

**DEPARTMENT OF HOMELAND SECURITY
EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE
NATIONAL FLOOD INSURANCE PROGRAM**

O.M.B. No. 1660-0003
Expires June 30, 2007
*See reverse side for
Paperwork Burden Notice*

Biennial Report for
Calendar Year 2005 and 2006

**REGULAR PROGRAM
(No Special Flood Hazard Areas)**

RETURN TO:
Federal Emergency Management Agency
Biennial Report Coordinator
3601 Eisenhower Avenue
Alexandria, VA 22304

INSTRUCTIONS

1. This report should be completed by the locally designated Floodplain Manager (e.g., your Community Manager, Community Planner, Building Inspector, etc.).
 2. Please return this report within 45 days of receipt to the address above, or fax it to 1-877-NFIP-BR1. If you would like to respond via the Internet, go to www.floodmaps.fema.gov/br2007 and use the following PIN number _____.
- For more information, contact the FEMA Biennial Report Coordinator toll free at 1-877-FEMA-114 (1-877-336-2114).

SECTION I – Changes in your community that may have affected flood hazard areas:

It has been determined by FEMA that your community contains No Special Flood Hazard Areas and does not have a Flood Hazard Boundary Map or Flood Insurance Rate Map. Completion of this form by your community will help us identify information that could be useful in evaluating your program and mapping status.

If you answer “yes” to any question in this section, please be prepared to provide explanatory information and/or technical data including, when appropriate, your own community map showing the areas affected. Do not send this information at this time. FEMA may contact you by phone in the near future for this information.

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| A. Has there been a change to your community’s corporate limits or extraterritorial boundaries that has resulted in your community annexing flood hazard areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has there been any physical change, either natural or man-made in your community that could increase flood hazards?
<i>(e.g., major landuse changes due to urbanization, deforestation, wildfires, or stream relocation due to erosion/siltation)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does your community have new information that indicates the presence of flood hazards in your community?
<i>(e.g., watershed studies or Base Flood Elevations established by developers)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION II – Community Floodplain Management Data during the last 2 years (calendar years 2005-2006 only):

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| A. If your community has a floodplain management ordinance, has it been updated during the reporting period? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Please update the demographic information for your community that was provided to FEMA when your community last reported to the National Flood Insurance Program. <u>If any numbers are NOT correct or a “0” appears, please provide the revised number in the spaces below.</u> If precise data are not available, please provide your best estimate. | | |

	Permanent Year-Round Population	1-4 Family Structures	All other Structures
1. In your <u>entire</u> community			
NAME, TITLE, SIGNATURE, AND E-MAIL ADDRESS	PHONE NO. (include area code)	Date	
		Month	Year

PAPERWORK BURDEN DISCLOSURE NOTICE

FEMA Form 81-29A

Public reporting burden for this form is estimated to average 12 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0018).

NOTE: Please do not send your completed form to the above address.