



APPLICATION FOR FLOODPLAIN DEVELOPMENT PERMIT

Municipal Code 16-146

PO Box 351
50 S Beech Street
Hudson, CO 80642

Phone: 303-536-9311
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Project Name: _____

Property Description: _____

Property Address or Location: _____

Proposed Project:

- New Structure Addition Remodel Mobile Home Attached Garage Accessory
- Structure Fill Excavation Other: _____

Size of Property (Sq. ft. or Acres): _____ Zoning District: _____

Floodplain Information: *Note to Applicants: Fill out as much information as possible. If you need assistance filling out this part of the form, contact the Town of Hudson.*

FEMA Flood Zone Designation: ___ A ___ AE ___ AO ___X (Shaded) ___X (Unshaded)

Water Course Name: _____ FIRM Map No.: _____

Base Flood Elevation: _____ Flood Protection Elevation: _____

Additional Information Required:

For Residential Structures: Attach building plans showing foundation design, flood elevation, floor elevations, HVAC and other mechanical equipment elevation, size and location of vents, flood proofing design and other relevant information.

For Non-residential Structures: A certificate from a registered professional engineer or architect that any structure shall meet the flood proofing criteria of Section 16-146(e)(1).

For Site Work: Attach site and grading plans and other relevant information. All plans must be stamped by a Colorado Registered Professional Engineer.

For Subdivisions: Attach site and grading plans showing the location of manufactured home parks, if located in the subdivision, which meet the requirements of Section 16-146(e)(1)d and 16-146(e) of Ordinance 14-01.

Owner and Applicant's Signature indicating, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Owner Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Permit #:	_____.
Date Received:	_____.
Amount Due:	_____.
Fee Paid:	<input type="checkbox"/> Staff Initials: _____.
Supporting Docs Provided:	<input type="checkbox"/>
Notes:	_____.
	_____.