DEPARTMENT OF HOMELAND SECURITY
EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE
NATIONAL FLOOD INSURANCE PROGRAM
Biennial Report for
Calendar Year 2003 and 2004
REGULAR PROGRAM
(With Base Flood Elevations)

Instructions
1. This report should be completed by the locally designated Floodplain Manager (e.g., your Community Manager, Community Planner, Building Inspector, etc.)
2. Please return this report within 45 days of receipt to the address above, or fax it to 1-800-NFIP-BR1. If you would like to respond via the Internet, go to www.floodmaps.fema.gov/2005 and use the following PIN number.

For more information, contact the FEMA Map Assistance Center toll free at 1-877-FEMA 114 (1-877-336-2114).

SECTION I - Changes in your community that may have affected flood hazard areas:
If you answer "yes" to any question in this section, please be prepared to provide explanatory information and/or technical data including, when appropriate, your own community map or a copy of the Flood Insurance Rate Map showing the areas affected. Do not send this information at this time. FEMA may contact you by phone in the near future for this information.

YES NO
A. Does your community have any changes to the base data on your Flood Insurance Rate Maps? (e.g., adding/correcting streets, adding Letters of Map Revision, or annexations/corporate limit changes) ☐ ☐
B. Have the characteristics of watersheds in your community changed to the extent that your floodplain needs to be restudied? (e.g., major landuse changes due to urbanization, deforestation, wildfires, or stream relocation due to erosion/sedimentation) ☐ ☐
C. Does your community have information that may be incorporated into Flood Insurance Rate Map? (e.g., watershed studies or Base Flood Elevations established by developers) ☐ ☐
D. Has there been a significant man-made change affecting your designated flood hazard areas? (e.g., levees, bridges, culverts, extensive filling, excavation or stream channelization) ☐ ☐

SECTION II - Community Floodplain Management Data during the last 2 years (calendar 2003-2004 only):
A. Has your community updated its floodplain management ordinance during the reporting period? If so, please send a copy of the new ordinance to the return address identified above. ☐ ☐
B. How many building permits were granted within the last 2 calendar years for new structures (including substantial improvements to existing structures) in the designated flood hazard areas shown on your community’s Flood Insurance Rate Map? ☐ ☐
C. How many variances to your local floodplain management ordinance were granted within the last 2 calendar years for new structures or substantial improvements to existing structures in the designated flood hazard areas shown on your community’s Flood Insurance Rate Map? Please provide ONLY the number of variances granted for structures with the lowest floor below the Base Flood Elevation. ☐ ☐
D. Is your community in need of technical assistance in improving local floodplain management, such as regulation interpretation, planning, enforcement procedures, floodproofing, or a community visit? ☐ ☐
E. Please update the demographic information on your community that was provided to FEMA when your community last reported to the National Flood Insurance Program. If any numbers are NOT correct or a "0" appears, please provide the revised number in the space below. If precise data is not available, please give us your best estimate.

<table>
<thead>
<tr>
<th>Permanent Year-Round Population</th>
<th>1-4 Family Structures</th>
<th>All Other Structures</th>
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1. In your entire community (including flood hazard areas)

2. In your flood hazard areas only.

2b. How did you determine the number of structures in the flood hazard areas?
☐ GIS data ☐ best estimate ☐ tax map overlays ☐ other (explain)

NAME, TITLE, AND SIGNATURE AND E-MAIL ADDRESS

PHONE NO. (Include area code)

DATE
MONTH YEAR

FEMA Form 81-29, APR 05 REPLACES ALL PREVIOUS EDITIONS

Retain a copy of this report for your records

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PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.5-3 hours per response. The burden estimates includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0003). Note: Please do not send your completed form to the above address.