

Islamorada, Village of Islands  
Building Services

FEMA Floodplain Management Inspection Request

Inspection Cost - \$186.00  
(Fee due at the time of application)

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Property description of location inspection is to be performed:

Physical Street Address: \_\_\_\_\_

Plantation Key _____ Windley Key _____ Upper Matecumbe _____ Lower Matecumbe _____
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Alternate Key: \_\_\_\_\_ Year House Built: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Panel: \_\_\_\_\_

Known permit numbers / date of issuance for any work completed below base flood elevation:

Required items to include with submission of application:

- Inspection Fee - \$186.00 cash or check only (please make checks payable to Islamorada, Village of Islands)
- Elevation Certificate (original document with the raised seal preferred or quality photocopy)
- Flood Insurance Company and Policy Number: \_\_\_\_\_

I understand this inspection is for the sole purpose of floodplain determinations. In no way does an inspection at my home legitimize any and / or all portions of construction on the above property. I am willing to allow any and all necessary personnel of Islamorada, Village of Islands to inspect my property and any or all structures on that property to assist in floodplain determinations. I further understand this is not a request for a permit. Additional applications for permits may be necessary as determined by this request for inspection.

**ELECTRONIC SUBMISSION STATEMENT:** Under penalty of perjury, I declare that all the information contained herein is true and correct. \*Electronic signatures are not required to be notarized.

\_\_\_\_\_  
Signature of Owner

Date

\_\_\_\_\_  
Print Name

Sworn to and subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

Seal:

\_\_\_\_\_  
Signature of Notary Public

Personally Known / Produced Identification (Type of ID Produced \_\_\_\_\_)

Paid \$186.00 by Check # \_\_\_\_\_ or Cash \_\_\_\_\_

Collected by: \_\_\_\_\_