



CALCASIEU PARISH POLICE JURY
Division of Planning and Development

Freeboard Elevation Form

SECTION A--(This section to be filled in by Office Personnel)

Date: _____ Permit #: _____ Permit Official: _____

Name: _____ Property Location: _____

Flood Zone (s): A AE VE XS (circle one) NFIP Community #: 220037

FIRM Panel #: 22019C_____F FIRM Date: 2/18/11

Is the property above located in a Floodway? YES or NO (circle one)

____ (1) FIRM Zones (A, AE, VE) FIRM Base Flood Elevation = _____ft. + 1.00 ft. = _____ft. _____ (Permit Official)

____ (2) FIRM Zone (XS) Nearest Base Flood Elevation = _____ft. + 1.00 ft. = _____ft. _____

____ (3) Highest Recorded or Modeled 100 yr. Inundation Elevation = _____ft. + 1.00 ft. = _____ft. _____

LOWEST REQUIRED ELEVATION: _____FT. (as determined by the elevations certified in Section A #'s 1-3 and Section B #'s 4-5)
(lowest required floor elevation & machinery/equipment)

****NOTE: This form is to be returned to the surveyor to establish a construction benchmark****

SECTION B--(This section to be filled in by Professional Land Surveyor, Engineer, or Architect)

The lowest elevation (floor & machinery/equipment) shall be determined by using the highest elevation of numbers 1-5 in Section A & B:

Benchmark Used: _____ Vertical Datum: _____

***If one of the following criteria does not apply, please mark as not applicable (N/A) to the left.*

____ (4) Sanitary Sewer Manhole (SSMH) (upstream or downstream of wye)
Top of Nearest SSMH = _____ft. + 1.00 ft. = _____ft.

____ (5) Street Centerline
Elevation = _____ft. + 1.00 ft. = _____ft.

Lowest Adjacent Grade: _____ft. Benchmark: _____ft.

Surveyor Comments: _____

Signature (Land Surveyor, Engineer or Architect)

DATE

(Seal Required)

SECTION C--ELEVATION WAIVER REQUEST

****NOTE:** A waiver of elevation will only be considered when the required lowest floor elevation is found to be "unreasonable." Sufficient supporting documentation shall be submitted to substantiate the "unreasonable" claim.

____ I elect for a waiver of elevation, with supporting documentation attached.

ADJUSTED LOWEST REQUIRED ELEVATION: _____ FT. (when applicable)

Comments: _____

Signature

Date