



CITY OF O'FALLON, MISSOURI
FLOOD PLAIN DEVELOPMENT PERMIT/APPLICATION
City Ordinance 1437 & 2030, 3401, 4538, 4974

Permit Number _____

Name of Applicant _____

Mailing Address _____

Telephone Number _____

1. Permit is for: (Select one)

- Filling
- Paving
- Grading
- Drilling
- Building, Fencing Choose an item.
- Subdivision
- Excavating
- Other Development
- New Construction*

- Substantial Improvement*
(Greater than 50% of Value)
- Addition to Existing Building*
*Elevation Certification needed
\$_____ Value of Building before
Improvement
- _____
Choose an item. \$_____ Value of
Improvement

2. Location of Development _____

3. Indicate the F.I.R.M. panel(s) this site is located within: _____
Flood Zone: Choose an item. Map Revision Date: Choose an item.

4. Is the site within a Floodway area? Choose an item. If yes, certification that the proposed development will cause no increase in the 100-year flood elevation must be provided before approval.

5. Elevation of Flood Plain _____ Feet above sea level.

6. Elevation of Development Site _____ Feet above sea level.

7. Proposed Use? Choose an item.
Elevation or Flood Proofing requirement _____ ft.

SUBDIVISION PROPOSALS MUST ATTACH ADDITIONAL INFORMATION:

- Original site contours showing existing drainage and watercourses, buildings and other development.
- Plan for grading showing new contours, new drainage, altered watercourses, removal of buildings or other development, roads.
- Limits of floodway and flood plain as found on the F.I.R.M. panel listed above
- Locations and lowest floor elevations of proposed buildings.
- Other site data needed by City or County for elevation (fire hydrants, sanitary sewerage)

OTHER PERMITS REQUIRED?

- Corps of Engineers (Section 404, Clean Water Act, for dredging, filling, channel changes in/or beside rivers.)
- State of Missouri (State Highway Curb Cut; DNR, NPDES Permit or Section 401, CWA, Water Quality Certification.)
- Local Special District (Levee Crossing Permit.)
- Other: _____

ALL PROVISIONS OF THE CITY OF O'FALLON FLOODPLAIN REGULATION ORDINANCE 4974 SHALL BE COMPLIED WITH.

Date: [Click here to enter a date.](#)

Signature of Applicant or Certified Agent

Date: [Click here to enter a date.](#)

Signature of Authorizing City Official

Name _____ Title _____

EXHIBIT A
(Legal Description & Location Map)