

No. of Stories _____

Basement

Occupied: Yes No Seasonal

- Neighborhood:
- Agricultural
 - Coastal
 - Commercial Highway
 - Commercial Office
 - Commercial Retail/Downtown
 - Heavy Industrial
 - Light Industrial
 - Mobile Home/RV Park
 - Residential – high density (multi family/apts)
 - Residential – low density (single family)
 - Residential – medium density (2-family/townhouses, rowhouses)
 - Rural non-residential
 - Rural residential

- Residence:
- Primary
 - Rental
 - Secondary
 - Unknown

- Fill:
- Below Street Grade
 - None
 - 0-1 Feet
 - 1-2 Feet
 - 2-3 Feet
 - 3-4 Feet
 - >4 Feet

- Elevated:
- Not Applicable
 - At Grade
 - 0-1 Feet
 - 1-2 Feet
 - 2-3 Feet
 - 3-4 Feet
 - 4-6 Feet
 - 6-8 Feet
 - 8-12 Feet
 - >12 Feet

Land Use:

- Single-family residential
- 2-4 family residential
- Multi-family residential (5 or more units)
- Commercial (highway, office, retail, downtown)
- Industrial (light, heavy)
- Institutional (hospitals, churches)
- Educational (schools, colleges)
- Non-profit
- Public
- Semi-Public
- Transportation
- Open Space
- Agricultural
- Rural
- Other (explain in notes)

Notes: _____

Adequate Vents Present: Yes No N/A Undetermined

Spoke with: Owner/Occupant Neighbor

- Flooding this site could have community-wide implications

If box is checked, select one:

- Important for flood warning/response (e.g., lumber supply companies)
- Important for disaster recovery
- Important for public health (e.g., wastewater treatment plant)
- Contains hazardous materials
- Contains special population (e.g., nursing home)
- Important utility service
- Other (explain in notes)

Notes: _____

Structure Type:

- | | |
|--|---|
| <input type="checkbox"/> Wood frame | <input type="checkbox"/> Unreinforced concrete |
| <input type="checkbox"/> Wood frame / brick veneer | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Wood frame / stucco | <input type="checkbox"/> Reinforced Masonry |
| <input type="checkbox"/> Engineered wood frame | <input type="checkbox"/> Unreinforced Masonry |
| <input type="checkbox"/> Steel | <input type="checkbox"/> Manufactured home |
| <input type="checkbox"/> Light steel | <input type="checkbox"/> Modular Housing |
| <input type="checkbox"/> Heavy steel | <input type="checkbox"/> Recreational Vehicle |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Other (explain in notes) |
| <input type="checkbox"/> Reinforced concrete | |

Notes: _____

- Condition of Structure: Good (optional minor repairs) Fair (needs minor repairs)
- Poor (needs significant repairs)

Foundation Type:

- Slab-on-grade
- Basement sub-grade on all sides
- Basement sub-grade with windows
- Basement with walkout
- Split-level - slab-on-grade
- Split-level
- Piers, posts, piles, columns, or parallel shear walls
- Piers, posts, piles, columns, or parallel shear walls w/ full or partial enclosure
- Elevated foundation walls w/full or partial enclosure
- Crawlspace – floor at or above grade on at least 1 side
- Crawlspace – sub-grade
- Raised-slab-on-grade
- Slab-on-stem-wall-with-fill
- Other (explain in notes)
- Unable to determine

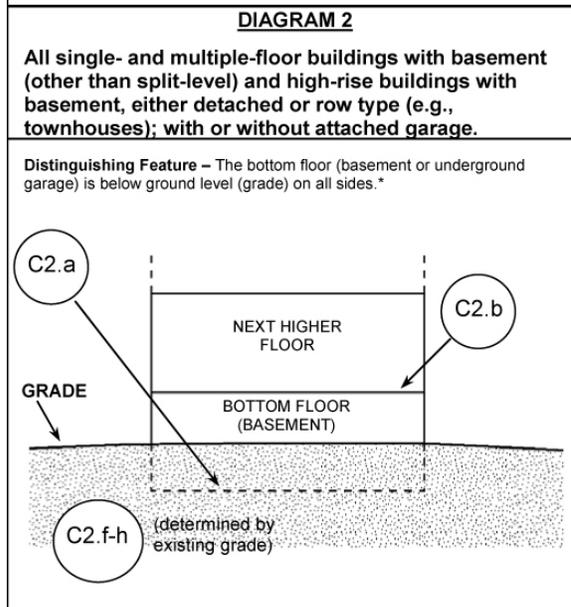
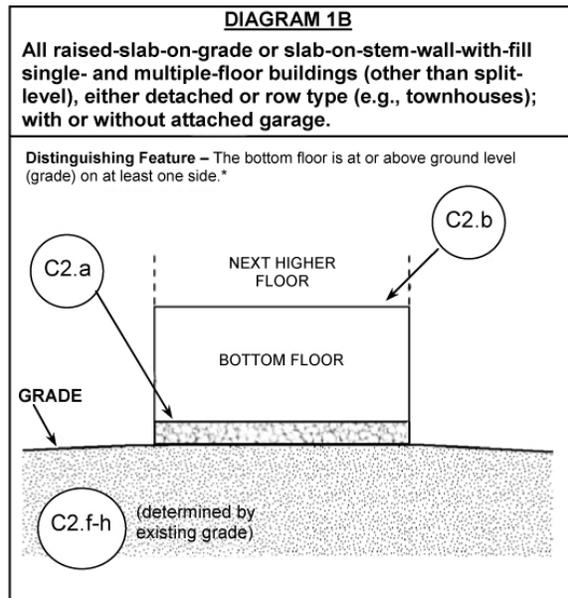
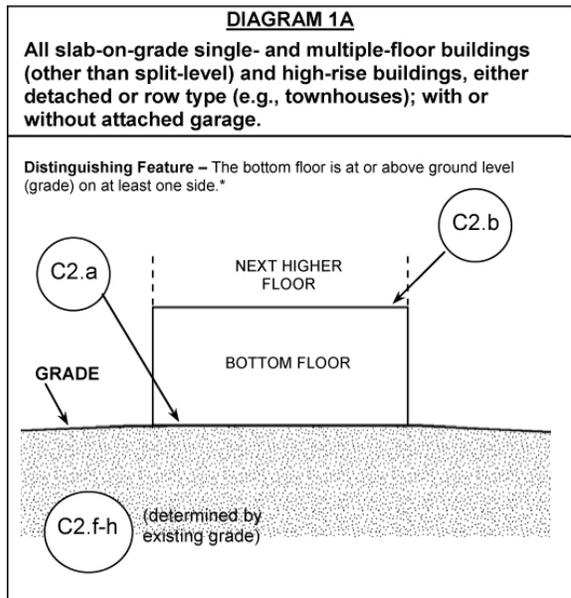
Notes: _____

- Condition of Foundation: Good (optional minor repairs) Poor (needs significant repairs)
- Fair (needs minor repairs) Needs further investigation

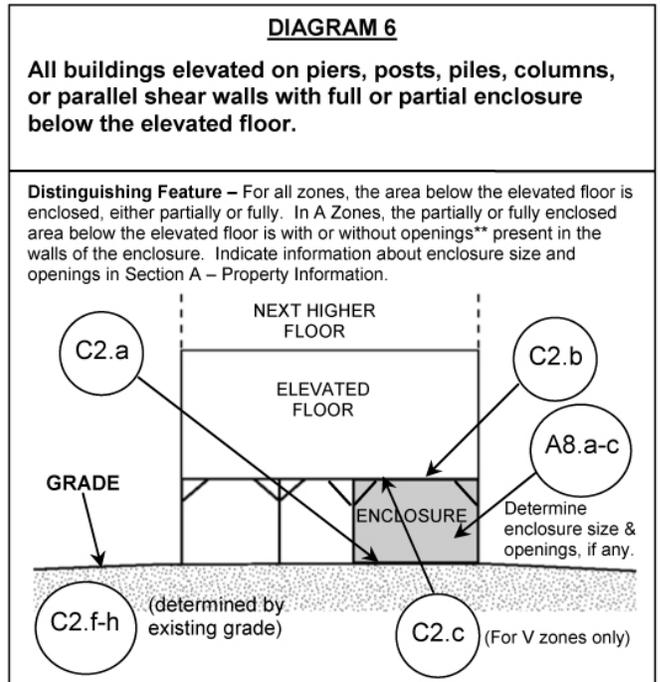
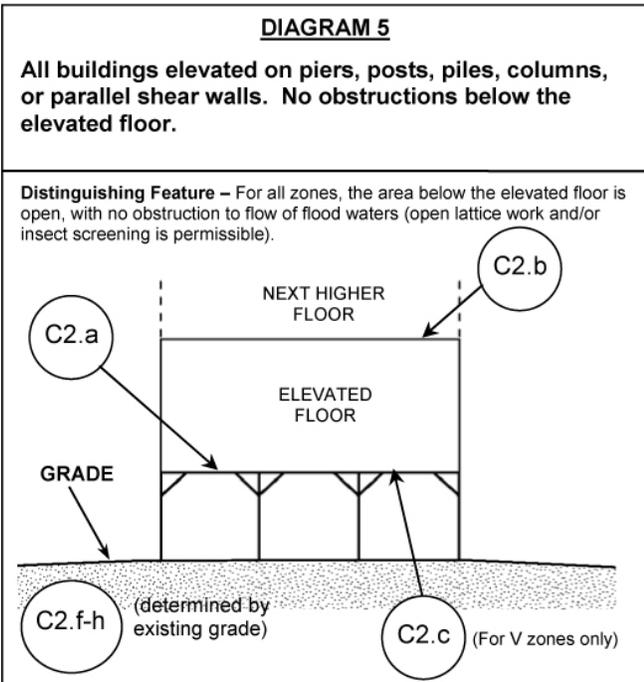
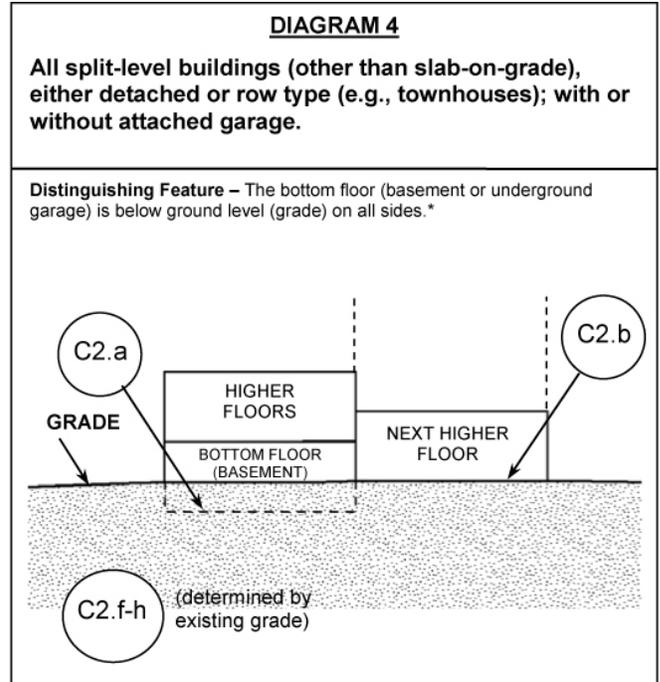
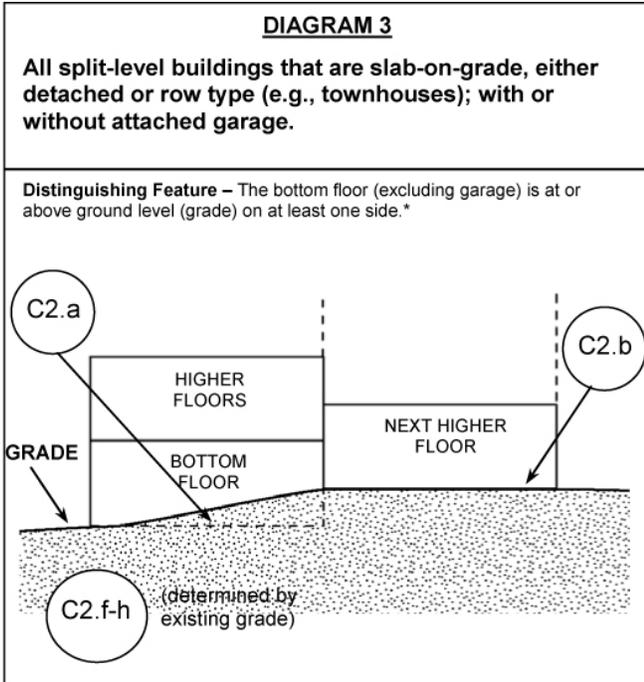
EC Diagram Number: _____

(See diagrams that follow and select one)

- 1A. Slab-on-grade
- 1B. Raised-slab-on-grade or slab-on-stem-wall-with-fill
- 2. Basement
- 3. Split level slab-on-grade
- 4. Other split level
- 5. Piers, posts, piles, columns, parallel shear walls
- 6. Piers, posts, piles, columns, parallel shear walls with enclosure
- 7. Full story foundation walls with enclosure
- 8. Crawlspace
- 9. Sub-grade crawlspace
- Unable to determine

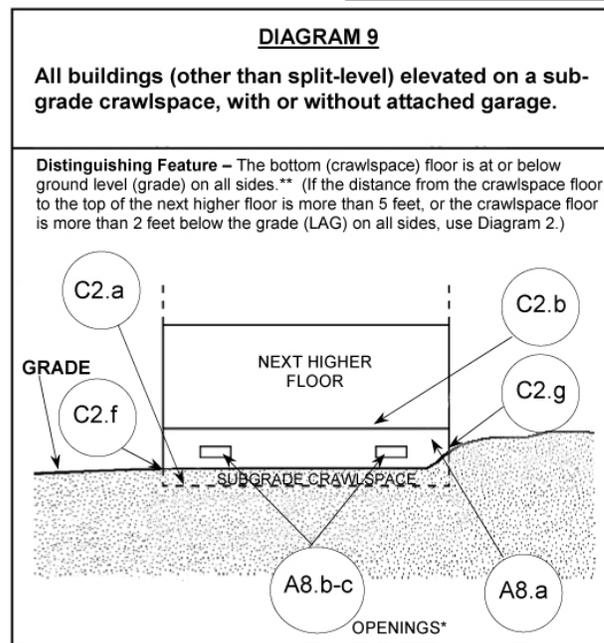
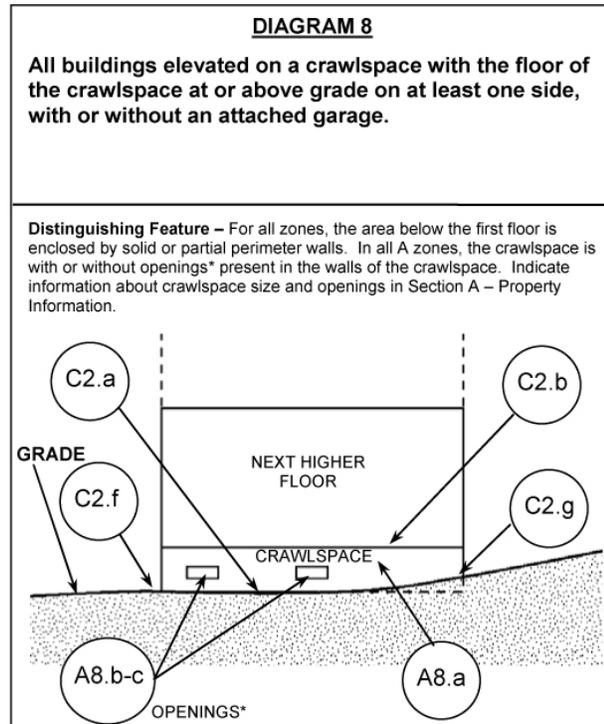
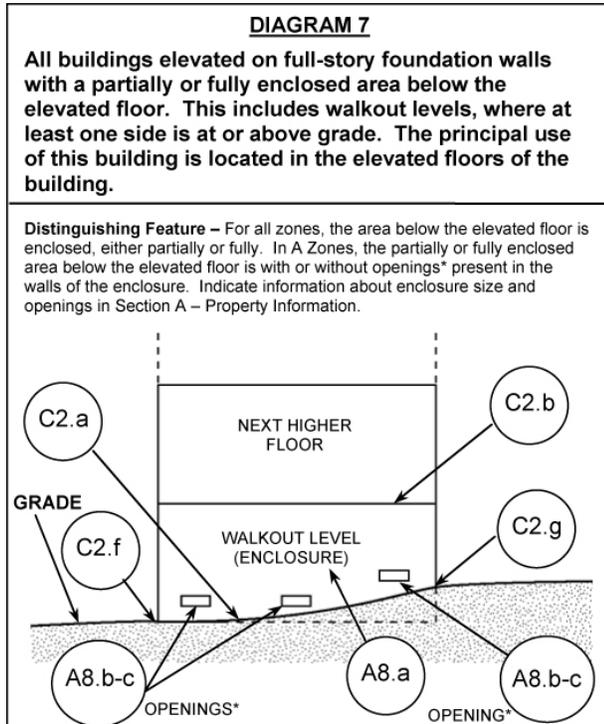


* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc



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** An "opening" is a permanent opening that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of two openings is required for enclosures or crawlspaces. The openings shall provide a total net area of not less than one square inch for every square foot of area enclosed, excluding any bars, louvers, or other covers of the opening. Alternatively, an Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES) must be submitted to document that the design of the openings will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening; openings may be installed in doors. Openings shall be on at least two sides of the enclosed area. If a building has more than one enclosed area, each area must have openings to allow floodwater to directly enter. The bottom of the openings must be no higher than one foot above the higher of the exterior or interior grade or floor immediately below the opening. For more guidance on openings, see NFIP Technical Bulletin 1.



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** A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

- Appurtenant Structure: Carport Detached Garage Other
 Deck Shed None Observed

Notes: _____

- | | | |
|-------|--|--|
| HVAC: | Machinery: <i>(Select all that apply)</i> | Ductwork: <i>(Select all that apply)</i> |
| | <input type="checkbox"/> Crawlspace/under elevated floor | <input type="checkbox"/> Crawlspace/under elevated floor |
| | <input type="checkbox"/> Inside-in basement | <input type="checkbox"/> Inside-in basement |
| | <input type="checkbox"/> Inside-on first floor | <input type="checkbox"/> Inside-on first floor |
| | <input type="checkbox"/> Inside-on second floor or higher | <input type="checkbox"/> Inside-on second floor or higher |
| | <input type="checkbox"/> Outside-At/close to grade | <input type="checkbox"/> Outside-At/close to grade |
| | <input type="checkbox"/> Outside-Lower than first floor | <input type="checkbox"/> Outside-Lower than first floor |
| | <input type="checkbox"/> Outside-At or higher than first floor | <input type="checkbox"/> Outside-At or higher than first floor |
| | <input type="checkbox"/> Cannot tell | <input type="checkbox"/> Cannot tell |
| | <input type="checkbox"/> Other (explain in notes) | <input type="checkbox"/> Other (explain in notes) |

Notes: _____

Limited View > Flood Risk and Mitigation Possibilities Tab

Property Locator / Repetitive Loss #: _____

FIRM Index Date: _____ BFE/Depth _____

Panel # and Date: _____ / _____ / _____ Vertical Datum: _____

Flood Zone:

- A
- AR
- D
- AE A1-30
- A99
- V
- AH
- B/X Shaded
- VE V1-30
- AO
- C/X Shaded

Notes: _____

Likely Source of Flooding:

- Stream or other source of riverine flooding
- Ocean, lake or other source of coastal flooding
- Sheet flow
- Natural drainage - Site is flat or drains poorly
- Natural drainage - Ponding, or site is low or in a bowl
- Natural drainage- Exceptionally heavy precipitation overwhelmed drainage system
- Drainage System - Undersized culvert or inadequate drainage feature downstream
- Drainage System - Drainage from lot is blocked by roadbed or other feature
- Drainage System - System can't handle runoff from recent upstream development
- Sewer backup
- Cannot tell
- Other (explain in notes)

Notes: _____

Likely Areas of Flood Damage:

- Water over 1st floor - Flood level higher than floor level
- Water over 1st floor - Building is on slab close to grade
- Water below 1st floor - Water in crawlspace
- Water below 1st floor - Water in enclosed area below elevated floor
- Water in areas below grade - Building is a bilevel, split level or has finished areas below grade
- Water in areas below grade - Building has basement with below grade window wells or stairwell
- Water in areas below grade - Building has basement, no obvious entry point for water
- Damage to items outside the structure-Likely damage to deck, bulkhead, etc.
- Damage to items outside the structure - Outside A/C unit is low
- Damage to items outside the structure - Storage tanks present
- Cannot tell
- Other (explain in notes)

Notes: _____

Potential Hydraulics Impacts: *(Select all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Low Bridge | <input type="checkbox"/> Levees |
| <input type="checkbox"/> Culvert(s) | <input type="checkbox"/> Run off from U/S dev. |
| <input type="checkbox"/> Storm Drainage System | <input type="checkbox"/> Retention Basins |
| <input type="checkbox"/> Planned Projects | <input type="checkbox"/> Detention Basins |
| <input type="checkbox"/> Pump Stations | <input type="checkbox"/> Other (explain in notes) |
| <input type="checkbox"/> Dams | |

Notes: _____

Adequate Clearance

Mitigation Observations:

Possible mitigation measures observed

Pending mitigation actions: <i>(Select all that apply)</i>	Structure may be protected with a retrofitting project: <i>(Select all that apply)</i>	Flooding may be relieved by a flood control project: <i>(Select all that apply)</i>
<input type="checkbox"/> A pending flood control/drainage improvement project may mitigate the flooding <input type="checkbox"/> Community has plans to mitigate the structure <input type="checkbox"/> Owner has plans to mitigate the structure <input type="checkbox"/> Other (explain in notes)	<input type="checkbox"/> Structure may be elevated <input type="checkbox"/> Structure may be dry floodproofed <input type="checkbox"/> Structure may be wet floodproofed <input type="checkbox"/> Structure may be protected by a barrier <input type="checkbox"/> Structure may be acquired <input type="checkbox"/> Structure may be relocated	<input type="checkbox"/> Removal of undersized culvert or other downstream obstruction <input type="checkbox"/> Increased drainage capacity via channel or pumping improvements <input type="checkbox"/> Construction of a levee or other barrier <input type="checkbox"/> Construction of an upstream storage basin <input type="checkbox"/> Other (explain in notes)

No possible mitigation measures observed

Additional Notes: _____

Detailed View > Additional Site Information Tab

Property Locator/Repetitive Loss #: _____

Regulatory Requirements:

- Freeboard: 1.0 ft 2.0 ft Other (explain in notes)
- 1.5 ft 3.0 ft

Notes: _____

Code Height Restrictions Notes: _____

Compensatory Storage Requirements Notes: _____

Other Higher Regulatory Standards Notes: _____

Substantial Damage Threshold Percent: _____%

Equipment/Contents:

Value of Equipment and Contents: \$ _____

Equipment - Describe contents, equipment or inventory of value: _____

Tax ID: _____

Local Lot/Parcel ID: _____

Building Market Value:

Value: _____

Date of info: ____ / ____ / ____

Source: _____

- Source Type: Certified Appraiser Community Tax Record
- Other (explain in notes)

Notes: _____

Building Replacement Value:

Value: _____

Date of info: ____ / ____ / ____

Source: _____

Notes: _____

Land Value:

Value: _____

Date of info: ____ / ____ / ____

Source: _____

Source Type: Certified Appraiser Community Tax Record
 Other (explain in notes)

Notes: _____

Building Information:

Construction Date: _____

Footprint (Sq. Ft) _____

Total Sq. Ft.: _____

Source of Information:

Date

- | | |
|--|-----------------------|
| <input type="checkbox"/> Site Visit | _____ / _____ / _____ |
| <input type="checkbox"/> Engineering Study | _____ / _____ / _____ |
| <input type="checkbox"/> Local Official | _____ / _____ / _____ |
| <input type="checkbox"/> Owner | _____ / _____ / _____ |
| <input type="checkbox"/> Neighbor | _____ / _____ / _____ |

Notes: _____

Detailed View > Elevation and Hazard Tab

Property Locator/Repetitive Loss #: _____

EC or Elevation Data (Complete only if you have certified data):

Source of Information: _____

Map and Panel #: _____

Date of FIRM Index: _____

Building Diagram #: _____

BFE/Depth: _____

Flood Zones(s):

- A B/XShaded
- AE A1-30 C/XShaded
- AH D
- AO V
- AR VE V1-30
- A99

Vertical Datum: NGVD 1929 NAVD 1988 Other

Conversion/Comments: _____

Certifier's Information:

Name: _____

License Number: _____

Street Address: _____

Title: _____

Company Name: _____

City: _____ State: _____

Telephone Number: _____

Zip Code: _____

Elevations:

Top of bottom floor: _____

Top of next higher floor: _____

Bottom of lowest horizontal structural member: _____

Attached garage: _____

Lowest elevation of machinery and/or equipment: _____

Lowest Adjacent Grade: _____

Highest Adjacent Grade: _____

Lowest Adjacent Grade at lowest elevation of deck/stairs: _____

Crawlspace:

Square footage of crawlspace or enclosures(s): _____

Number of permanent openings in the crawlspace: _____

Total net area of flood openings: _____

Engineered flood openings?

Attached Garage:

Square footage of attached garage: _____

Number of permanent openings in the attached garage: _____

Total net area of flood openings: _____

Engineered flood openings?

Additional Flood Hazard Data:

Date of FIS: ____ / ____ / ____

Date of other source: ____ / ____ / ____

Describe Source (if other than FIS):

Flash Flooding: Yes No Unknown

Flood Velocity: _____ ft/sec

In Floodway: Yes No Unknown

In Flood Fringe: Yes No Unknown

Coastal "A" Zone:

Flood Zone Characteristics:

- Ice jams
- Riverine
- Coastal
- Sheet flow
- Shallow floods
- Ponding
- Sewer backflow
- Other

Notes: _____

Streambed Elevation from FIS: _____

Freq.	Q (cfs)	Elev (ft)
10 yr.	_____	_____
50 yr.	_____	_____
100 yr.	_____	_____
500 yr.	_____	_____

Depth of 100 yr flood at site: *(Automatically calculated by NT)* (Flood depth is determined by subtracting the Lowest Adjacent Grade Elevation from the Base Flood Elevation.)

Notes: _____

Detailed View > Claims Tab

Property Locator/Repetitive Loss #: _____

Known Claims: *[Information provided by NFIP]*

(Claims with identical dates are displayed as one claim with all payments combined.)

Additional Claims Filed

Claims Update Required

Notes: _____

Missing Claims:

Loss Date	Building Payments	Contents Payments	Uninsured Building	Uninsured Contents

Insurance/Claim Information

[Found as an NT pop-up window OR going to View > Insurance/Claim Information]

Insurance Company Number: _____

NFIP Policy Number: _____

Premium: \$ _____

Notes: _____

Last Claimant (Revised): _____

Detailed View > Events and Total Damages Tab

[Add additional pages if needed for more events]

Property Locator/Repetitive Loss #: _____

(More important if detailed FIS information is not available)

Name of Event: _____

Date of Occurrence: ____ / ____ / ____ Frequency of Event: _____

Source of Frequency Determination Information: _____

Flood Depth: Very shallow, less than 1 ft. Deep, greater than 6 ft. Shallow, 1 – 3 ft. Moderate, 3 – 6 ft.

Flood Velocity: Slow/Moderate (<5 ft/s) Fast (>5 ft/s)

Flash flooding (<1 hr) Ice/Debris Flow Declaration Declared

Question for the owner:

Were there pollutants in the flood waters that required any special cleanup? Yes No

Uninsured damages: Building: \$ _____ Contents: \$ _____

Name of Event: _____

Date of Occurrence: ____ / ____ / ____ Frequency of Event: _____

Source of Frequency Determination Information: _____

Flood Depth: Very shallow, less than 1 ft. Deep, greater than 6 ft. Shallow, 1 – 3 ft. Moderate, 3 – 6 ft.

Flood Velocity: Slow/Moderate (<5 ft/s) Fast (>5 ft/s)

Flash flooding (<1 hr) Ice/Debris Flow Declaration Declared

Question for the owner:

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Uninsured damages: Building: \$ _____ Contents: \$ _____

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Date of Occurrence: ____ / ____ / ____ Frequency of Event: _____

Source of Frequency Determination Information: _____

Flood Depth: Very shallow, less than 1 ft. Deep, greater than 6 ft. Shallow, 1 – 3 ft. Moderate, 3 – 6 ft.

Flood Velocity: Slow/Moderate (<5 ft/s) Fast (>5 ft/s)

Flash flooding (<1 hr) Ice/Debris Flow Declaration Declared

Question for the owner:

Were there pollutants in the flood waters that required any special cleanup? Yes No

Uninsured damages: Building: \$ _____ Contents: \$ _____

CAC/CAV View > Main/Summary

Property Locator / Repetitive Loss (CAC/CAV) #: _____

Related to Property Locator # _____ Repetitive Loss

Address:

Community _____

CID _____

Street # _____ Directional _____ ST Type _____ Unit _____

Street Name _____

City _____ State _____ Zip _____

County _____ Tax ID: _____

Notes: _____

Owner/Occupant Information:

Owner Name: _____ Phone Number: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code _____

Occupant Name: _____ Phone Number: _____

Notes: _____

Site Description:

Conducted By: FEMA State Meeting Date _____

- Purpose: CAC CAV Re-entry Tier I
(Select all that apply) CAC Post Disaster CBRA (Coastal Barrier Resources Act) Tier II
 CAV PDA
 CAV CRS Rep/Loss
 CAV Post Disaster SRL (Severe Repetitive Loss)

Disaster # _____

Description: _____

Concerns/Comments: _____

Building Permit:

Building Permit Date _____ Permit Number _____

Permit Deficiencies: *(Select all that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> ABFE applicable not used | <input type="checkbox"/> No breakaway wall cert | <input type="checkbox"/> No permit |
| <input type="checkbox"/> EC Datum error | <input type="checkbox"/> No cost of repair | <input type="checkbox"/> No permit date |
| <input type="checkbox"/> Letter for permit | <input type="checkbox"/> No final EC | <input type="checkbox"/> No proper openings |
| <input type="checkbox"/> LFE < BFE | <input type="checkbox"/> No Floodproofing Certificate | <input type="checkbox"/> No/wrong BFE |
| <input type="checkbox"/> Need more permit docs | <input type="checkbox"/> No market value | <input type="checkbox"/> No/wrong flood zone |

Permit Letter Date _____ Original Construction date: _____

Original FIRM Date _____ Pre-FIRM Post-FIRM

Variance Issued? Date of Variance _____

Variance Notes _____

Final Results:

Status: Compliant Potential Violation
 Violation Follow-up Needed Follow-up Date _____

Miscellaneous Findings: *(Select all that apply)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Bldg Dmg >= Bldg ACV | <input type="checkbox"/> Not elevated | <input type="checkbox"/> Photo not = permit info |
| <input type="checkbox"/> Funded mitigation project | <input type="checkbox"/> Not flood proofed | <input type="checkbox"/> Repair Est < claim paid |
| <input type="checkbox"/> Incomplete/Inaccurate EC | <input type="checkbox"/> Paid claim < bldg dmg | <input type="checkbox"/> Unpermitted improvement |
| <input type="checkbox"/> Machinery and Equipment too low | <input type="checkbox"/> Photo not = dmg assess | <input type="checkbox"/> Sub Impr Dmg Est > 50% |
| <input type="checkbox"/> Not declared Sub Dmg/Imp | | |

Notes _____

CAC/CAV View > Site Observations

Property Locator / Repetitive Loss (CAC/CAV) #: _____

Inspection Date: _____ / _____ / _____

Inspector: _____

Latitude: _____ + / -

Longitude: _____ + / -

No. of Stories _____

Basement

Occupied: Yes No Seasonal

- Neighborhood:
- Agricultural
 - Coastal
 - Commercial Highway
 - Commercial Office
 - Commercial Retail/Downtown
 - Heavy Industrial
 - Light Industrial
 - Mobile Home/RV Park
 - Residential – high density (multi family/apts)
 - Residential – low density (single family)
 - Residential – medium density (2-family/townhouses, rowhouses)
 - Rural non-residential
 - Rural residential

- Residence:
- Primary
 - Rental
 - Secondary
 - Unknown

- Residential
- Non-residential

- Fill:
- Below Street Grade
 - None
 - 0-1 Feet
 - 1-2 Feet
 - 2-3 Feet
 - 3-4 Feet
 - >4 Feet

- Elevated:
- Not Applicable
 - At Grade
 - 0-1 Feet
 - 1-2 Feet
 - 2-3 Feet
 - 3-4 Feet
 - 4-6 Feet
 - 6-8 Feet
 - 8-12 Feet
 - >12 Feet

Land Use:

- Single-family residential
- 2-4 family residential
- Multi-family residential (5 or more units)
- Commercial (highway, office, retail, downtown)
- Industrial (light, heavy)
- Institutional (hospitals, churches)
- Educational (schools, colleges)
- Non-profit
- Public
- Semi-Public
- Transportation
- Open Space
- Agricultural
- Rural
- Other (explain in notes)

Notes: _____

Spoke with: Owner/Occupant
 Neighbor

- Flooding this site have community-wide implications

If box is checked, select one:

- Important for flood warning/response (e.g. lumber supply companies)
- Important for disaster recovery
- Important for public health (e.g. wastewater treatment plant)
- Contains hazardous materials
- Contains special population (e.g. nursing home)
- Important utility service
- Other (explain in notes)

Notes: _____

Structure Type:

- | | |
|--|---|
| <input type="checkbox"/> Wood frame | <input type="checkbox"/> Unreinforced concrete |
| <input type="checkbox"/> Wood frame / brick veneer | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Wood frame / stucco | <input type="checkbox"/> Reinforced Masonry |
| <input type="checkbox"/> Engineered wood frame | <input type="checkbox"/> Unreinforced Masonry |
| <input type="checkbox"/> Steel | <input type="checkbox"/> Manufactured home |
| <input type="checkbox"/> Light steel | <input type="checkbox"/> Modular Housing |
| <input type="checkbox"/> Heavy steel | <input type="checkbox"/> Recreational Vehicle |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Other (explain in notes) |
| <input type="checkbox"/> Reinforced concrete | |

Notes: _____

- Condition of Structure: Good (optional minor repairs) Fair (needs minor repairs)
- Poor (needs significant repairs)

Foundation Type:

- Slab-on-grade
- Basement sub-grade on all sides
- Basement sub-grade with windows
- Basement with walkout
- Split-level - slab-on-grade
- Split-level
- Piers, posts, piles, columns, or parallel shear walls
- Piers, posts, piles, columns, or parallel shear walls w/ full or partial enclosure
- Elevated foundation walls w/full or partial enclosure
- Crawlspace – floor at or above grade on at least 1 side
- Crawlspace – sub-grade
- Raised-slab-on-grade
- Slab-on-stem-wall-with-fill
- Other (explain in notes)
- Unable to determine

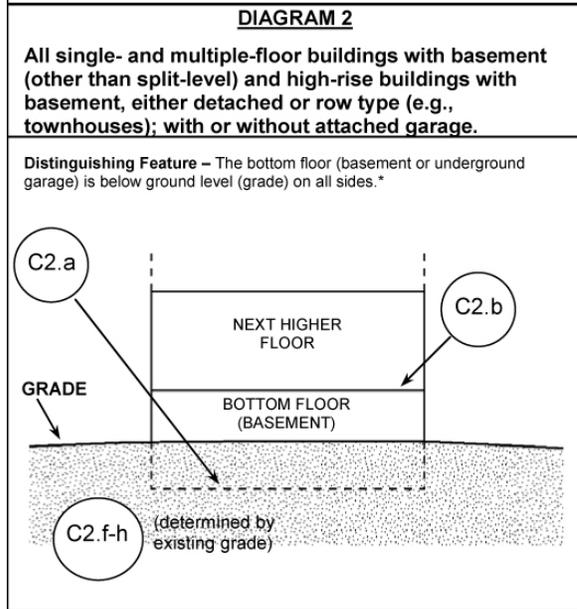
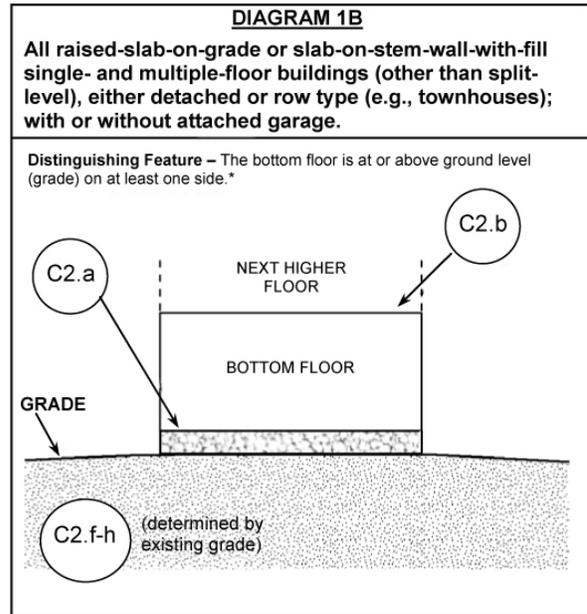
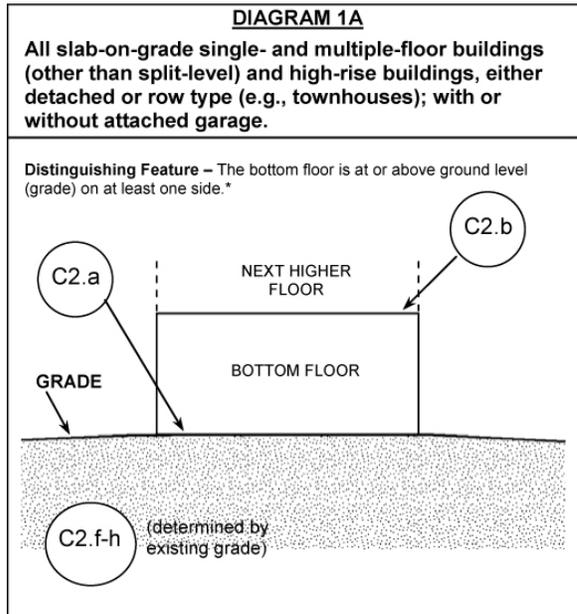
Notes: _____

- Condition of Foundation: Good (optional minor repairs)
- Fair (needs minor repairs)
- Poor (needs significant repairs)
- Needs further investigation

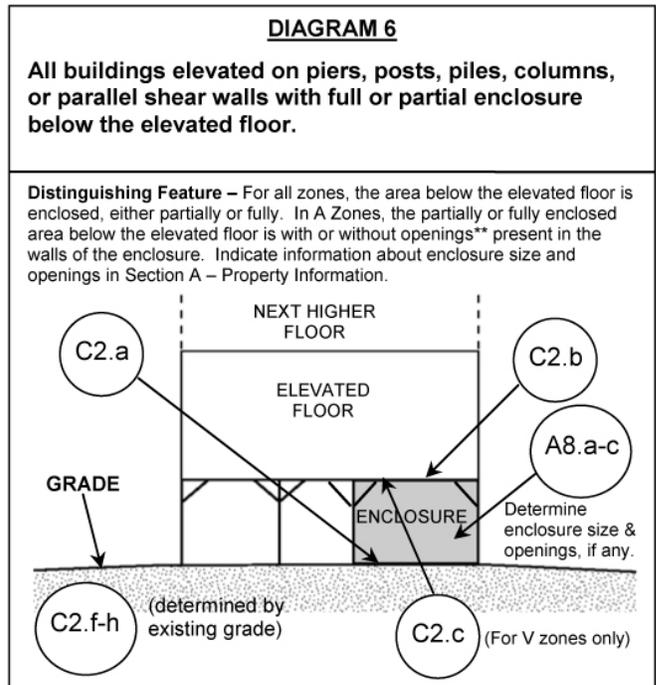
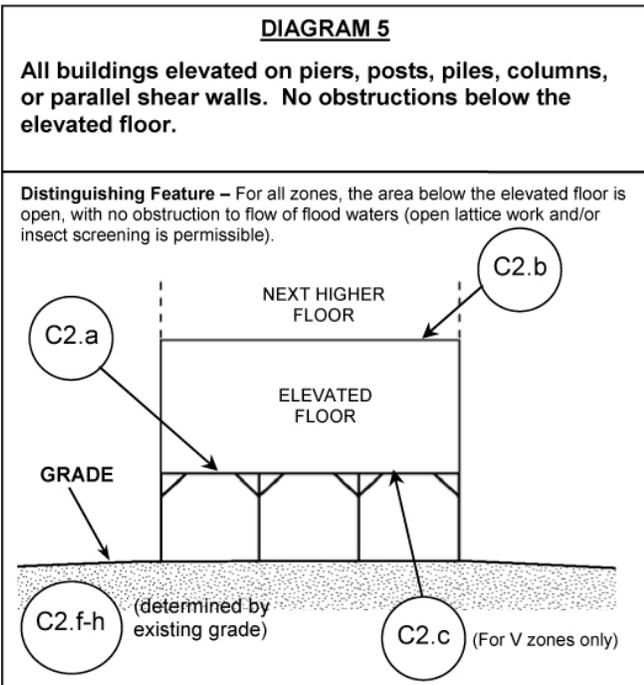
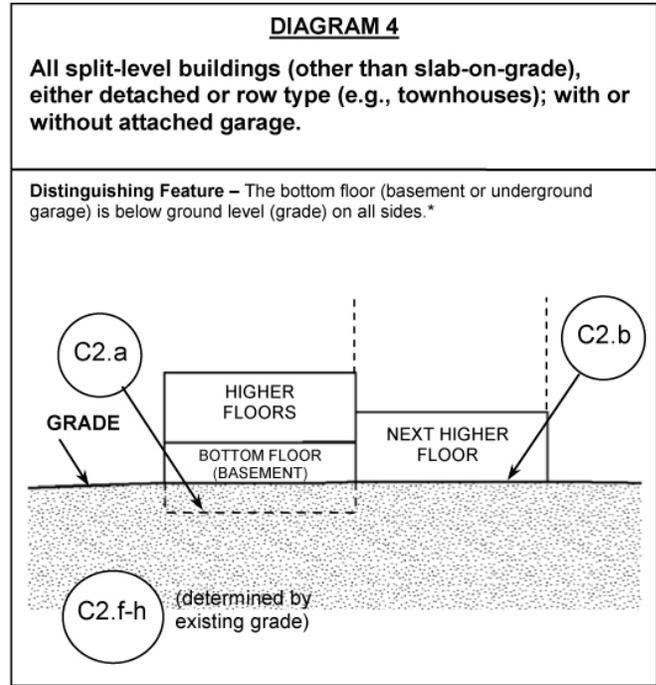
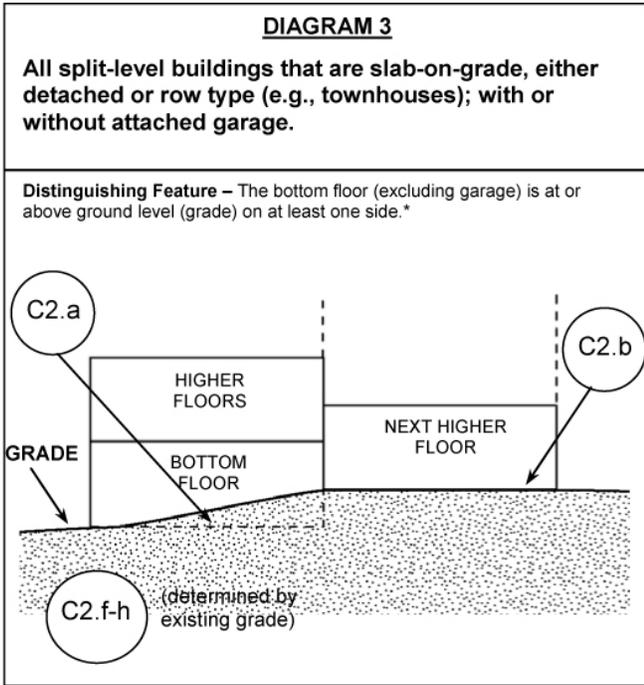
EC Diagram Number: _____

(See diagrams that follow and select one)

- 1A. Slab-on-grade
- 1B. Raised-slab-on-grade or slab-on-stem-wall-with-fill
- 2. Basement
- 3. Split level slab-on-grade
- 4. Other split level
- 5. Piers, posts, piles, columns, parallel shear walls
- 6. Piers, posts, piles, columns, parallel shear walls with enclosure
- 7. Full story foundation walls with enclosure
- 8. Crawl space
- 9. Sub-grade crawl space
- Unable to determine

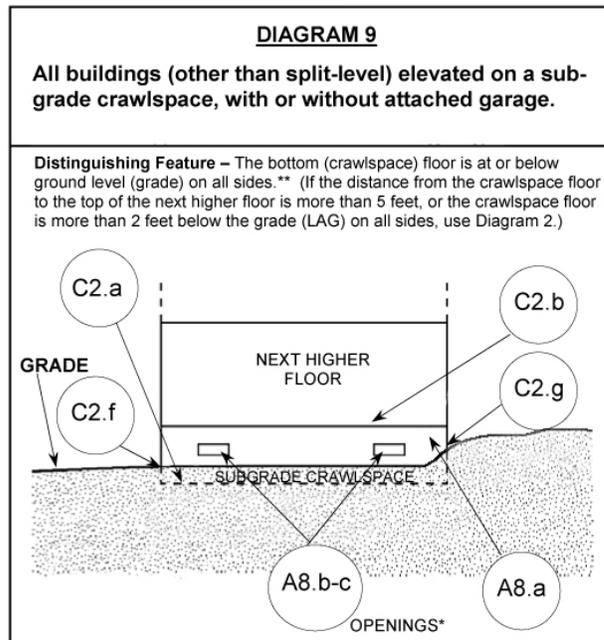
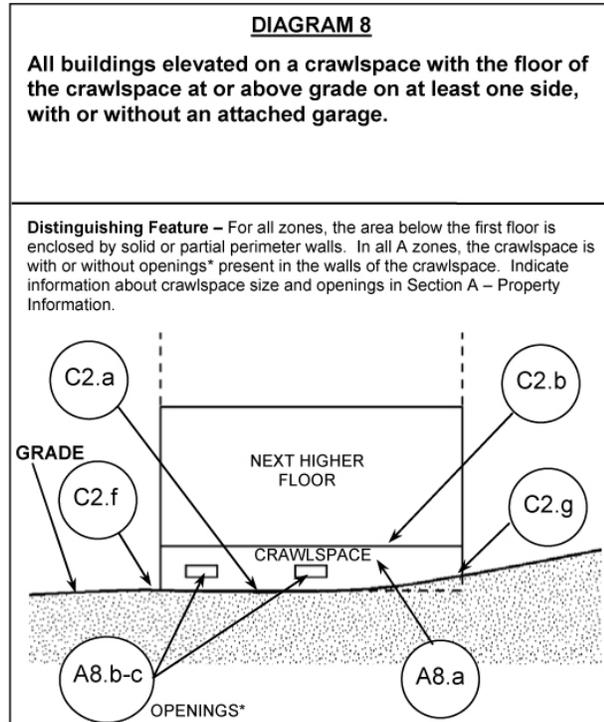
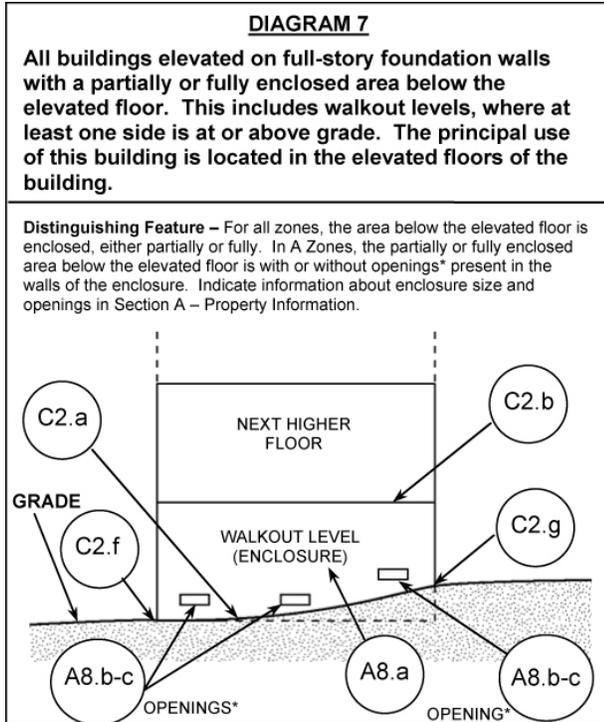


* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc



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** An "opening" is a permanent opening that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of two openings is required for enclosures or crawlspaces. The openings shall provide a total net area of not less than one square inch for every square foot of area enclosed, excluding any bars, louvers, or other covers of the opening. Alternatively, an Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES) must be submitted to document that the design of the openings will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening; openings may be installed in doors. Openings shall be on at least two sides of the enclosed area. If a building has more than one enclosed area, each area must have openings to allow floodwater to directly enter. The bottom of the openings must be no higher than one foot above the higher of the exterior or interior grade or floor immediately below the opening. For more guidance on openings, see NFIP Technical Bulletin 1.



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Adequate Vents Present: Yes N/A
 No Undetermined

If "No," select all that apply:

- Height above 1'
- Vents on only 1 wall
- Not enough vents
- Other (explain in notes)

Notes: _____

Appurtenant Structure: Carport Detached Garage Other
 Deck Shed None Observed

Notes: _____

Development: (Select all that apply)

- Addition
- Dredging
- Drilling
- Elevation
- Excavation
- Fill
- Grading
- Mining
- New Construction
- Paving
- Renovation/Rehabilitation
- Storage of Material
- Submit for Rate
- Substantial improvement/damage

HVAC:

Machinery: (Select all that apply)

Ductwork: (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Crawlspace/under elevated floor | <input type="checkbox"/> Crawlspace/under elevated floor |
| <input type="checkbox"/> Inside-in basement | <input type="checkbox"/> Inside-in basement |
| <input type="checkbox"/> Inside-on first floor | <input type="checkbox"/> Inside-on first floor |
| <input type="checkbox"/> Inside-on second floor or higher | <input type="checkbox"/> Inside-on second floor or higher |
| <input type="checkbox"/> Outside-At/close to grade | <input type="checkbox"/> Outside-At/close to grade |
| <input type="checkbox"/> Outside-Lower than first floor | <input type="checkbox"/> Outside-Lower than first floor |
| <input type="checkbox"/> Outside-At or Higher than first floor | <input type="checkbox"/> Outside-At or Higher than first floor |
| <input type="checkbox"/> Cannot tell | <input type="checkbox"/> Cannot tell |
| <input type="checkbox"/> Other (explain in notes) | <input type="checkbox"/> Other (explain in notes) |

Notes: _____

