
GRANT APPLICATION SUMMARY SHEET

Grant Name: HMGP Project 3 (3859 Crouch Drive and 4343 Eatons Creek)
17-19

Department: WATER & SEWER

Grantor: U.S. DEPARTMENT OF HOMELAND SECURITY

**Pass-Through Grantor
(If applicable):** TENN. EMERG. MGMT.

Total Applied For \$382,392.75

Metro Cash Match: \$54,627.75

Department Contact: Stan Robinson
862-4516

Status: NEW

Program Description:

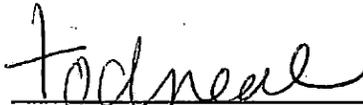
To purchase and remove 2 houses, which lie in a designated floodplain area of the county. The two addresses are 3859 Crouch Drive and 4343 Eatons Creek Road. To provide relocation assistance to renters if applicable. Designate the buyout area as restricted-use public land. The funding for the acquisition of these properties is 75% from FEMA, 12 1/2% from TEMA and 12 1/2% local match.

Plan for continuation of services upon grant expiration:

The project will be complete after the expiration of the grant.

**APPROVED AS TO AVAILABILITY
OF FUNDS:**

**APPROVED AS TO FORM AND
LEGALITY:**

 3/2/18
Director of Finance Date

 _____
Metropolitan Attorney Date

**APPROVED AS TO RISK AND
INSURANCE:**

 3/1/18
Director of Risk Management Date
Services



Tennessee Emergency Management Agency
Hazard Mitigation Application

Acquisition Demolition

THIS SECTION FOR STATE USE ONLY
DISASTER: 4293-000

Tennessee Identification Number: _____	Tennessee Point of Contact: State Hazard Mitigation Officer
Date SHMO Received Application: _____	Tennessee Emergency Management Agency 3041 Sidco Drive
Date Council Reviewed/Approved: _____	Nashville, Tennessee 37204
FEMA Application Submittal Date: _____	Office: 615.741.1345 Fax: 615.242.4770

NOTE: Application must be submitted in duplicate and all maps and photos must be in color.

I. PROJECT OVERVIEW

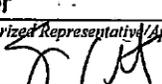
1. Applicant/Sub-Recipient Legal Name: Metropolitan Government of Nashville & Davidson County
Sub-Category/Public Entity Organizational Unit: Metro Water Services - Storm Water
2. Applicant Type: Local Government
3. Project Name/Title: Whites Creek Three (3) Acquisition/Demolition Project of Two (2) Properties
4. Is this a new or revised application? New Application
If revised, check appropriate box ...
5. Program to which you are applying: Hazard Mitigation Grant Program (HMGP)
6. Will this be new construction or part of an ongoing project? New Construction
7. Is this a Phased project? No
8. Proposed Project Total Cost: \$ 437,020.50
Federal Share (75%): \$ 327,765.00
Non-Federal Match (25%): \$ 109,255.50
9. Enter the Total Benefits, Total Cost, and Benefit Cost Ratio (BCR) determined prior to application. Export the Benefit Cost file and provide in electronic format, along with all supporting documentation used to develop the ratio. If Benefit Cost Analysis was waived, place an "N/A" in the blanks, and provide explanation below for the exemption.

Total Benefits: \$ 0.00 Total Cost: \$ 0.00 BCR: _____

Benefit Cost Analysis is not required for the properties included in this application. All properties fall in the floodplain/floodway, are below the \$276,000.00 threshold and are on the National Flood Insurance Program's Repetitive Loss List.

10. Certifications:

The undersigned assures fulfillment of all requirements of the Hazard Mitigation Grant Program as contained in the program guidelines and that all information contained herein is true and correct to the best of my knowledge. The governing body of the applicant has duly authorized the document, commits to the non-Federal share identified in the Scope of Work/Budget, and hereby applies for the assistance documented in this application. Also, the applicant understands that the project may proceed **ONLY AFTER FEMA APPROVAL** is gained.

<u>Scott A. Potter</u> <small>Typed Name of Authorized Representative/Applicant Agent</small>	<u>Director, Metro Water Services</u> <small>Title</small>	<u>(615) 862-4505</u> <small>Telephone Number</small>
 <small>Signature of Authorized Representative/Applicant Agent</small>		<u>November 9, 2017</u> <small>Date Signed</small>

II. APPLICANT INFORMATION

The answer to both question 1 and 2 must be "yes" to be considered eligible.

1. Does your community have a current FEMA approved multi-hazard mitigation plan? Yes
If yes, what is the date of the plans approval? May 12, 2015
2. Is the location of the proposed project in mitigation plan strategies? Yes
If yes, where in the mitigation plan strategies is the proposed project located? Page 2,7,9, 12,29 Section/Part Chapter 5.0
3. Is this a small, impoverished community? No
4. Is the applicant delinquent on any Federal debt? No
5. Is the community a member of good standing with the National Flood Insurance Program? Yes
If yes, what is the date of entry into the program? June 15, 1982
6. What is the Community Identification Number (CID)? 470040
7. Is this community a member of the Community Rating System (CRS)? Yes
If yes, what is your CRS rating? 8
8. Has your community adopted building codes consistent with the International Codes? Yes
9. Is the recipient a historically black college or university or a tribal college or university? No
10. Catalog of Federal Domestic Assistance Number: 97.039
Title: Hazard Mitigation Grant Program (HMGP)
11. Tax ID Number: 60-0694743 FIPS Code: 037-52004 DUNS Number: 078217668
12. U.S. Congressional District: 5 Congressman Name: Jim Cooper
13. State Senatorial District: 19 Senator Name: Thelma Harper

II. APPLICANT INFORMATION (continued)

14. Application Prepared by:

Ms. First Name: Antonette Last Name: Plummer
Title: Administrative Services Officer Organization: Metro Water Services - Storm Water
Street Address: 800 Second Avenue South
City: Nashville State: TN Zip Code: 37210
Telephone: (615) 862-4582 Fax: (615) 862-4929 Mobile: _____ E-mail: antonette.plummer@nashville.gov

15. Primary Point of Contact:

The Primary Point of Contact is the person responsible for coordinating the implementation of this proposal, if approval is granted.

Mr. First Name: Stan Last Name: Robinson
Title: Administrative Services Officer Organization: Metro Water Services - Storm Water
Street Address: 800 Second Avenue South
City: Nashville State: TN Zip Code: 37210
Telephone: (615) 862-4516 Fax: (615) 862-4929 Mobile: (615) 310-5935 E-mail: stan.robinson@nashville.gov

16. Alternate Point of Contact:

The Alternate Point of Contact is the person that can address questions or concerns in the Primary Point of Contact's absence.

Mr. First Name: Tom Last Name: Palko
Title: Assistant Director Organization: Metro Water Services - Storm Water
Street Address: 800 Second Avenue South
City: Nashville State: TN Zip Code: 37210
Telephone: (615) 862-4510 Fax: (615) 862-4929 Mobile: (615) 456-6870 E-mail: tom.palko@nashville.gov

17. Financial Point of Contact:

The Financial Point of Contact is the person that can address questions/clarification of financial concerns, i.e., banking account, Edison automatic deposits, etc.

Ms. First Name: Amanda Last Name: Deaton-Moyer
Title: Assistant Director Organization: Business and Finance
Street Address: 1600 Second Avenue North
City: Nashville State: TN Zip Code: 37208
Telephone: (615) 862-4782 Fax: (615) 862-4929 Mobile: _____ E-mail: amanda.deaton-moyer@nashville.gov

28. Authorized Applicant Agent:

The Authorized Applicant Agent MUST be the chief executive officer, mayor, etc. This person must be able to sign contracts, authorize funding allocations or payments, etc.

Mr. First Name: Scott A. Last Name: Potter
Title: Director Organization: Metro Water Services
Street Address: 1600 Second Avenue North
City: Nashville State: TN Zip Code: 37208
Telephone: (615) 862-4505 Fax: (615) 862-4929 Mobile: _____ E-mail: scott.potter@nashville.gov

III. PROJECT LOCATION

1. Site Address: (No PO or Route No.) 3859 Crouch Drive and 4343 Eaton's Creek Road
City: Nashville State: TN Zip Code: 37207 / 37218
05910024300/058 00 0
2. Tax Parcel ID: 173.00 3. Property Tax ID: _____
4. Latitude: _____ 5. Longitude: _____
6. Flood Zone Designation: AE or A 1-30 A (no base flood elevation given)
 B or X (shaded) C or X (unshaded)
7. Panel Number of the FIRM used to determine the above: _____ 8. Date of FIRM: _____
9. Does your project affect or is it in close proximity to any buildings or structures 50 years or more in age? _____

10. Physical Location:
Describe the area and population affected/protected by this project, including the location.
The project includes the acquisition of 2 parcels of property located on Whites Creek. All properties are located in Nashville/Davidson County, TN 37207 (1) and 37218 (1). Both properties are on the Repetitive Loss list.

3859 Crouch Drive, Nashville, TN 37207 / RL property / Whites Creek / 059 10 0 243.00
4343 Eaton's Creek Road, Nashville, TN 37218 / RL property / Whites Creek / 058 00 0 173.00

11. Population Affected
Provide the percent of the population benefiting from this mitigation activity. Explain your response.
Less than 0.1%. The number of affected households represented in this project is two (2). The remainder of the neighborhood areas will benefit indirectly in that they will be able to utilize the sites after demolition as restricted-use open, public lands.

IV. HISTORY OF HAZARD

Describe, in detail, the history of natural hazards in the proposed area. Include damage history, source and type of problem, frequency of events (s), severity of damage, etc. *Please refer to Application Guidance Handbook for further guidance.

The two (2) properties Metro Nashville and Davidson County are proposing to acquire in this project for the purpose of demolition are located in the White's Creek floodway/floodplain in Metro Nashville/Davidson County. The one (1) property is located at 3859 Crouch Drive suffered losses from flooding events in May 2010 and August 2013 and one (1) property is located at 4343 Eaton's Creek Road suffered losses from flooding events in May 2010 and April 2013.

V. HISTORY OF DAMAGES

The Hazard Mitigation Grant Program (HMGP) is designed to permanently eliminate or significantly reduce the damages caused by natural hazards. This is measured through a Benefit Cost Analysis (BCA). This section of the application is the most crucial as it provides the cost benefit of the proposed activity. Cost beneficial projects show, through documented past damages and/or engineered damages saved; that the proposed activity's cost will be less than the anticipated future damages that would occur if the project were not implemented. If a BCA has been performed on this project, please provide:

Benefit Cost Ratio N/A include documentation supporting data used for the BCA.

As mentioned above, to perform the BCA, actual damage history or projected damages saved through engineering studies are used. The BCA software is driven by determining annualized losses expected during varying flood events, such as the 1-, 2-, or 5- year event. There must be a minimum of two (2) known or three (3) unknown events. Of course, the more events that can be listed, the better. In addition, the events must have taken place in different years. For example, if damages occurred from a 1-year event in June 2010 and a 5-year event in August 2010, you would only use one of the two events. Likewise, two 1-year events in 2011 could not be used; only one of the events would be listed. A good example would be one 1-year event in 2010, one 2-year event in 2009, and one 5-year event in 2007.

NOTE: Most people assume higher event levels calculate more annualized damages. This is not the case. Lower event levels that occur more frequently provide better BCA results.

When compiling the damages, remember to consider both direct and indirect costs. Direct costs include structural damage, content damage, repair work that is contracted, etc. Indirect costs include time missed from work, additional miles traveled due to road closure, emergency rescue services, etc. As the cost of the project must be justified for your proposal to even be considered, it is imperative to disclose as much information as possible – and essential that dollar amounts be given.

The following provides for three events. If more events are known, attach them on a separate sheet to this section. If there are damages that have been incurred that are not listed here, please add them.

EVENT ONE

1. Level of Event (if known): N/A Year of Occurrence: N/A

A. Utilities Loss of Function

Type of Service: Electrical Potable Water Wastewater Other _____
 Number of customers served? _____ Year Built? _____
 How many days was the city/county without service? _____
 What is the total value per unit/per day? \$ 0.00

B. Roads/Bridges Loss of Function

What is the estimated number of one way traffic trips per day? _____
 What is the estimated delay or detour time per one way trip (hh:mm)? _____
 (a) What is the number of additional miles? _____
 (b) Number of days out of service? _____
 Year Built? _____

C. Public Building(s) Loss of Function and Damages (make copies as needed)

Year Built: _____ Building Owner: _____
 Street Address: _____ City: _____ Zip Code: _____
 What is the annual budget of the public/nonprofit agencies that occupy the building? \$ 0.00
 What is the cost of providing services from this building per day? \$ 0.00
 What is the total value of lost services? \$ 0.00
 Type of Facility: (i.e., library, fire department, etc.) _____
 Dollar value of structure damage? \$ 0.00 Dollar value of content damage? \$ 0.00

D. Private Buildings (Businesses) Losses (make copies as needed)

Year Built: _____ Building Owner: _____
 Street Address: _____ City: _____ Zip Code: _____
 Depth of Flooding in structure? _____ Cost incurred due to displacement? \$ 0.00
 Dollar value of structure damage? \$ 0.00 Dollar value of content damage? \$ 0.00
 Cost incurred due to inability to work? \$ 0.00 Other Costs (specify below)? \$ 0.00

E. Residential Losses (make copies as needed)

Year Built: _____ Building Owner: _____
Street Address: _____ City: _____ Zip Code: _____
Depth of Flooding in structure? _____ Cost incurred due to displacement? \$ 0.00
Dollar value of structure damage? \$ 0.00 Dollar value of content damage? \$ 0.00
Cost incurred due to inability to work? \$ 0.00 Other Costs (specify below)? \$ 0.00

EVENT TWO

1. Level of Event (if known): _____ N/A _____ Year of Occurrence: _____ N/A _____

A. Utilities Loss of Function

Type of Service: Electrical Potable Water Wastewater _____ Other _____
Number of customers served? _____ Year Built? _____
How many days was the city/county without service? _____
What is the total value per unit/per day? \$ 0.00

B. Roads/Bridges Loss of Function

What is the estimated number of one way traffic trips per day? _____
What is the estimated delay or detour time per one way trip (hh:mm)? _____
(c) What is the number of additional miles? _____
(d) Number of days out of service? _____
Year Built? _____

C. Public Building(s) Loss of Function and Damages (make copies as needed)

Year Built: _____ Building Owner: _____
Street Address: _____ City: _____ Zip Code: _____
What is the annual budget of the public/nonprofit agencies that occupy the building? \$ 0.00
What is the cost of providing services from this building per day? \$ 0.00
What is the total value of lost services? \$ 0.00
Type of Facility: (i.e., library, fire department, etc.) _____
Dollar value of structure damage? \$ 0.00 Dollar value of content damage? \$ 0.00

D. Private Buildings (Businesses) Losses (make copies as needed)

Year Built: _____ Building Owner: _____
Street Address: _____ City: _____ Zip Code: _____
Depth of Flooding in structure? _____ Cost incurred due to displacement? \$ 0.00
Dollar value of structure damage? \$ 0.00 Dollar value of content damage? \$ 0.00
Cost incurred due to inability to work? \$ 0.00 Other Costs (specify below)? \$ 0.00

E. Residential Losses (make copies as needed)

Year Built: _____ Building Owner: _____
Street Address: _____ City: _____ Zip Code: _____
Depth of Flooding in structure? _____ Cost incurred due to displacement? \$ 0.00
Dollar value of structure damage? \$ 0.00 Dollar value of content damage? \$ 0.00
Cost incurred due to inability to work? \$ 0.00 Other Costs (specify below)? \$ 0.00

EVENT THREE

1. Level of Event (if known): N/A Year of Occurrence: N/A

A. Utilities Loss of Function

Type of Service: Electrical Potable Water Wastewater Other _____

Number of customers served? _____ Year Built? _____

How many days was the city/county without service? _____

What is the total value per unit/per day? \$ 0.00

B. Roads/Bridges Loss of Function

What is the estimated number of one way traffic trips per day? _____

What is the estimated delay or detour time per one way trip (hh:mm)? _____

(e) What is the number of additional miles? _____

(f) Number of days out of service? _____

Year Built? _____

C. Public Building(s) Loss of Function and Damages (make copies as needed)

Year Built: _____ Building Owner: _____

Street Address: _____ City: _____ Zip Code: _____

What is the annual budget of the public/nonprofit agencies that occupy the building? \$ 0.00

What is the cost of providing services from this building per day? \$ 0.00

What is the total value of lost services? \$ 0.00

Type of Facility: (i.e., library, fire department, etc.) _____

Dollar value of structure damage? \$ 0.00 Dollar value of content damage? \$ 0.00

D. Private Buildings (Businesses) Losses (make copies as needed)

Year Built: _____ Building Owner: _____

Street Address: _____ City: _____ Zip Code: _____

Depth of Flooding in structure? _____ Cost incurred due to displacement? \$ 0.00

Dollar value of structure damage? \$ 0.00 Dollar value of content damage? \$ 0.00

Cost incurred due to inability to work? \$ 0.00 Other Costs (specify below)? \$ 0.00

E. Residential Losses (make copies as needed)

Year Built: _____ Building Owner: _____

Street Address: _____ City: _____ Zip Code: _____

Depth of Flooding in structure? _____ Cost incurred due to displacement? \$ 0.00

Dollar value of structure damage? \$ 0.00 Dollar value of content damage? \$ 0.00

Cost incurred due to inability to work? \$ 0.00 Other Costs (specify below)? \$ 0.00

4. Additional Comments

Enter any additional comments related to the proposed project's history of damages if desired.

According to FEMA Executive Memorandum if a property is located the floodway/floodplain and the cost of the property does not exceed \$276,000.00, a Benefit Cost Analysis is not required.

VI. PROJECT DESCRIPTION

1. Describe, in detail, the proposed project. Explain how the proposed project will solve the problem(s) and provide the level(s) of protection. Include a description of the desired outcome and methodology of the mitigation activity in terms of mitigation objectives to be achieved. *Please refer to Application Guidance Handbook for further guidance

The purchase (at fair market value) and removal of two (2) residential structures located in the Whites Creek floodway/floodplain in Davidson County. The properties all suffered damage from the flood events listed above in Nashville/Davidson County. By pursuing this course of action, the property owners will find relief from any future flood damage and there will be no future damage claims to burden the NFIP. Also, the emergency response agencies of the Metropolitan Government will not be as taxed during and after a flood event affecting the designate area. The land where the acquisition occurs will become restricted-use public land.

-
2. Describe the process you used to decide that this project is the best solution to the problem. Explain why this project is the best alternative. This should coincide with information supplied in Alternative Actions.

Address the following questions:

- Are you focusing on the area in your community that has the greatest potential for losses?
- Have you considered the risks to critical facilities and structures and benefits to be obtained by mitigating this vulnerability?
- Have you considered those areas or projects that present the greatest opportunities given the current situation and interest in your community?
- Are you addressing a symptom or the source of the problem? Addressing the source of the problem is a long-term solution which provides the most mitigation benefits.

If impacts to the environmental/historic preservation, natural, cultural or historic resources have been identified, explain how your alternatives and proposed project address, minimize, or avoid these impacts.

Metro Nashville/Davidson County has begun an extensive effort to acquire properties along various streams and in designated floodway/floodplains that suffered major property damage during various flood events in Nashville/Davidson County. There were three options considered before choosing acquisition and demolition. Option A (acquisition/demolition) was the chosen method. Option B would be to take no action whatsoever. This option, if chosen does not alleviate the problem of future flooding in any manner. Flood losses would continue, placing a financial strain on property owners, local government resources and the National Flood Insurance Program. Option C would be to elevate the affected houses. This option would protect the house from being damaged during a flood; however, other hazards would remain for the property owners in the event of a flood. The cost associated with elevating the existing structures would be at least \$60,000.00 per structure. This is a very conservative estimate that does not take into account the massive structural damage with the affected properties have already suffered. Option A (acquisition/demolition) has been selected as the most efficient, cost effective method of dealing with the flooding situation. It is the only method to completely alleviate all factors associated with repetitive flooding. Once the property is acquired and the structure is demolished, the land will be restricted-use public land.

3. Please attach the following maps with the project site and structure(s) marked on the map.

*FEMA REQUIRES MAPS TO BE IN COLOR

Flood Insurance Rate Map (FIRM). If the FIRM for your area is not published, please attach a copy of the Flood

- Hazard Boundary Map (FHBM).
- City of county scale map (large enough to show the entire project area).
- USGS 1:24,000 topo map
- Parcel Map (Tax Map, Property Identification Map, etc.)
- Overview photographs. The photographs should be representative of the project area, including any relevant streams, creeks, rivers, etc., and drainage areas which affect the project site or will be affected by the project.

4. Hazards to be Mitigated / Level of Protection

a. Select the primary hazard the proposed project will mitigate:

- | | | | |
|---------------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Drought | <input checked="" type="checkbox"/> Flood | <input type="checkbox"/> Mud/Landslide | <input type="checkbox"/> Snow |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Freezing | <input type="checkbox"/> Severe Ice Storm | <input type="checkbox"/> Tornado |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Land Subsidence | <input type="checkbox"/> Severe Storm(s) | <input type="checkbox"/> Windstorms |
| <input type="checkbox"/> Other (list) | | | |

b. Select all other hazards the proposed project will mitigate:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Biological | <input type="checkbox"/> Earthquake | <input type="checkbox"/> Land Subsidence | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Fire | <input type="checkbox"/> Mud/Landslide | <input type="checkbox"/> Terrorist |
| <input type="checkbox"/> Civil Unrest | <input type="checkbox"/> Fishing Losses | <input type="checkbox"/> Nuclear | <input type="checkbox"/> Tornado |
| <input type="checkbox"/> Crop Losses | <input checked="" type="checkbox"/> Flood | <input type="checkbox"/> Severe Ice Storm | <input type="checkbox"/> Toxic Substances |
| <input type="checkbox"/> Dam/Levee Break | <input type="checkbox"/> Freezing | <input type="checkbox"/> Severe Storm(s) | <input type="checkbox"/> Windstorms |
| <input type="checkbox"/> Drought | <input type="checkbox"/> Human Caused | <input type="checkbox"/> Snow | <input type="checkbox"/> Other (list below) |

5. Site Plan

A site plan (engineering report, feasibility study report), with alignment drawings, that include the location, plan view and cross-section of cuts, fills and structures, is required. Include the type, and measurement, of all pipes, culverts, ditches, swales and detention/retention basins and ponds. Send the following engineering report as appropriate.

- Calculations used to determine the sizes of any culverts in the project (drainage area, amount of flow, slope of culvert, invert elevations).
- Calculations used to determine the sizes of any ditches and swales in the project (drainage area, amount of flow, slope and depth of the ditch).
- Calculations used to determine the sizes of any detention/retention basins and ponds in the project (drainage area, amount of flow, stage-storage, and stage-discharge).

6. Letter of Map Revision (LOMR)

A Letter of Map Revision (LOMR) may be needed on this project. Any changes to the Flood Insurance Rate maps (FIRM) need to be reflected on the flood maps, which is accomplished through the LOMR process. The construction of this project may lower the 100-year flood elevation and thus, possibly lower the flood insurance rates for structures in the project area.

No Letter of Map Revision attached

7. Enter any additional comments related to the proposed project's description, if desired.

N/A

VII. SCOPE OF WORK / BUDGET

In this section, provide the details of all costs of the project. For estimates, reasonable projections are essential.

1. Acquisition

a. Estimated Pre-Event Fair Market Value	\$ 357,210.00	
b. Estimated Cost for Demolition	\$ 54,000.00	
c. Estimated cost for Structure Relocation	\$ 0.00	
d. Estimated Appraisal Cost	\$ 1,000.00	
e. Estimated Closing Costs/Legal Fees	\$ 4,000.00	
f. Uniform Relocation Assistance	\$ 0.00	
g. Comparable Housing	\$ 0.00	
h. Other (specify below)	\$ 20,810.50	
		i. Total of 1-8 \$ 437,020.50
5% Management Costs		
j. Program Income	\$ 0.00	
k. Duplication of Benefits	\$ 0.00	
		l. Total of 10-11 \$ 0.00
m. Subtract l. from i. to determine Total Cost to Acquire Property		<u>\$ 437,020.50</u>

2. Elevation

a. Materials (indicate if item will be used as in-kind)

Item	Dimension	Quantity	Cost per Unit	Cost
N/A			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total Cost			\$	\$

b. Labor – include equipment costs – (indicate if item will be used as in-kind)

Description	Hours	Rate	Cost
N/A		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Cost		\$	\$

c. Fees Paid (include any other costs associated with the project, i.e., permit costs, etc.)

Description	Hours	Rate	Cost
N/A		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Cost		\$	\$

d. Total Elevation Cost \$ N/A

3. Total Project Cost (A+B)

Proposed Project Total Cost: \$ 437,020.50
 75% Federal Share: \$ 327,765.00
 25% Non-Federal Match: \$ 109,255.50

NOTE: Round figures to the nearest dollar.

4. Non-Federal Funding Share (25% of Total Cost)

List all sources and amounts utilized in the non-federal share including all in-kind services. In-Kind services may not exceed the 25% non-federal share. If any portion of the non-Federal share will come from non-applicant sources (donated services, private donation, etc.), attach letters of funding commitment for each non-applicant source.

Source	Name of Source Agency	Type Funding	Amount	Commitment Letter Attached
Local Funding	Metro Nashville- Davidson County, Metro Water Services	Cash	\$ 54,627.75	
State Agency Funding	Tennessee Emergency Management Agency	Cash	\$ 54,627.75	
			\$	
			\$	
			\$	

Source = State, Local, Private Non-Profit, Other

Source Agency = Specific entity providing match

Type Funding = Administration, Cash, Consulting Fees, Engineering Fees, Equipment Operation/Rental, Labor, Supplies, Other

5. Describe how you will manage the costs and schedule, and how you will ensure successful performance..

Metro Water Services, storm water Division will manage the grant and ensure that project progress is on schedule for completion within the approved timeline.

6. Additional Comments

Enter any additional comments related to the proposed project's funding, if desired.

N/A

VIII. TIMELINES AND MAINTENANCE

1. Timeline

Insert the proposed work schedule (in days) in phases, i.e., engineering, appraisals, title search, closing, construction, etc., and provide a description of the phases purpose regarding the proposed project. This timeline will be used as a measurement tool for progress in the project's implementation and is included in the required Quarterly Reports. Also, FEMA uses the phased timeline for determining the period of performance. It will be the basis used to justify delays or extensions, if necessary, and should be estimated carefully. Due to the length of Tennessee's state contract process, the first and last entry has already been made for generating funds and closeout purposes.

A. Phase 1:	Tennessee State Contract Process	Timeframe:	6 Months
	The State contract is the State's legal mechanism required to ensure funding or services to the applicant. The timeframe reflects up to a 6 month period.		
Phase 2:	Appraisals	Timeframe:	4 Months
Phase 3:	Acquisition of Property	Timeframe:	10 Months
Phase 4:	Demolition/Restoration of Property	Timeframe:	10 Months
Phase 5:	Project Closeout	Timeframe:	6 Months
	This includes the State's Compliance Review, Applicant, State and Federal concurrence, financial reconciliation, site visit, and FEMA closure.		
Total Timeframe (provide a timeframe of 36 months/3 years)		Timeframe:	36 Months

B. The start date for any proposed project begins upon FEMA approval. Provide an explanation for the timeframe (listed above) to complete this project.

N/A

2. Maintenance

The following questions are to give assurance on the project's maintenance over its useful life. Please answer each question and give a brief explanation.

- A. Will the project require periodic maintenance? Yes
- B. Who will provide the maintenance?
Metro Nashville/Davidson County, Metro Water Services
- C. What is the cost of maintenance on an annual basis? \$ 800.00

IX. ALTERNATIVE ACTIONS

List two feasible alternative projects to mitigate the hazards for project area. One alternative is the "No Action Alternative" (section A).

1. No Action Alternative

Discuss the impacts on the project area if no action is taken.

Taking no action would result in these houses remaining in areas that are highly prone to flooding, as well as being a designated floodway/floodplain. Repetitive flood losses could still occur, placing a burden on property owners, as well as local government resources. If these structures remain, it would be a hindrance to our Department's and the Metropolitan Government's efforts to progressively mitigate the highest potential flood loss areas in the county. It would also fail to give any financial relief and assistance to property owners whose homes have suffered massive property damage.

2. Other Feasible Alternative Project Title:

Elevation of Structures

Discuss a feasible alternative to the proposed project. This could be an entirely different mitigation method or a significant modification to the design of the current proposed project. Please include scope of work, engineering details (if applicable), estimated budget and the impacts of this alternative.

A. Other Feasible Project Description and Scope of Work

Describe, in detail, the proposed alternative project. Also, Explain how the alternative project will solve the problem(s) and/or provide protection from the hazard(s).

Elevation would prevent the houses from being damaged in a 100 year flood. However, the cost associated with raising the elevation of the existing houses would be a minimum of \$60,000.00 per structure. This is a conservative estimate and does not take into account that most of these homes have suffered damage to such an extent that elevation is not even feasible. Therefore, elevation is not viewed as a practical alternative to acquisition/demolition and then restricting use of the land.

B. Other Feasible Project Location

Attach a map or diagram showing the alternative site in relation to the proposed project site (Please provide map in color).

Photographs of alternative site. (Please provide map in color)

3. **Funding Sources (round figures to the nearest dollar).** The maximum Federal share for all mitigation projects is 75%. The remaining 25% (non-Federal share) is the responsibility of the applicant. HMGP funds may be packaged with other Federal funds. However, only Federal funds which lose their Federal identity at the State level may be used for the non-Federal share. Please list below the funding sources and amounts for the proposed alternative project.

Proposed Project Total Cost:	\$	120,000.00
75% Federal Share:	\$	90,000.00
25% Non-Federal Match:	\$	30,000.00

A. Impacts of Other Feasible Alternative Project

Discuss the impact of this alternative on the project area. Include comments on these issues: Environmental Justice; Endangered Species; Wetlands; Hydrology (Upstream and Downstream Impacts); Floodplain/ Floodway; Historic Issues; Hazardous Materials.

Even though the houses would be elevated, the properties would still be at risk for property damage and physical danger to the property owners from future flooding. Owners or tenants would still be in danger, if flood waters prevented them from leaving their houses in a safe and timely manner, which would necessitate the effort and expense of rescue. There are also environmental problems associated with flooding, such as sewers backing up, hazardous materials floating from upstream, etc. Elevation would also eliminate the option of phasing the land into a proposed greenway project or neighborhood park. Either of these options would ultimately benefit a larger segment of the community with little additional annual cost.

X. ENVIRONMENTAL REQUIREMENTS

The applicant *must* provide certain environmental documentation to the state before the State and FEMA can adequately review any proposed project. The Council on Environmental Quality (CEQ) has developed regulations to implement the National Environmental Policy Act (NEPA). These regulations, as set forth in Title 40, Code of the Federal Regulations (CFR) Parts 1500-1508, require an investigation of the potential environmental impacts of a proposed federal action, and an evaluation of alternatives as part of the environmental assessment process. The FEMA regulations that establish the agency-specific process for implementing NEPA are set forth in 44 CFR Subpart 10.

As any proposed project requires specific documentation relative to its potential effect on the physical, biological and built environment, the below sections will assist you in insuring proper documentation is submitted for your respective project. In some instances, additional documentation may be required prior to funding.

NOTE: In coordinating with the below listed agencies, please provide several original photographs of the project site and adjacent area/structures, a description of the project referencing structure/site addresses, and a map of sufficient scale and detail that show the project site and surrounding project area (area of potential effects).

Attach documentation (letters, permits, etc.) from coordination with the following Federal and State agencies. For region-specific contacts, addresses, and phone numbers, please refer to Appendix A of this handbook. *Please refer to Application Guidance Handbook for further guidance and an example of an environmental compliance letter.

Environmental Requirement	Coordinating Agency	Attached to Application
National Historic Preservation Act: Historical Structures and Archeological Resources		
Does your project affect or is it in close proximity to any buildings or structures of any kind?	State Historic Preservation Office	Yes
Does your project involve disturbance of ground?		Yes
Endangered Species Act and Fish and Wildlife Coordination Act		
Does your project remove vegetation?	U.S. Department of the Interior (Fish and Wildlife Service) & Tennessee Wildlife Resources	No
Is your project in or near any type of waterway or body of water? (within ½ mile)		Yes
Is the project not contained within existing structures, or may it result in changes or potential effects to the natural environment?		No
Are there threatened or endangered species or their critical habitat present in the project area or within the county the project is located within?		No
Will this activity require an Aquatic Resource Alteration Permit?		No
Clean Water Act, Rivers and Harbors Act, and Executive Order 11990 (Protection of Wetlands)		
Will the project involve work near or in a waterway, dredging or disposal of dredged material, excavation, adding fill material or result in any modification to water bodies or wetlands designed as "waters of the U.S." as identified by the US Army Corps of Engineers or on the National Wetland Inventory?	U.S. Army Corps of Engineers & Tennessee Department of Environment and Conservation (Environmental Assistance Centers)	No
Will the project require a National Pollutant Discharge Elimination System (NPDES) permit from the U.S. Environmental Protection Agency?	Tennessee Department of Environment and Conservation (Environmental Assistance Centers)	No
Executive Order 11988 (Floodplain Management)		
Is the project located in a FEMA identified 100 or 500 year floodplain (on a FIRM map), in a FEMA identified floodway, or identified as a floodplain through some other source?	National Flood Insurance Program	Provided through FIRM
Does the project alter a watercourse, water flood patterns, or a drainage way, regardless of its floodplain designation? Will the activity require a CLOMR (Conditional Letter of Map Revision)?	U.S. Army Corps of Engineers & National Flood Insurance Program	Yes
Farmland Protection Policy Act		
Will the project convert more than 5 acres of farmland outside community limits and require documentation from the USDA National Resource Conservation Service (Prime, Unique or other Important Farmlands)?	U.S. Department of Agricultural (National Resources Conservation Service)	No

Environmental Requirement	Coordinating Agency	Attached to Application
Hazardous and Toxic Materials		
Is there a reason to suspect there are contaminants from a current or past use on the property associated with the proposed project?	Hazardous Materials Property Survey	No
Are there any studies, investigations, or enforcement action related to the property associated with the proposed project?	Individual Property Survey Form (In Appendix L of the Handbook)	No
Do any project construction or operation activities involve the use of hazardous or toxic materials, i.e., asbestos, lead paint, heavy metals, etc.?	and/or	No
Do you know what the current and past land-uses are of the property affected by the proposed project and the adjacent properties?	Tennessee Department of Environment and Conservation (Environmental Assistance Centers)	Yes
Executive Order 12898, Environmental/Historic Preservation Justice for Low Income and Minority Populations		
Is the project in an area of low income or minority populations and require documentation on Environmental Justice information (census, economics, housing, and employment)?	Tennessee Department of Environment and Conservation (Environmental Assistance Centers)	No
Will the project cause any changes that may affect nearby low income or minority populations, result in adverse effects, or change availability of services?		No
Other Environmental Laws or Issues		
Are there any controversial issues associated with this project?	Local Applicant Narrative	No
Have you conducted any public meetings or solicited public input or comments on your specific proposed mitigation activity(ies)?	Local Applicant Narrative	Yes
Will this activity require a Construction Stormwater Permit?	Tennessee Department of Environment and Conservation (Environmental Assistance Centers)	No

Additional Comments

Enter any additional comments related to environmental concerns for the proposed project if desired.

N/A

XI. ASSURANCES

As the authorized representative of this application, I certify that Metro Nashville Davidson County, hereinafter called the Applicant will: *Name of Applicant*

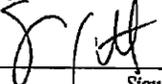
1. Ensure that participation by property owners is voluntary. The prospective participants have been informed in writing that participation in the program is voluntary, that the Applicant will not use its eminent domain authority to acquire their property for the project purposes should negotiations fail;
2. Ensure each property owner will be informed, in writing, of what the Applicant considers to be the fair market value of the property. The Applicant will use the Model Statement of Voluntary Transaction to document this and will provide a copy for each property after award;
3. Accept all of the requirements of the FEMA grant and the deed restriction governing the use of the land, as restricted in perpetuity to open-space uses. The Applicant will apply and record a deed restriction on each property in accordance with the language in the FEMA Model Deed Restriction. The community will seek FEMA approval, via the State, for any changes in language differing from the Model Deed Restriction.
4. Ensure that the land will be unavailable for the construction of flood damage reduction levees and other incompatible purposes, and is not part of an intended, planned, or designated project area for which the land is to be acquired by a certain date;
5. Demonstrate that it has consulted with the US Army Corps of Engineers regarding the subject land's potential future use for the construction of a levee system, and will reject future consideration of such use if it accepts FEMA assistance to convert the property to permanent open-space;
6. Demonstrate that it has coordinated with its State Department of Transportation to ensure that no future, planned improvements or enhancements to the Federal aid systems are under consideration that will affect the subject property;
7. Remove existing structures within 90 days of settlement;
8. Post grant award, ensure that if property interested is conveyed, it is only with the prior approval of the FEMA Regional Director, via the State, and only to another public entity or to a qualified conservation organization pursuant to 26 CFR 1.170A-14;
9. Submit every three years to the Grantee, who will then submit to the FEMA Regional Director, a report certifying that it has inspected the subject property within the month preceding the report, and that the property continues to be maintained consistent with the provisions of the grant. If the subject property is not maintained according to the terms of the grant, the State and FEMA, its representatives, designated authorities, and assigns are responsible for taking measures to bring the property back into compliance; and
10. Not seek or accept the provision of, after settlement, disaster assistance for any purpose from any Federal entity with respect to the property, and FEMA will not distribute flood insurance benefits for that property for claims related to damage occurring after the date of the property settlement.
11. Assure the project will meet all national, state or local codes and standards applicable for the jurisdiction including, but not limited to, building, construction, public notification, floodplain development, etc.
12. Accept responsibility, at its own expense if necessary, for the routine maintenance of any real property, structures, or facilities acquired or constructed as a result of such Federal aid. Routine maintenance shall include, but not be limited to, such responsibilities as keeping vacant land clear of debris, garbage, and vermin; keeping stream channels, culverts, and storm drains clear of obstructions and debris; and keeping detention ponds free of debris, trees, and woody growth.

As the duly authorized representative of the Applicant, I hereby certify that the Applicant will comply with the identified assurances and certifications.

Scott A. Potter
Typed Name of Authorized Representative/Applicant Agent

Director, Metro Water Services
Title

(615) 862-4505
Telephone Number



Signature of Authorized Representative/Applicant Agent

November 9, 2017
Date Signed

ASSURANCES (CONTINUED)

1. Code Compliance

The applicant assures the project will meet all national, state or local codes and standards applicable for the local jurisdiction including, but not limited to, building, construction, public notification, floodplain development, etc.

2. Maintenance

The applicant agrees that if it receives any Federal aid as a result of this application, it will accept responsibility, at its own expense if necessary, for the **routine** maintenance of any real property, structures, or facilities acquired or constructed as a result of such Federal aid. Routine maintenance shall include, but not be limited to, such responsibilities as keeping vacant land clear of debris, garbage, and vermin; keeping stream channels, culverts, and storm drains clear of obstructions and debris; and keeping detention ponds free of debris, trees, and woody growth.

The purpose of this agreement is to make clear the Sub-recipient's maintenance responsibilities following project award and to show the Sub-recipient's acceptance of these responsibilities. It does not replace, supercede, or add to any other maintenance responsibilities imposed by Federal, State and Local laws or regulations and which are in force on the date of project award.

3. Signature of Agreement

The undersigned assures fulfillment of the above requirements as contained in the program guidelines.

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

O.M.B NO. 1660-0025

Expires September 30, 2017

ASSURANCES-CONSTRUCTION PROGRAM

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1.7 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472 Paperwork Reduction Project (1660-0025). NOTE: Do not send your completed form to this address.

NOTE

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain federal assistance awarding agencies may require applicants to certify additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- 1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal Share of project cost) to ensure proper planning, management, and completion of the project described in this application.
- 2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the States, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a paper accounting system in accordance with generally accepted accounting standards or agency directives.
- 3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project.
- 4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
- 5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or state.
- 6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- 7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict to interest, or personal gain.
- 8. Will comply with Intergovernmental Personnel Act of 1970 (42 U.S.C. Sections 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's standards for a Merit System of Personnel Administration (5 C.F.R. 900-subpart F).
- 9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Sections 4801-et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
- 10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sections 794) which prohibits discrimination on the basis of; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-61-7) which prohibits discrimination on the basis of age; (e) the Drug Abuse Office Treatment Act of 1972 (P.L. 93-255), as amended, relating to non-discrimination on the bases of abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the bases of alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. Sections et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) and other non-discrimination provisions in the specific statutes(s) under which application for Federal assistance is being made, and (j) the requirements on any other non-discrimination Statutes(s) which may apply to the application.
- 11. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition policies Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and Federally assisted programs. These requirements apply to all interest in real property
- 12. Will comply with the provisions of the Hatch Act (5 U.S.C. Sections 1501-1508 and 7324-7328) which limit the political activities of employment activities are funded in whole or in part with Federal funds.
- 13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. Sections 27a to 276a-7), the Copeland Act (40 U.S.C. Section 276c and 18 U.S.C. Section 874), the Contract Work Hours and Safety Standards Act (40 U.S.C. Sections 327-333) regarding labor standards for Federally assisted construction subagreements.

14. Will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance in the total cost of insurable construction and acquisition is \$ 10,000 or more.

15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (E.O.) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management programs developed under the Coastal Zone Management Act of 1973 (16 U.S.C. Sections 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementations Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. Section 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); (H) Protection of Endangered species Act of 1973, as amended, (P.L. 93-205).

16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Sections 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and preservation of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 46s-1 et seq.).

18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

19. Will comply with all applicable requirements of all other Federal laws, Executive Orders, regulations and policies governing this program.

20. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (29 U.S.C. 201), as they apply to employees of institutions of higher education, hospitals, and other non-profit organizations.

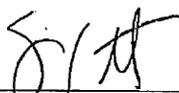
21. It will obtain approval by the appropriate Federal agencies of the final working drawings and specifications before the project is advertised or placed on the market for bidding; that it will construct the project, or cause it to be constructed, to final completion in accordance with the application and approved plans and specifications; that it will submit to the appropriate Federal agency for prior approval changes that alter the cost of the project, use of space, or functional layout; that it will not enter into a construction contract(s) for the project or undertake other activities until the conditions of the construction grant program(s) have been met.

22. It will operate and maintain the facility in accordance with the minimum standards as may be required or prescribed by the applicable Federal, State, and local agencies for the maintenance and operation of such facilities.

23. It will require the facility to be designed to comply with the "American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped," Number A117-1961, as modified (41CFR 101-17.703). The applicant will be responsible for conducting inspections to ensure compliance with these specifications by the contractor.

24. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

25. In making subgrants with nonprofit institutions under this Comprehensive Cooperative Agreement, it agrees that such grants will be subject to OMB Circular A-122, "Cost Principles for Non-profit Organization" including but not limited to, the "Lobbying Revision" published in vol 49, Federal Register, pages 18260 through 18277 (April 27, 1984).



SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Director, Metro Water Services

TITLE

XI. ASSURANCES (CONTINUED)

Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability including funds sufficient to pay the non-Federal share of project costs to ensure proper planning; management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or state.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of Sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federal-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973

333) regarding labor standards for federally-assisted construction subagreements.

(P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

- 15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe

Drinking Water Act of 1974, as amended (PL. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

- 16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Director
TITLE

Metro Water Services
APPLICANT ORGANIZATION

November 9, 2017
DATE SUBMITTED

SF-424D (Rev. 7-97) Back

XI. ASSURANCES (CONTINUED)

Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements

Section 17.630 of the regulations provide that a recipient that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for FEMA funding. States and State agencies may elect to use a Statewide certification.

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 28 CFR Part 17, "Government-wide Debarment and suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Federal Emergency Management Agency (FEMA) determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons entering into a grant or cooperative agreement over \$100,000, as defined at 44 CFR Part 18, the applicant certifies that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontract(s)) and that all subrecipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 44 CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or locally) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (RECIPIENTS OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for recipients, as defined at 44 CFR part 17, Sections 17.615 and 17.623:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the recipient's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The recipient's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

- (e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable FEMA awarding office, i.e. regional office or FEMA office.
 - (f) Taking one of the following actions against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.
 - (g) Making a good effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- (B) The recipient may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance	Street	City	State	Zip Code
3859	Crouch Drive	Nashville	TN	37207
4343	Eaton's Creek Road	Nashville	TN	37218



SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Director

TITLE

Metro Water Services
 APPLICANT ORGANIZATION

November 9, 2017
 DATE SUBMITTED

Public Notice

On December 15, 2016, a major disaster declaration was issued by President Barack H. Obama following severe wildfires that occurred from November 28, 2016 to December 9, 2016. Hazard Mitigation Grant Program (HMGP) funds were made available to provide resources to assist states, tribal governments, territories and local communities in their efforts to reduce or eliminate the risk of repetitive flood damage to buildings and structures insurable under the National Flood Insurance Program (NFIP) as authorized by the National Flood Insurance Act of 1968, as amended. This funding is implemented under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5207.

Proposed Work and Purpose: The Metropolitan Government of Nashville and Davidson County proposes to purchase and demolish two (2) flood prone single family residential dwelling in Nashville, Davidson County, Tennessee. Upon successful offer, acceptance and sale, the subgrantee will inspect, abate any hazardous conditions, and then demolish the structure within 90 days of purchase. The site will then be restored and deed restricted as open space consistent with 44 CFR Part 80 in perpetuity. The Metropolitan Government of Nashville and Davidson County will take ownership and be responsible for post project site maintenance and inspections. Acquiring and demolishing the structure is the only permanent solution to mitigate the risk of continued flooding of the residences. Information regarding the location of the property selected for this mitigation effort is detailed below:

Location of Proposed Work: The one (1) property is located on Crouch Drive and one (1) property is located on Eatons Creek Road. Both properties are a part of a neighborhood located adjacent to Whites Creek.

PUBLIC COMMENTS: Any individual, group, or agency disagreeing with the proposed projects and is wishing to comment on these projects may submit written comments to the Metropolitan Government of Nashville and Davidson County, contact information below. All comments received by October 18, 2017 will be reviewed by the Metropolitan Government of Nashville and Davidson County and forwarded on to the State and FEMA.

APPLICANT CONTACTS:

Stan Robinson, Administrative Assistant Officer
Tele: (615) 862-4516

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Metropolitan Government of Nashville and Davidson County

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

60-0694743

*** c. Organizational DUNS:**

0782176680000

d. Address:

*** Street1:**

800 Second Avenue South

Street2:

*** City:**

Nashville

County/Parish:

*** State:**

TN: Tennessee

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

37210-0000

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*** First Name:**

Antonette

Middle Name:

*** Last Name:**

Plummer

Suffix:

Title:

Administrative Service Officer

Organizational Affiliation:

*** Telephone Number:**

615-862-4582

Fax Number:

*** Email:**

antonette.plummer@nashville.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Federal Emergency Management Agency

11. Catalog of Federal Domestic Assistance Number:

97.039

CFDA Title:

Hazard Mitigation Grant Program

*** 12. Funding Opportunity Number:**

FY-2017

* Title:

Hazard Mitigation Grant Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Whites Creek Three (3) Acquisition/Demolition Project of Two (2) Properties.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="327,765.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="54,627.75"/>
* d. Local	<input type="text" value="54,627.75"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="437,020.50"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

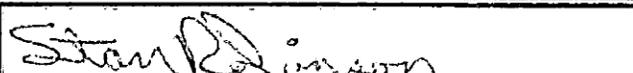
Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
4040-0013

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. Initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Metro Water Services * Street 1: 800 Second Avenue South Street 2: _____ * City: Nashville State: TN: Tennessee Zip: 37210 Congressional District, if known: _____		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: 		
6. * Federal Department/Agency: Federal Emergency Management Agency		7. * Federal Program Name/Description: Hazard Mitigation Grant Program CFDA Number, if applicable: _____
8. Federal Action Number, if known: _____		9. Award Amount, if known: \$ _____
10. a. Name and Address of Lobbying Registrant: Prefix _____ * First Name _____ Middle Name _____ * Last Name _____ Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
b. Individual Performing Services (including address if different from No. 10a) Prefix _____ * First Name _____ Middle Name _____ * Last Name _____ Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: <u>Stan Robinson</u> * Name: Prefix _____ * First Name Stan Middle Name _____ * Last Name Robinson Suffix _____ Title: Administrative Service Officer Telephone No.: 615-862-4516 Date: 10/13/2017		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
SUMMARY SHEET FOR ASSURANCES AND CERTIFICATIONS

O.M.B. No. 1660-0025
Expires July 31, 2007

FOR
FY 2018

CA FOR (Name of Recipient)

This summary sheet includes Assurances and Certifications that must be read, signed, and submitted as a part of the Application for Federal Assistance.

An applicant must check each item that they are certifying to:

- Part I FEMA Form 20-16A, Assurances-Nonconstruction Programs
- Part II FEMA Form 20-16B, Assurances-Construction Programs
- Part III FEMA Form 20-16C, Certification Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements
- Part IV SF LLL, Disclosure of Lobbying Activities (if applicable)

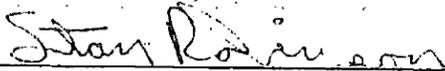
As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the identified attached assurances and certifications.

Stan Robinson

Typed Name of Authorized Representative

Administrative Service Officer

Title



Signature of Authorized Representative

10/27/17

Date Signed

NOTE: By signing the certification regarding debarment, suspension, and other responsibility matters for primary covered transaction, the applicant agrees that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by FEMA entering into this transaction.

The applicant further agrees by submitting this application that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the FEMA Regional Office entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. (Refer to 44 CFR Part 17.)

Paperwork Burden Disclosure Notice

Public reporting burden for this form is estimated to average 1.7 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, reviewing, and maintaining the data needed, and completing and submitting the form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472. You are not required to complete this form unless a valid OMB control number is displayed in the upper corner on this form. **Please do not send your completed form to the above address.**

Davidson County, TN
Assessor of Property

Unofficial Property Record Card

GENERAL PROPERTY INFORMATION

Map & Parcel: 059 10 0 243.00
Current Owner: GODWIN, CHESTER
Mailing Address: 3859 CROUCH DR
NASHVILLE, TN 37207
Zone: 4
Neighborhood: 3533

Location: 3859 CROUCH DR
Land Area: 0.21 Acres
Most Recent Sale Date: 02/07/1975
Most Recent Sale Price: \$23,900
Deed Reference: 00004888-0000893
Tax District: USD

CURRENT PROPERTY APPRASIAL

Assessment Year: 2017
Land Value: \$29,000
Improvement Value: \$64,000
Total Appraisal Value: \$93,000

Assessment Classification*: RES
Assessment Land: \$7,250
Assessment Improvement: \$16,000
Assessment Total: \$23,250

LEGAL DESCRIPTION

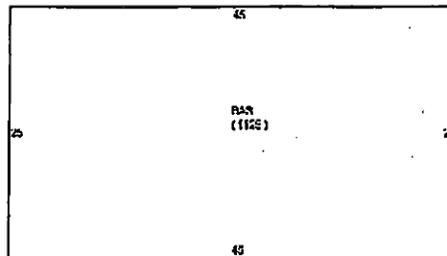
LOT 584 HAYNES MANOR SEC. 5 062X135XIR

IMPROVEMENT ATTRIBUTES - Card 1 of 1

Building Type: SINGLE
FAM
Year Built: 1974
Square Footage: 1,125
Number of Living Units: 1
Building Grade: C
Building Condition:
Average

Rooms: 5
Beds: 3
Baths: 1
Half Bath: 0
Fixtures: 5

Exterior Wall: BRICK
Frame Type: TYPICAL
Story Height: ONE STY
Foundation Type: CRAWL
Roof Cover: ASPHALT



*This classification is for assessment purposes only and is not a zoning designation, nor does it speak to the legality of the current use of the subject property.

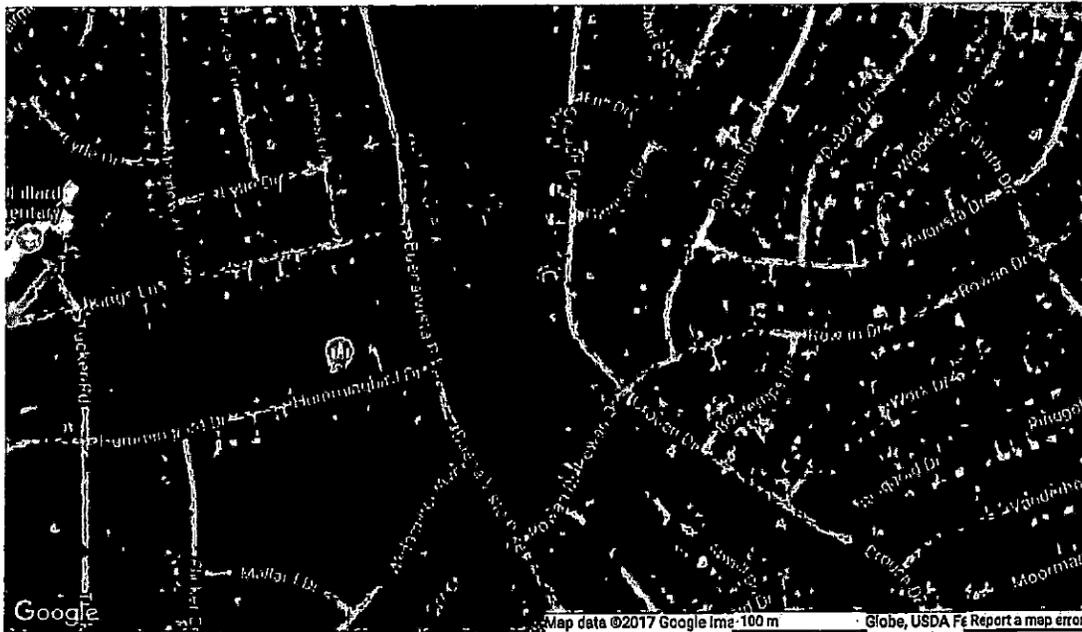
Home » Latitude and Longitude of a Point

To find the latitude and longitude of a point **Click** on the map, **Drag** the marker, or enter the...

 **Address:** [Mobile Version](#)

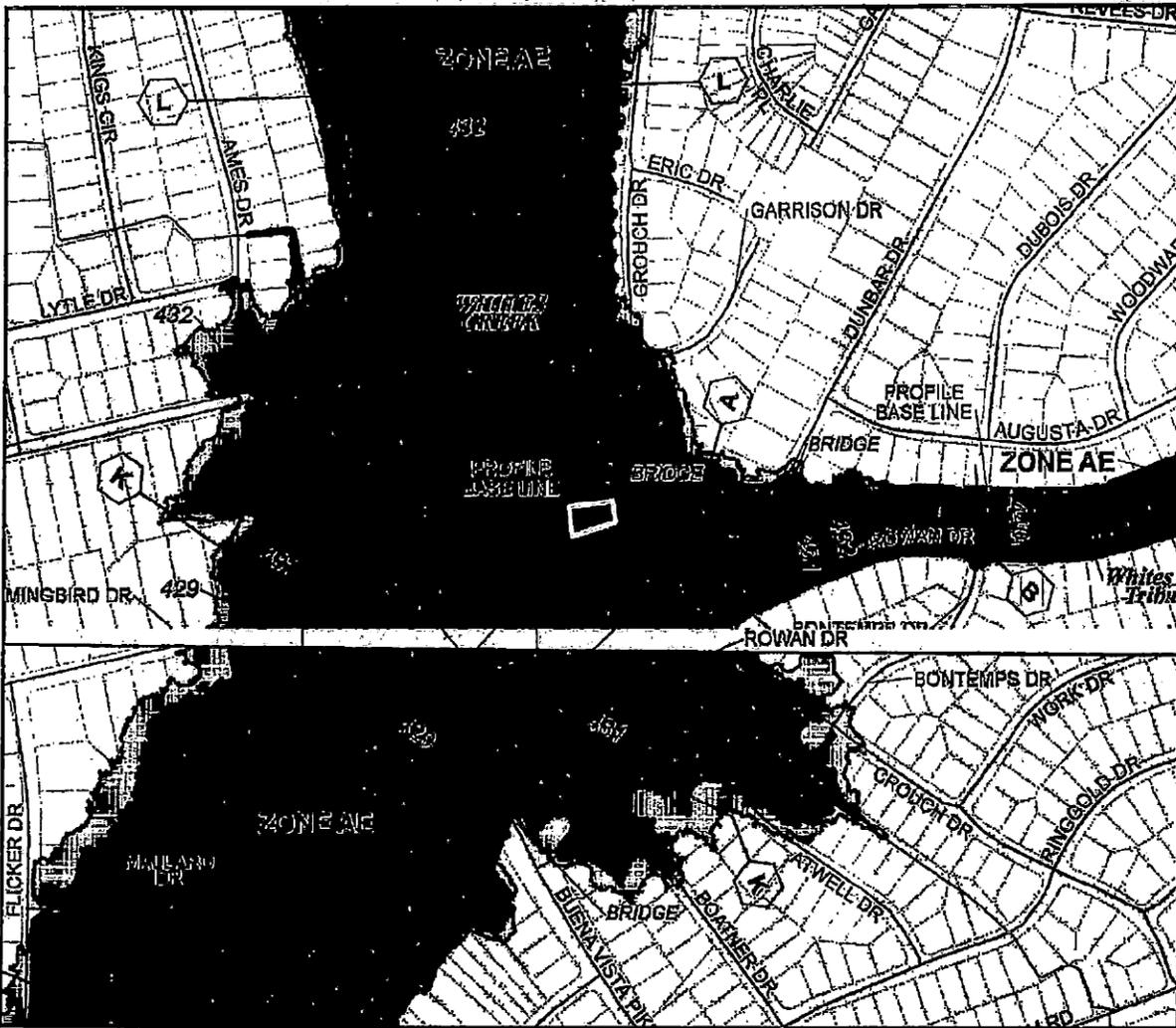
[Nearby Places of Interest](#) [Many points to check? Try LatLong Trace](#)

Latitude and Longitude of a Point



<p style="text-align: center;"> <input type="button" value="Clear / Reset"/> <input type="button" value="Remove Last Blue Marker"/> <input type="button" value="Center Red Marker"/> </p> <p>Get the Latitude and Longitude of a Point</p> <p>When you click on the map, move the marker or enter an address the latitude and longitude coordinates of the point are inserted in the boxes below.</p> <p>Latitude: <input type="text" value="36.219815"/></p> <p>Longitude: <input type="text" value="-86.819097"/></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Degrees</th> <th>Minutes</th> <th>Seconds</th> </tr> </thead> <tbody> <tr> <td>Latitude:</td> <td style="text-align: center;">36</td> <td style="text-align: center;">13</td> <td style="text-align: center;">11.3334</td> </tr> <tr> <td>Longitude:</td> <td style="text-align: center;">-86</td> <td style="text-align: center;">49</td> <td style="text-align: center;">8.7486</td> </tr> </tbody> </table>		Degrees	Minutes	Seconds	Latitude:	36	13	11.3334	Longitude:	-86	49	8.7486	<p>Show Point from Latitude and Longitude</p> <p>Use this if you know the latitude and longitude coordinates of a point and want to see where on the map the point is. Use: + for N Lat or E Long - for S Lat or W Long. Example: +40.689060 -74.044636 Note: Your entry should not have any embedded spaces.</p> <p>Decimal Deg. Latitude: <input style="width: 100%;" type="text"/></p> <p>Decimal Deg. Longitude: <input style="width: 100%;" type="text"/></p> <p style="text-align: center;"><input type="button" value="Show Point"/></p> <hr/> <p>Example: +34 40 50.12 for 34N 40' 50.12"</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Degrees</th> <th>Minutes</th> <th>Seconds</th> </tr> </thead> <tbody> <tr> <td>Latitude:</td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Longitude:</td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> </tbody> </table> <p style="text-align: center;"><input type="button" value="Show Point"/></p>		Degrees	Minutes	Seconds	Latitude:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Longitude:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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Longitude:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																						

3859 CROUCH DR



NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0227H

FIRM
FLOOD INSURANCE RATE MAP
METROPOLITAN GOVERNMENT OF
NASHVILLE AND
DAVIDSON COUNTY,
TENNESSEE
AND INCORPORATED AREAS

PANEL 227 OF 478
DATE MAP REVISION (MM/YY) 04/17/07
CONTRACT NO. 47801000001
SHEET NO. 0227H

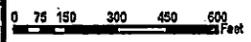
DATE MAP REVISION 04/17/07
SHEET NO. 0227H

MAP NUMBER 4780100227H
MAP REVISED APRIL 5, 2017

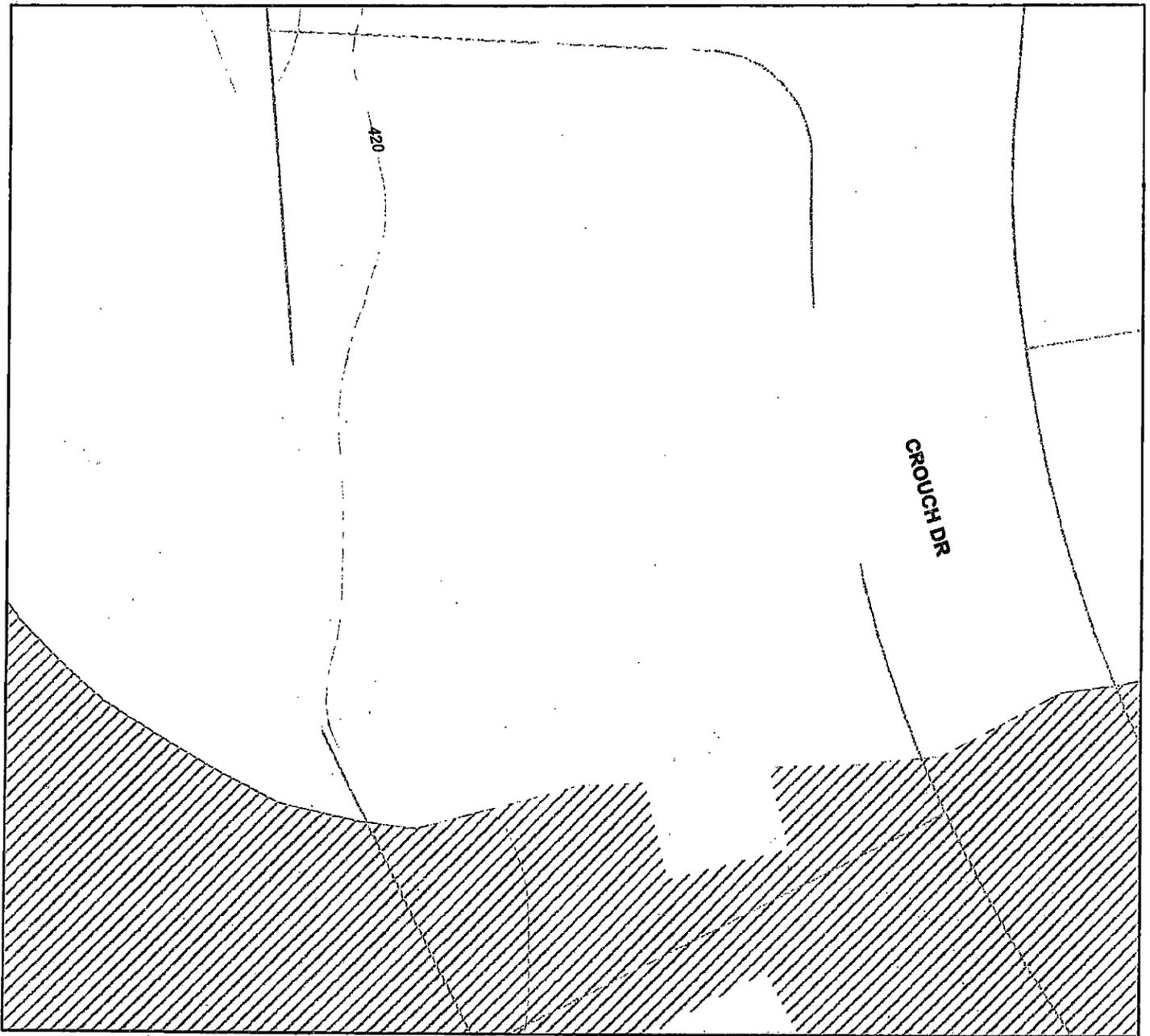
Federal Emergency Management Agency



3859 CROUCH DR

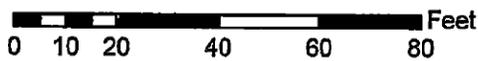
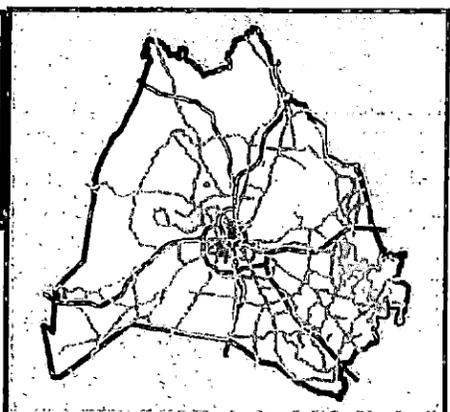


3859 CROUCH DR

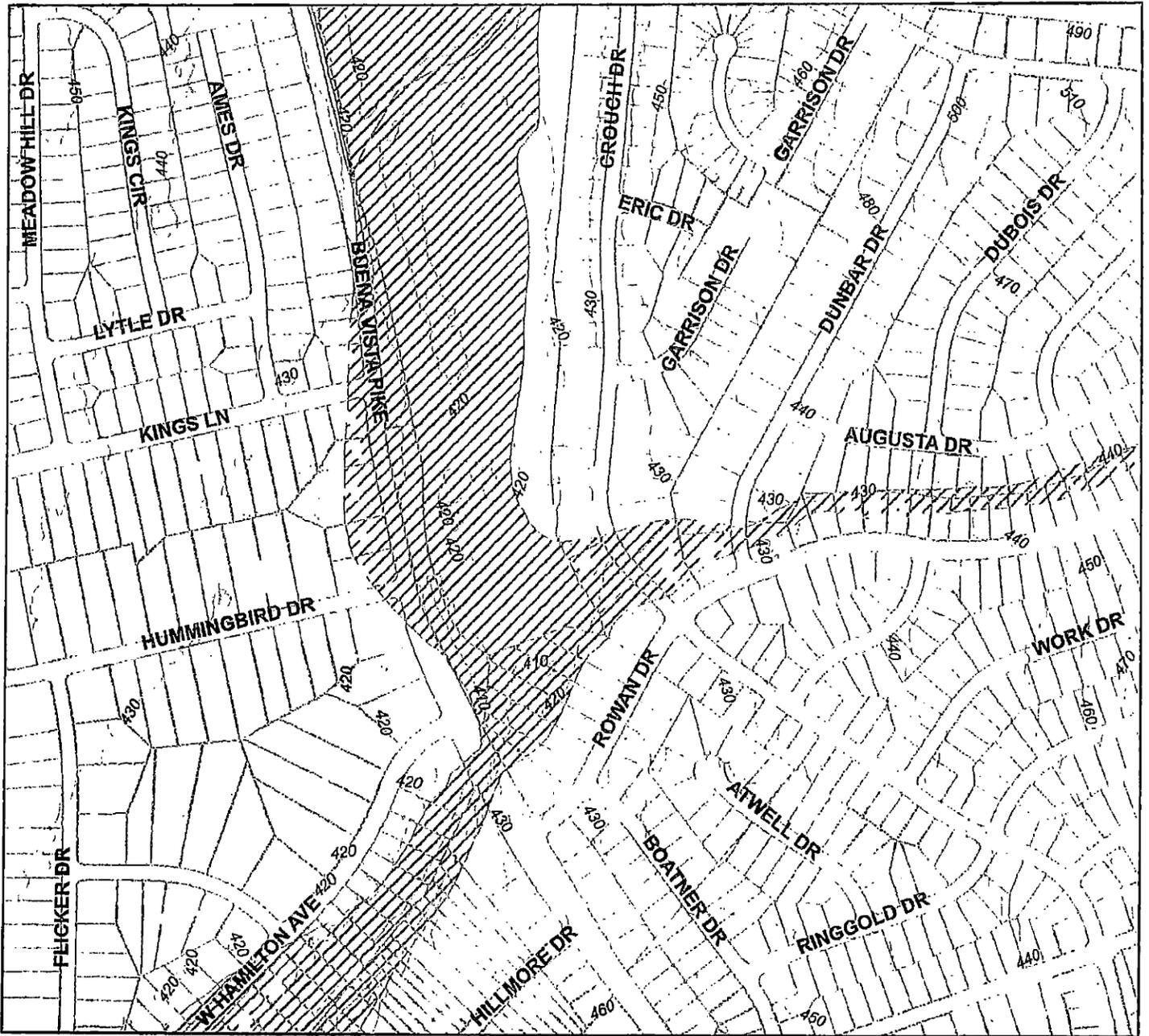


▭ PARCELS
- - - 3859 CROUCH DR
▭ BUILDING FOOTPRINTS
▨ FLOODWAY
— 10 FT CONTOURS

PARCEL NO: 06910024300
GODWIN, CHESTER
LATITUDE: 36.15857
LONGITUDE: -86.85518

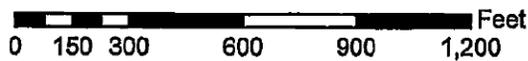
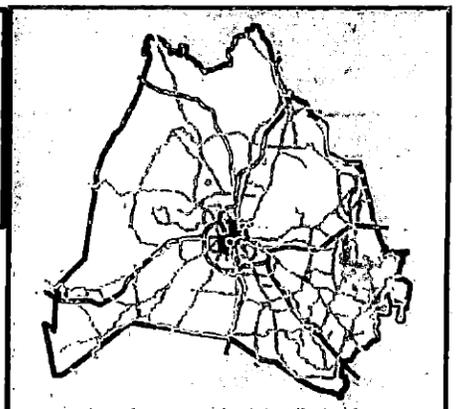


3859 CROUCH DR

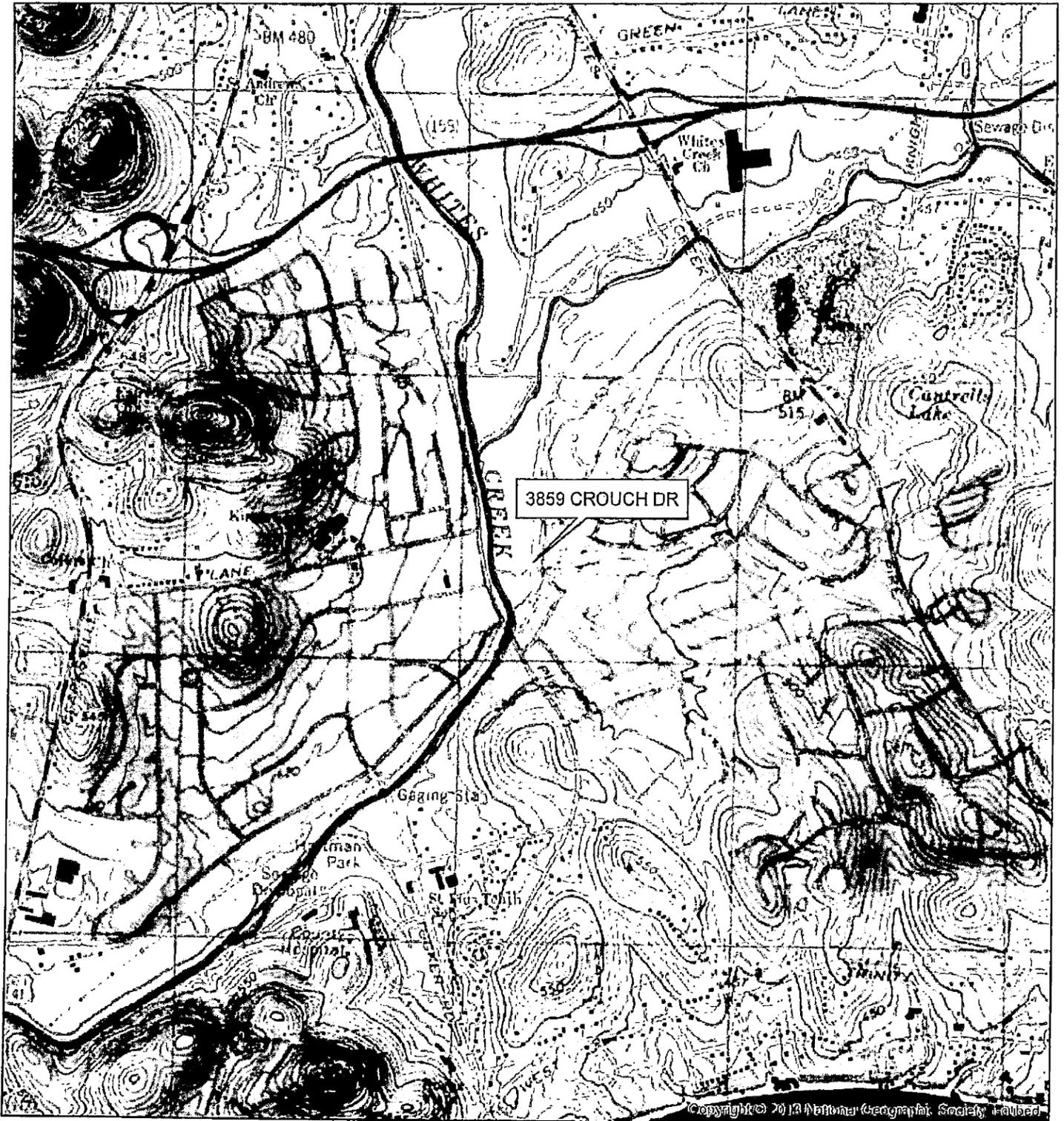


PARCELS
 3859 CROUCH DR
 BUILDING FOOTPRINTS
 FLOODWAY
 10 FT. CONTOURS

PARCEL NO: 05910024300
 GODWIN, CHESTER
 LATITUDE: 36.15857
 LONGITUDE: -86.85618



3859 CROUCH DR

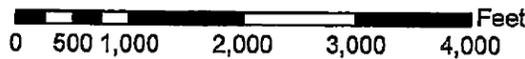


3859 CROUCH DR

— STREAM



PARCEL NO:	05910024300
GODWIN, CHESTER	
LATITUDE:	36.15857
LONGITUDE:	-86.85518



FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

Stanpar: 05910024300

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME GODWIN, CHESTER		Policy Number
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3859 CROUCH DR		Company NAIC Number
CITY NASHVILLE, TN	STATE TENNESSEE	ZIP CODE 37207
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 584 HAYNES MANOR SEC. 5		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)		
LATITUDE/LONGITUDE (OPTIONAL) (#° - #' - ##.##" or ##.####")	HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER 470040		B2. COUNTY NAME DAVIDSON	B3. STATE TENNESSEE
B4. MAP AND PANEL NUMBER 47037C0202	B5. SUFFIX F	B6. FIRM INDEX DATE April 20, 2001	B7. FIRM PANEL EFFECTIVE/REVISED DATE April 20, 2001
		B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 431.3

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

FIS Profile FIRM Community Determined Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph) 8

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIA/E, ARIA/A30, ARIA/H, ARIA/O.

Complete items C3.-a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD29 Conversion/Comments _____

Elevation reference mark used RM 204-1 Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 428.0 ft.(m)
- o b) Top of next higher floor ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) ft.(m)
- o d) Attached garage (top of slab) ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 425.4 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade
- o i) Total area of all permanent openings (flood vents) in C3.h sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Phillip Grant Chapman	LICENSE NUMBER TN RLS 2007
TITLE Survey Manager	COMPANY NAME Amec Earth & Environmental Inc
ADDRESS 3800 Ezell Road, Suite 100	CITY Nashville
	STATE TN
	ZIP CODE 37211
SIGNATURE 	DATE 05/21/2003
	TELEPHONE 615-333-0630

Check here if attachments

COMMENTS

DATE

SIGNATURE

TELEPHONE

COMMUNITY NAME

TITLE

LOCAL OFFICIAL'S NAME

Date: _____

ft. (m)

Date: _____

ft. (m)

G9. BFE or (in Zone AO) depth of flooding at the building site is:
G8. Elevation of as-built lowest floor (including basement) of the building is:

G7. This permit has been issued for: New Construction Substantial Improvement

G4. PERMIT NUMBER

G5. DATE PERMIT ISSUED

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G3. The following information (Items G4-G9) is provided for community floodplain management purposes.
G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued BFE) or Zone AO.

G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
Certificate. Complete the applicable item(s) and sign below.
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

COMMENTS

SIGNATURE

DATE

TELEPHONE

ADDRESS

CITY

STATE

ZIP CODE

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3h and C3i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

E3. For Building Diagrams 6-B with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft. (m) _____ in. (cm) above the highest adjacent natural grade, if available.
E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft. (m) _____ in. (cm) above or below (check one) the highest adjacent grade. (Use

E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
Section C must be completed.

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F,

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Check here if attachments

COMMENTS

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

NASHVILLE, TN		STATE		TENNESSEE	
CITY		ZIP CODE		37207	
BUILDING STREET ADDRESS (including Apt. Unit, Suite, and/or Bldg No.) OR P.O. ROUTE AND BOX NO.		Policy Number		For Insurance Company Use:	
3859 CROUCH DR					

IMPORTANT: In these spaces, copy the corresponding information from Section A.



3859 Crouch - Front Left



3859 Crouch - Back Right

Davidson County, TN
Assessor of Property

Unofficial Property Record Card

GENERAL PROPERTY INFORMATION

Map & Parcel: 058 00 0 173.00
Current Owner: LYONS, THERESA A. &
CHEEK, TAN
Mailing Address: 4343 EATONS CREEK RD
NASHVILLE, TN 37218
Zone: 4
Neighborhood: 7201

Location: 4343 EATONS CREEK RD
Land Area: 1.64 Acres
Most Recent Sale Date: 05/05/2017
Most Recent Sale Price: \$172,000
Deed Reference: 20170508-0045353
Tax District: USD

CURRENT PROPERTY APPRASIAL

Assessment Year: 2017
Land Value: \$34,000
Improvement Value: \$137,600
Total Appraisal Value: \$171,600

Assessment Classification*: RURAL
Assessment Land: \$8,500
Assessment Improvement: \$34,400
Assessment Total: \$42,900

LEGAL DESCRIPTION

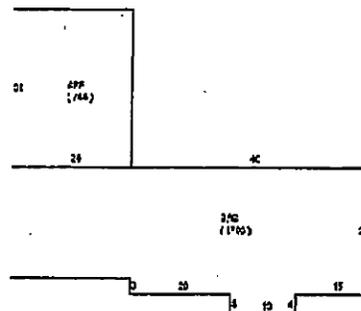
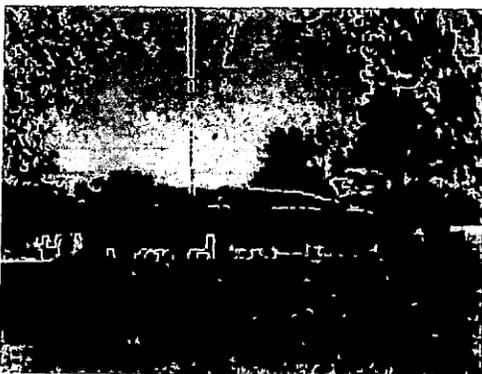
WEST SIDE EATONS CREEK ROAD & SOUTH OF SULPHUR CREEK ROAD

IMPROVEMENT ATTRIBUTES - Card 1 of 1

Building Type: SINGLE
FAM
Year Built: 1966
Square Footage: 1,780
Number of Living Units: 1
Building Grade: C
Building Condition:
Average

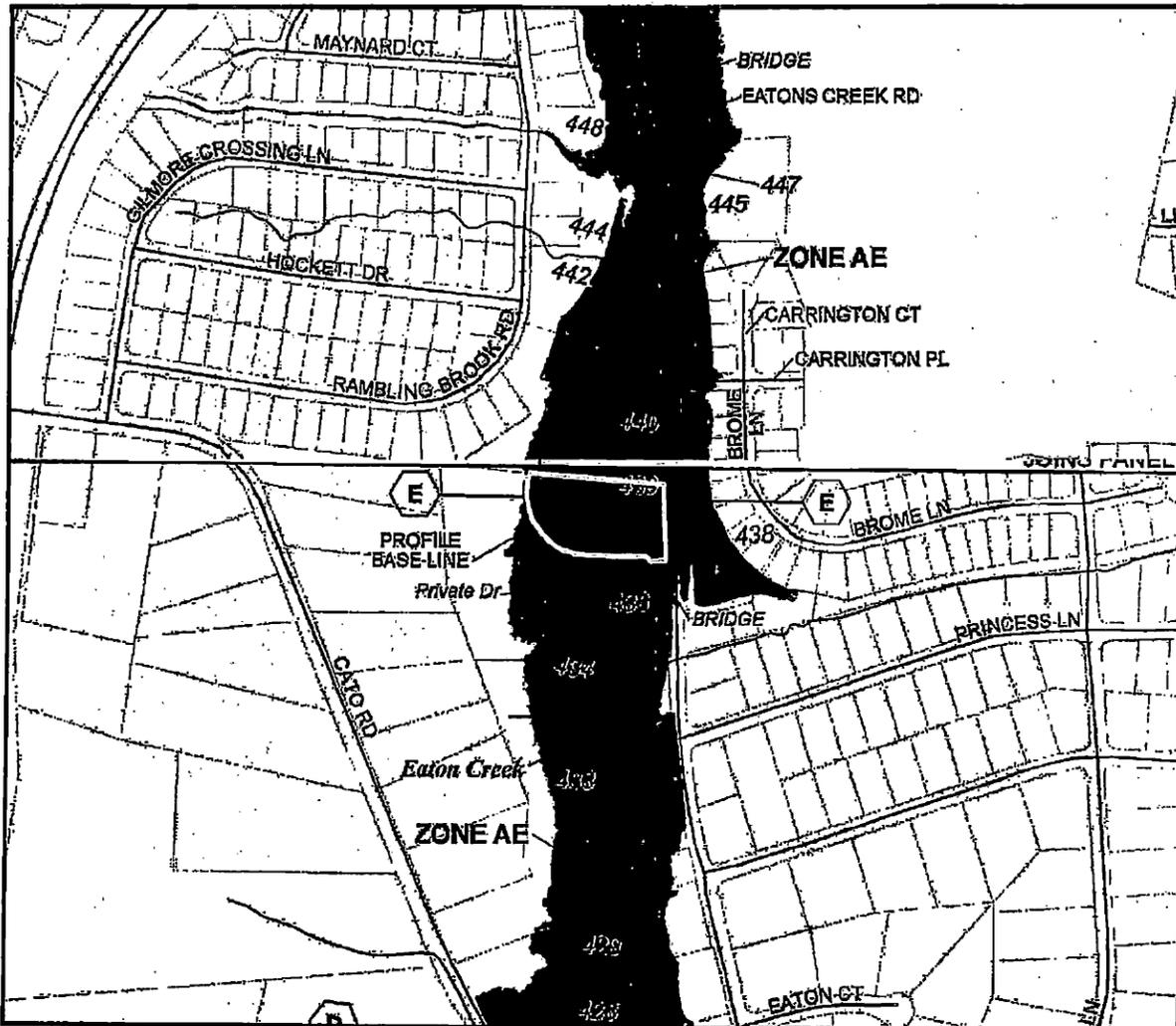
Rooms: 7
Beds: 3
Baths: 1
Half Bath: 1
Fixtures: 7

Exterior Wall: BRICK
Frame Type: RESD
FRAME
Story Height: ONE STY
Foundation Type: CRAWL
Roof Cover: ASPHALT



*This classification is for assessment purposes only and is not a zoning designation, not does it speak to the legality of the current use of the subject property.

4343 EATONS CREEK RD

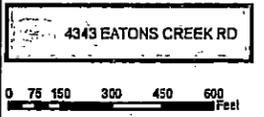


NFIP PANEL 01821

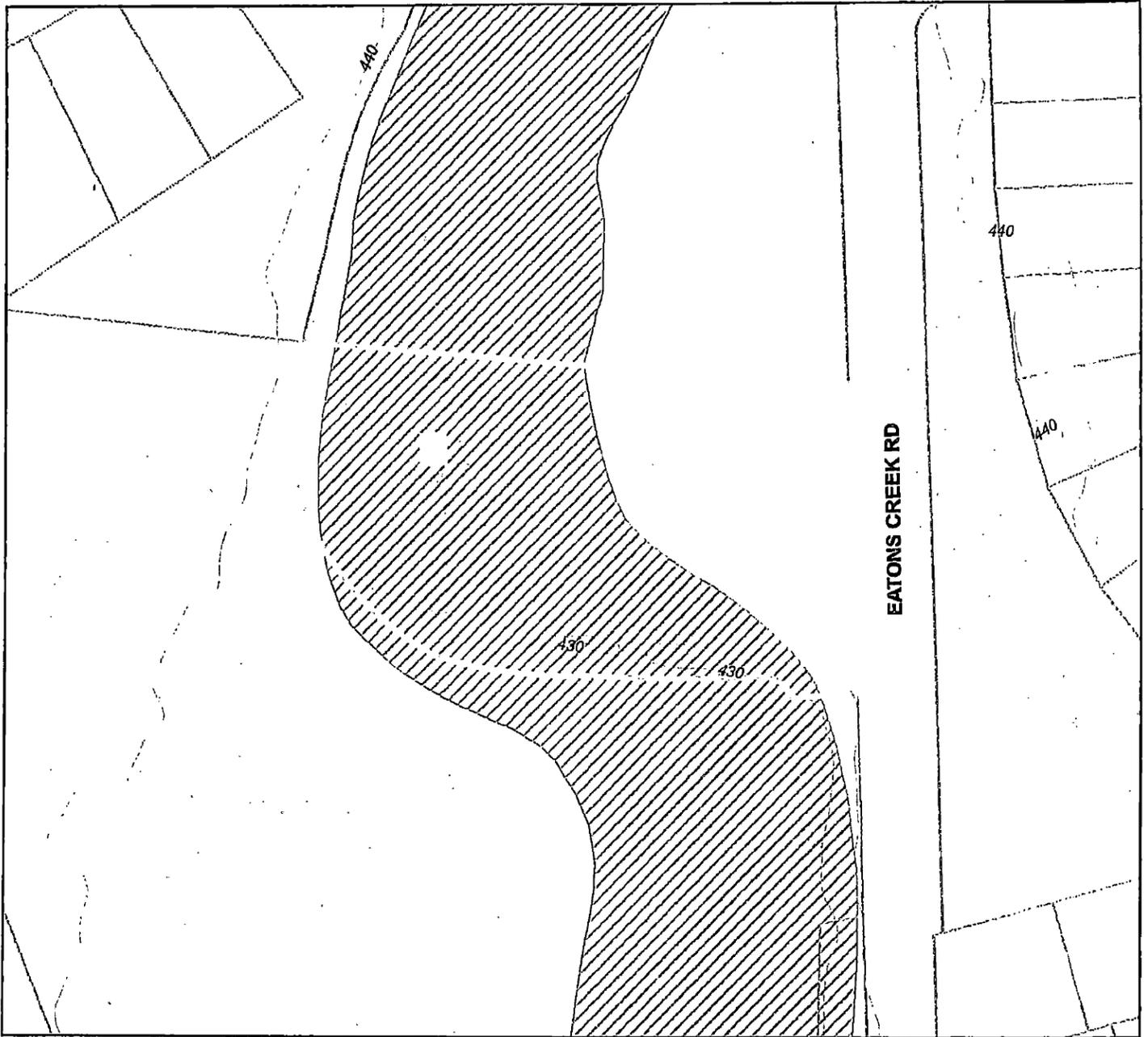
FIRM
FLOOD INSURANCE RATE MAP
METROPOLITAN GOVERNMENT OF
NASHVILLE AND
DAVISON COUNTY,
TENNESSEE
AND INCORPORATED AREAS

PANEL 228 OF 478
CODE MAP BOOK FOR FIRM PANEL 228 OF 478
SCALE
NORTH ARROW
NATIONAL FLOOD INSURANCE PROGRAM

MAP NUMBER
470707228H
MAP REVISED
APRIL 3, 2017
Federal Emergency Management Agency



4343 EATONS CREEK RD

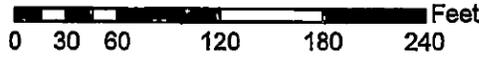
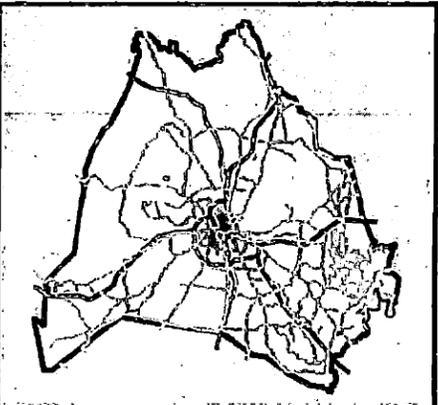


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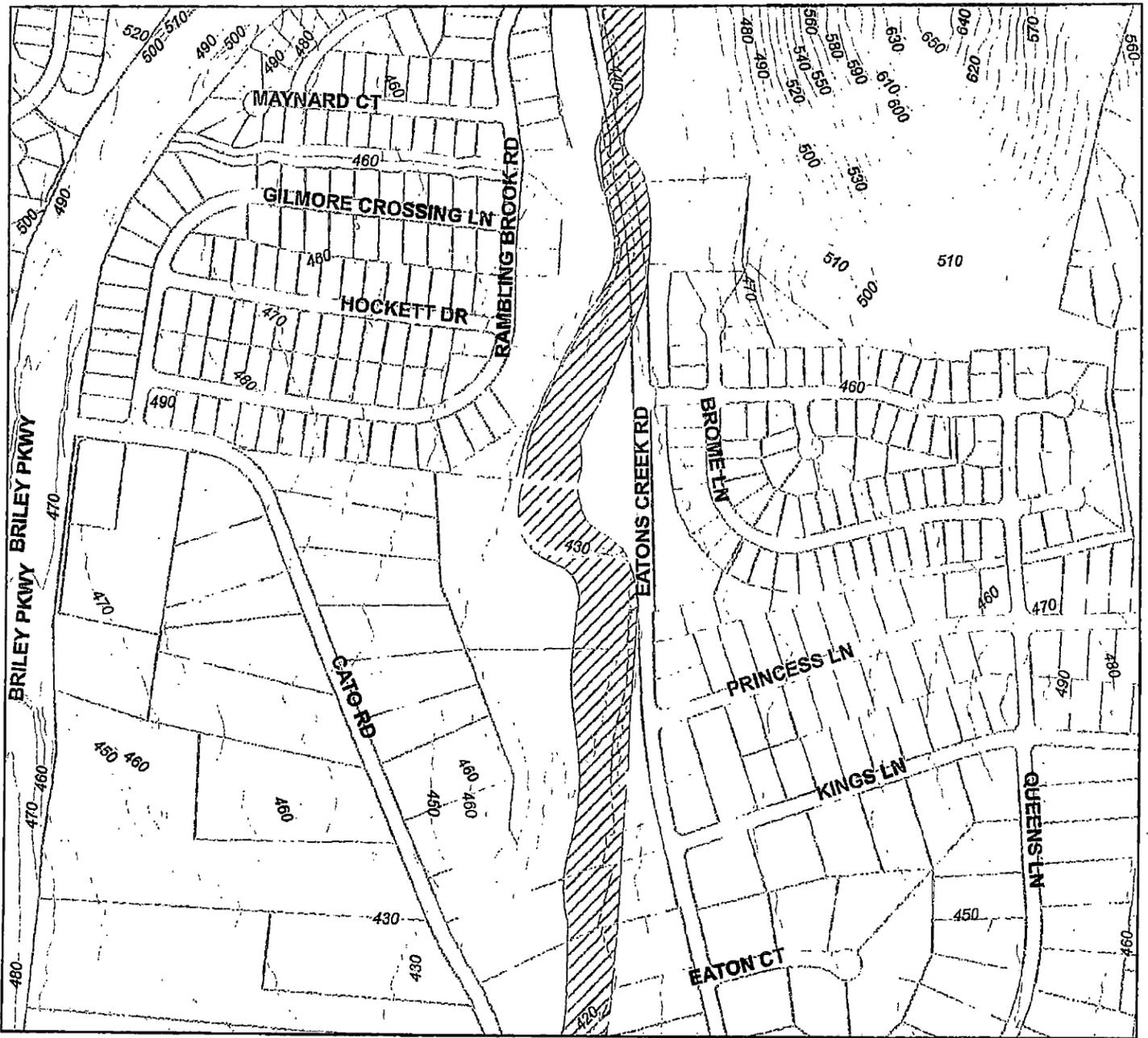
- PARCELS
- 4343 EATONS CREEK RD
- BUILDING FOOTPRINTS
- FLOODWAY
- 10 FT CONTOURS



PARCEL NO: 05900017300
LYONS, THERESA A. & CHEEK, TANISHA & BRADEN, OHMAR
LATITUDE: 36.15857
LONGITUDE: -86.85518

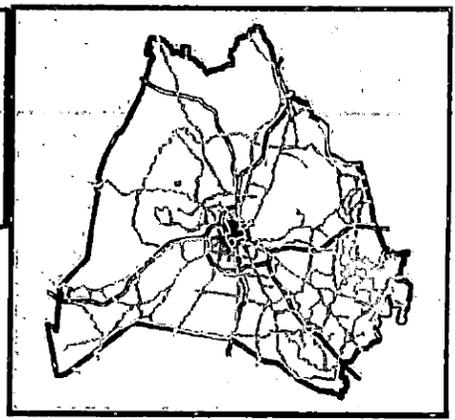


4343 EATONS CREEK RD

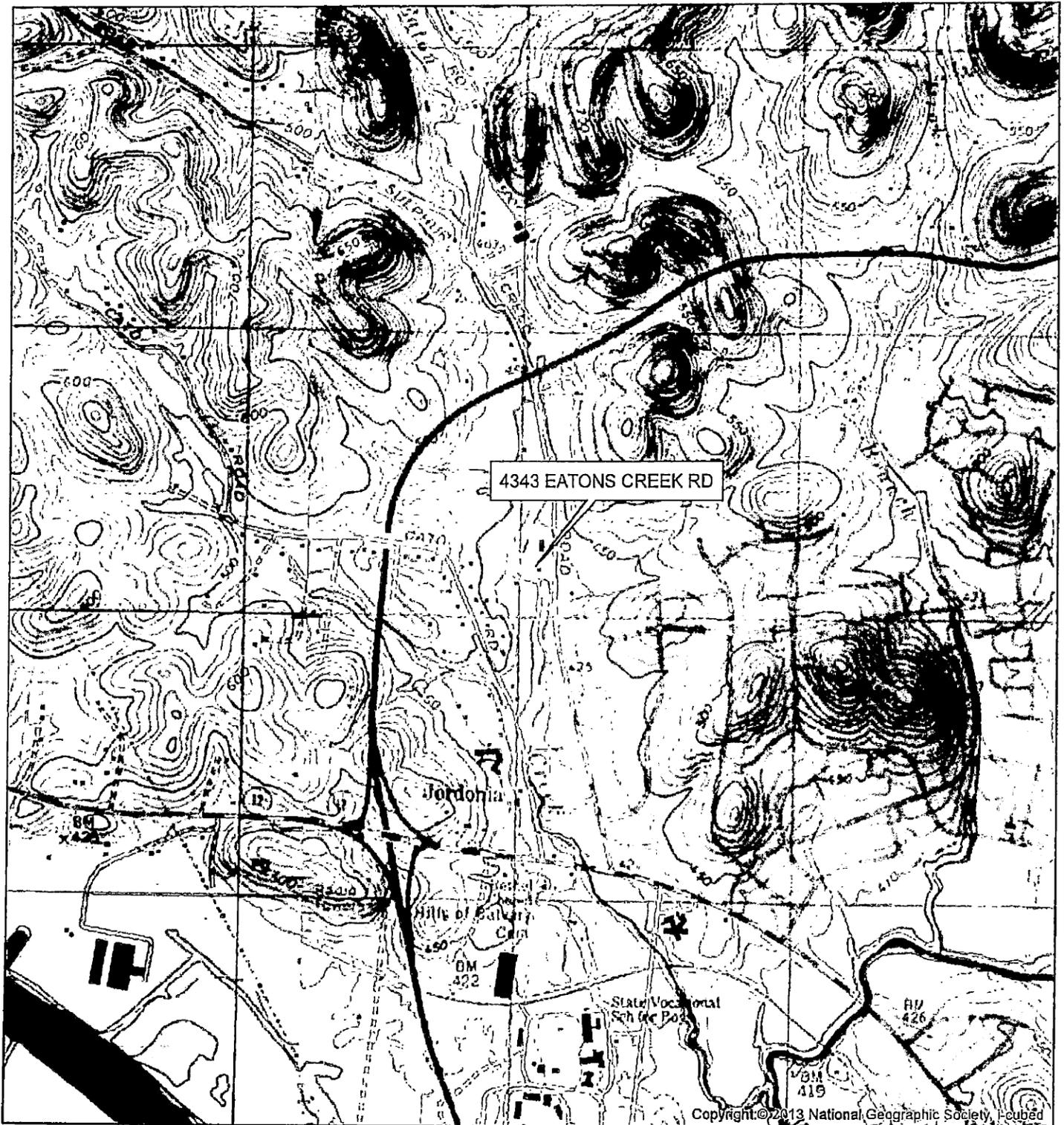


PARCELS
 4343 EATONS CREEK RD
 BUILDING FOOTPRINTS
 FLOODWAY
 10 FT CONTOURS

PARCEL NO: 06800017300
 LYONS, TERESA A. & CHEEK, TANISHA & BRADEN, OHMAR
 LATITUDE: 36.15867 LONGITUDE: -86.85518



4343 EATONS CREEK RD



4343 EATONS CREEK RD

— STREAM

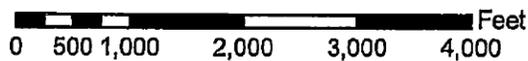


PARCEL NO: 05800017300

LYONS, THERESA A. & CHEEK, TANISHA & BRADEN, OHMAR

LATITUDE: 36.15857

LONGITUDE: -85.85518



ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

Stanpar 05800017300

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name REEVES, WAYNE W. ETUX		For Insurance Company Use: Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4343 EATONS CREEK RD		Company NAC Number:
City NASHVILLE, TN	State TN	ZIP Code 37218
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) WEST SIDE EATONS CREEK ROAD & SOUTH OF SULPHUR CREEK RO		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. 36.21838 Long. -86.86557		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 8		
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) 1380 sq ft	b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 2	a) Square footage of attached garage 624 sq ft
c) Total net area of flood openings in A8.b 869 sq in		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade 0
		c) Total net area of flood openings in A9.b 0 sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number 470040 - Nashville		B2. County Name DAVIDSON	B3. State TENNESSEE		
B4. Map/Panel Number 47037 C 0203	B5. Suffix F	B6. FIRM Index Date April 20, 2001	B7. FIRM Panel Effective/Revised Date April 20, 2001	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 438.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1984 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones AI-A30, AE, AH, A (with BFE), VE, VI-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete items C2.a-g below according to the building diagram specified in item A7.

Benchmark Utilized **GPS** Vertical Datum **NGVD29**

Conversion/Comments _____

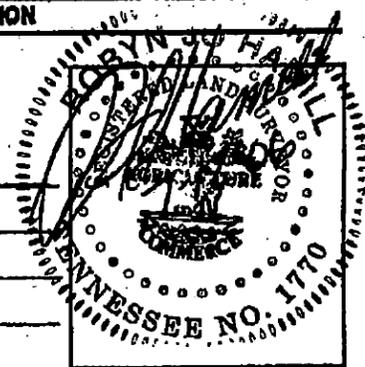
	Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	437.61	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	435.52	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	435.52	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	433.56	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	436.77	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments are provided on back of form.

Certifier's Name Robyn Jo Hamill	License Number TN RLS 1770
Title RLS / President	Company Name Atlantic Surveying & Mapping, Inc.
Address 907 Chaparral Drive	City Lebanon
State TN	ZIP Code 37087
Signature <i>[Signature]</i>	Telephone 615-444-1885
Date July 12, 2006	



Replaces all previous editions

Check here if attachment

Local Official's Name _____
 Title _____
 Community Name _____
 Telephone _____
 Date _____
 Comments _____

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (FR) Datum _____
 G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (FR) Datum _____

G4. Permit Number _____
 G5. Date Permit Issued _____
 G6. Date Certificate of Compliance/Occupancy Issued _____

G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
 G2. A community official completed Section B for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
 G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or B), and G of this Elevation Certificate. Complete the applicable Item(s) and sign below. Check the measurement used in Items G4, G5, and G9.

Address _____
 City _____
 State _____
 ZIP Code _____
 Signature _____
 Date _____
 Telephone _____
 Comments _____

Check here if attachment

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and C must sign here. The statements in Sections A, B, and C are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name _____

Address _____
 City _____
 State _____
 ZIP Code _____
 Signature _____
 Date _____
 Telephone _____
 Comments _____

Check here if attachment

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E5, use natural grade. If available, check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 (a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 (b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
 E2. For Building Diagrams C-6 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
 E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
 E4. Top of platform of machinery and/or equipment serving the building is _____ feet meters above or below the HAG.
 E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. _____
 City _____ State _____ ZIP Code _____
 Building Name _____
 Policy Number _____
 For Insurance Company Use: _____

Signature _____
 Date _____

Check here if attachment

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

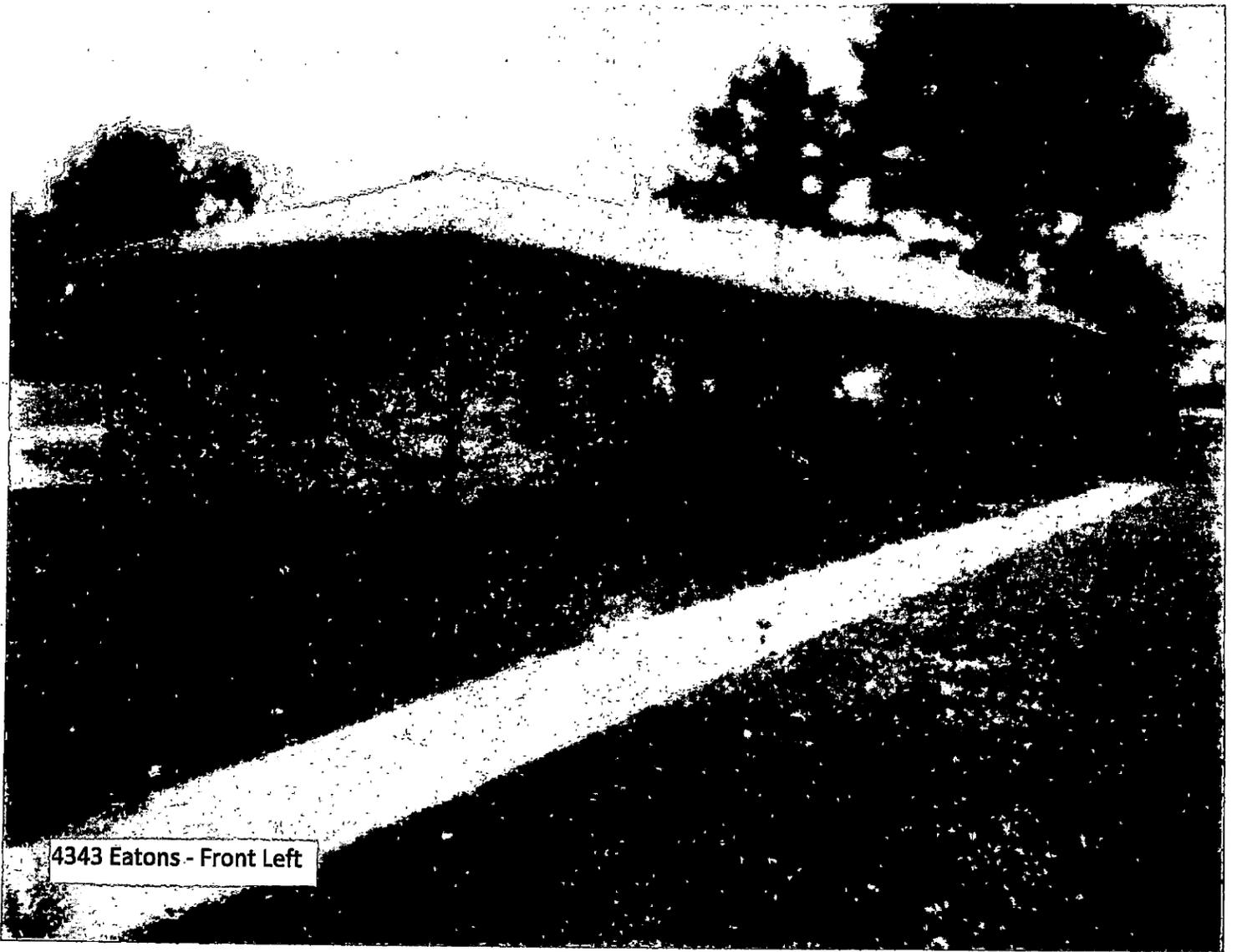
Comments _____
 A/C/PAD _____

IMPORTANT: In these spaces, copy the corresponding information from Section A.

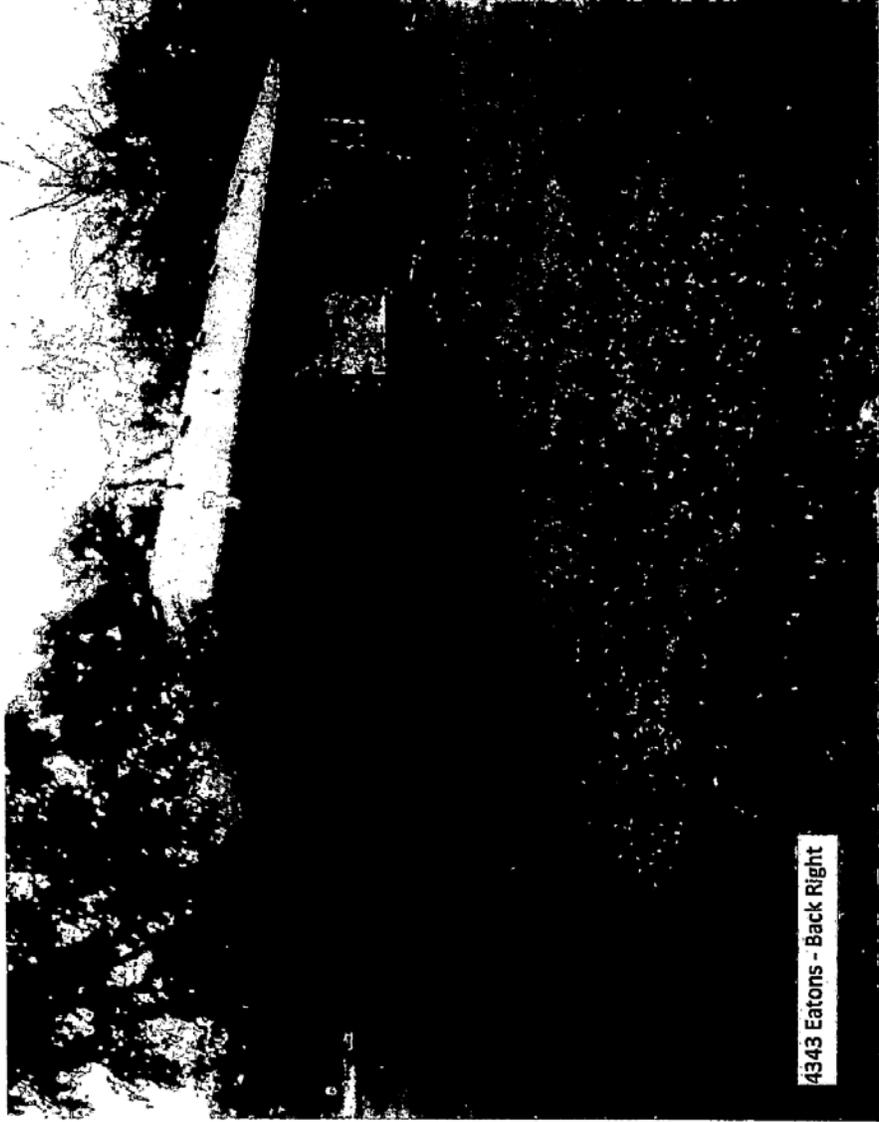
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. _____
 City _____ State _____ ZIP Code _____
 Building Name _____
 Policy Number _____
 For Insurance Company Use: _____

Signature _____
 Date _____

Check here if attachment



4343 Eatons - Front Left



4343 Eatons - Back Right