



CITY OF HOUSTON

Floodplain Management Office
Department of Public Works and Engineering
1002 Washington Avenue, 3rd floor, Houston, Texas 77002
fmo@houston.tx.gov (832) 394.8854

Flood Damage Repair Checklist Single Family Residential

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:

Option	Repair Cost	Value of Structure
1* <input type="checkbox"/>	Flood Damage Repair Form (see attached)	Flood Damage Repair Form (see attached) -OR- HCAD Summary (www.hcad.org) – (FMO can provide this for you)
2 <input type="checkbox"/>	NFIP Proof of Loss or Final Report including attached detailed itemized cost estimate (see attached example)	NFIP Proof of Loss or Final Report
3* <input type="checkbox"/>	Project Cost Estimate Form (see attached)	HCAD Summary (www.hcad.org) – (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)
4 <input type="checkbox"/>	Elevation Certificate (from a Texas Registered Professional Land Surveyor) demonstrating that structure is compliant (meets requirement that lowest floor is 24" above 500 year elevation and all other floodplain requirements). No cost or value information required.	

***FIELD VERIFICATION MAY BE REQUIRED**



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Floodplain Flood Damage Repair Form – Single Family Residences

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*
-OR-
- *Reject the permit application and request that the homeowner submit alternate information*
-OR-
- *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



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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

O.M.B. No. 1660-0005
Expires April 30, 2017

POLICY NO. FL _____

POLICY TERM _____

PROOF OF LOSS

(See reverse side for Privacy Act Statement and
Paperwork Burden Disclosure Notice)

AMT OF BLDG COV AT TIME OF LOSS _____

AGENT _____

AMT OF CONTS COV AT TIME OF LOSS _____

AGENCY AT _____

TO THE NATION 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 encumbrance 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 _____ 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 items..... \$ _____

The said loss did not originate from any 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, nor is it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss, nor has any property saved 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 of the Code of Federal Regulations, Subchapter B, and that knowingly and willfully making any false answers or misrepresentations of facts is punishable by fine of imprisonment under applicable United State Codes.

The insured hereby assigns to the extent of the payment made or advanced under this policy; the insured hereby assigns, transfers and sets over the insurer all rights, claims or interests that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorizes the insurer to sue any such third party in his name.

The insured hereby warrants 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 _____

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

THE NFIP REQUIRES THAT A PRELIMINARY REPORT BE RECEIVED WITHIN 15 DAYS OF ASSIGNMENT,
AND AN INTERIM OR FINAL REPORT NOT LATER THAN EVERY 30 DAYS THEREAFTER.

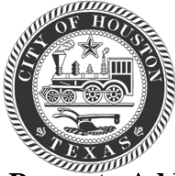
O.M.B. No. 1660-0005
Expires April 30, 2017

See reverse side for Privacy Act Statement
and Paperwork Burden Disclosure Notice

FINAL REPORT

INSURED _____ POLICY NUMBER _____
PROPERTY ADDRESS _____ DATE OF LOSS _____
ADJUSTING COMPANY _____ ADJ. FILE NO. _____

PREMISES HISTORY	Date risk was originally constructed: _____				Insured at premises since: _____			
	Date of Alteration	Brief Description of Alteration	Market Value	Cost of Alteration	Type of Alteration	*Substantial Improvement?		
					<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Improv.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Improv.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
INTEREST	* 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 (approximate dates and amounts of loss): _____ Repairs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured but no claim made _____ Repairs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured but no claim made _____ Repairs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured but no claim made (Continue under Remarks if additional space is needed for alteration or prior losses.)							
	Mortgagee(s): _____							
	Loss Payee(s): _____							
	Other Insurance: _____ (Company) _____ (Type) _____ (Policy Number) _____ (Covers Bldg./Conts.) <input type="checkbox"/> Yes <input type="checkbox"/> No (Covers flood?)							
CLAIM SUMMARY	Duration building will not be habitable: <input type="checkbox"/> 0-2 days <input type="checkbox"/> 3-7 days <input type="checkbox"/> 2-4 weeks <input type="checkbox"/> 2 months <input type="checkbox"/> more than 2 months Claim Recapitulation Worksheet for details							
			Building		Contents		Totals	
ENCL	Covered Damage (ACV) _____ Removal/Protection _____ Total Loss (ACV) _____ Less Salvage _____ Less Deductible _____ Excess Over Limit _____ Claims Payable (Net) _____ Identify Cause: _____ Main building RCV: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable *Includes in building. If yes, R/C claim: \$ _____ Total building claim: \$ _____							
	EXCLUDED DAMAGES		Excluded Building Damages: <input type="checkbox"/> Less than 1,000 <input type="checkbox"/> 1,000 - 2,000 <input type="checkbox"/> 2,000 - 5,000 <input type="checkbox"/> 5,000 - 10,000 <input type="checkbox"/> 10,000 - 20,000 <input type="checkbox"/> More than 20,000				<input type="checkbox"/> Less than 1,000 <input type="checkbox"/> 1,000 - 2,000 <input type="checkbox"/> 2,000 - 5,000 <input type="checkbox"/> 5,000 - 10,000 <input type="checkbox"/> 10,000 - 20,000 <input type="checkbox"/> More than 20,000	
			Excluded Contents Damages: <input type="checkbox"/> Less than - 1,000 <input type="checkbox"/> 1,000 - 2,000 <input type="checkbox"/> 2,000 - 5,000 <input type="checkbox"/> 5,000 - 10,000 <input type="checkbox"/> 10,000 - 20,000 <input type="checkbox"/> More than 20,000				<input type="checkbox"/> Less than - 1,000 <input type="checkbox"/> 1,000 - 2,000 <input type="checkbox"/> 2,000 - 5,000 <input type="checkbox"/> 5,000 - 10,000 <input type="checkbox"/> 10,000 - 20,000 <input type="checkbox"/> More than 20,000	
CERTIFICATION	<input type="checkbox"/> Building worksheets () <input type="checkbox"/> Photographs () <input type="checkbox"/> Proof of Loss <input type="checkbox"/> Other _____ <input type="checkbox"/> Contents worksheets: () <input type="checkbox"/> Narrative (pp) <input type="checkbox"/> R/C Proof <input type="checkbox"/> Other _____							
	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.							
	County of _____				Insured _____			
	State of _____				Insured _____			
Signed this _____ day of _____, 20_____				Witness _____				



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):

Improvement Description	Material Qty.	Material Unit Cost	Material Total Cost	Labor Quantity	Labor Unit Cost	Labor Total Cost	Total Labor & Material	Receipt Attached
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
Total								<input type="checkbox"/>

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.



City of Houston Floodplain Management Office Project Cost Estimate Worksheet

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.

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

MY COMMISSION EXPIRES

Notary for Contractor Signature

Sworn to and subscribed before me, the undersigned authority on the ____ day of _____, _____. To certify which witness my hand and seal of office.

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

MY COMMISSION EXPIRES

ENGINEER OR ARCHITECT CERTIFIES COST ESTIMATE

Engineer/ Architect Signature

Seal & Date

Office Telephone Number