SPECIAL FLOOD HAZARD AREA LOCATION REQUEST FORM

In accordance with Executive Order IV dated May 31, 1979, the Illinois Department of Public Health is required to ensure that construction projects located in Special Flood Hazard Areas meet the requirements of the State Flood Plain Regulations and the National Flood Insurance Program (NFIP) before a permit is issued. In order to determine if the proposed project is within a Special Flood Hazard Area, the information requested on this form must be completed. This form does not need to be completed if the construction project only involves such items as water wells, septic tanks, underground utilities, light poles, pavilions, playground equipment, and sidewalks or driveways built at grade as specified in Statewide Permit Number 6 issued by the Illinois Department of Transportation, Division of Water Resources, June 15, 1998. However, the applicant may still need to meet NFIP or local flood plain regulations concerning these projects.

(Name)		(Address)				
(City)	(State)		(Zip Code)		(Teleph	one Number)
Project Location:						
	(Address)		(City)		(State)
(County)	(Township)	(Section)	(Attach a local street	map with projec	ct location	clearly indicated
Description of Proposed Co	onstruction:					
The following information officer:	must be completed by sor	meone with a I	Flood Insurance Rate	Map such as	a buildin	g official or loa
officer: ROPERTY DESCRIBED ABO	OVE IS LOCATED IN A	SPECIAL FLO	OOD HAZARD AREA	A. Y	⁄es	No
officer:	OVE IS LOCATED IN A	SPECIAL FLO	OOD HAZARD AREA	A. Y	⁄es	
officer: ROPERTY DESCRIBED ABO	OVE IS LOCATED IN A	SPECIAL FLC	OOD HAZARD AREA	A . Y	es	No
officer: ROPERTY DESCRIBED ABO Name of map used:	OVE IS LOCATED IN A	SPECIAL FLC	OOD HAZARD AREA Number: Title:	A. Y	/es	No
officer: ROPERTY DESCRIBED ABO Name of map used: Name of Official:	OVE IS LOCATED IN A	SPECIAL FLC	OOD HAZARD AREA Number: Title:	A. Y	/es	No

<u>NOTE:</u> This finding only means that the property in question is or is not in a Special Flood Hazard Area as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

5. If "NO" was checked above in Part 4, return this form to the Illinois Department of Public Health, Division of Environmental Health, 525 West Jefferson Street, Springfield, IL 62761, so that review of the plans may proceed.

If "YES" was checked above in Part 4, submit a copy of this form along with the detailed plans to the local governing jurisdiction and the appropriate office of the Illinois Department of Natural Resources. For projects located in Cook, DuPage, Kane, Lake, McHenry, and Will counties, submit the information to the Illinois Department o Natural Resources, Office of Water Resources, 210West Center Court, 3rd Floor East, Schaumburg, IL 60196-1096, Telephone (847)705-4341. The required information for projects in all other counties shall submit the information to the Illinois Department of Natural Resources, Office of Water Resources, 524 South Second Street, Springfield, IL 62701-1787, Telephone (217)782-3863.

IMPORTANT NOTICE

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACTS 77-1472, 77-1473, 78-715, AND 78-1149. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UP TO \$1,000. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.