



# CITY OF HOUSTON

Floodplain Management Office  
Department of Public Works and Engineering  
1002 Washington Avenue, 3<sup>rd</sup> floor, Houston, Texas 77002  
[fmo@houstontx.gov](mailto:fmo@houstontx.gov) (832) 394.8854

## Flood Damage Repair Checklist Single Family Residential

You will need a floodplain Development Permit to start your flood damage repair if:

- You are located the Floodplain
- The total cost to repair your house to pre-damage condition is \$10,000 or more

Floodplain permits are handled at the Houston Permitting Center (HPC) at 1002 Washington Avenue or at satellite permit office. When you arrive at HPC or a satellite permit office, your first step will be to fill out a permit application and be assigned a project number.

**Choose one of the options below and bring the document(s) for that option to apply for a floodplain flood damage repair permit:**

Option	Repair Cost	Value of Structure
1* <input type="checkbox"/>	Flood Damage Repair Form (see attached)	Flood Damage Repair Form (see attached) -OR- HCAD Summary (www.hcad.org) – (FMO can provide this for you)
2 <input type="checkbox"/>	NFIP Proof of Loss or Final Report including attached detailed itemized cost estimate (see attached example)	NFIP Proof of Loss or Final Report
3* <input type="checkbox"/>	Project Cost Estimate Form (see attached)	HCAD Summary (www.hcad.org) – (FMO can provide this for you) -OR- Private Appraisal of Pre-Damage Market Value of Structure Only (from an appraiser licensed in the State of Texas)
4 <input type="checkbox"/>	Elevation Certificate (from a Texas Registered Professional Land Surveyor) demonstrating that structure is compliant (meets requirement that lowest floor is 12" above based flood elevation and all other floodplain requirements). No cost or value information required.	

**\*FIELD VERIFICATION MAY BE REQUIRED**



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## Floodplain Flood Damage Repair Form – Single Family Residences

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*The City's Floodplain Management Office (FMO) has introduced this form to make it easier for homeowners to apply for a floodplain permit to repair their flood damage.*

*Along with a building permit application and the required information for a building permit, Homeowners can choose to fill out this form instead of submitting a cost estimate and appraisal or insurance claim information.*

*For many flood damaged homes, FMO can use the below information to complete a FEMA Substantial Damage Estimate in the office without physically inspecting the flood damaged home. However, some homes may require a field inspection or insurance cost estimate to be issued a floodplain Development Permit.*

*After reviewing this form, FMO will either:*

- *Approve the permit application and issue a floodplain permit*  
-OR-
- *Reject the permit application and request that the homeowner submit alternate information*  
-OR-
- *Reject the permit application and schedule an inspection of the damaged property.*

*Please note that additional permit requirements shall apply to properties that are determined to be substantially damaged by FMO. It should also be noted that a building permit and other trade permits may also be required to repair flood damage. The permit issued, if any, will be for repairs only. If improvements or modifications are planned, additional information will be required.*

*The homeowner is required to provide true and accurate information below to avoid floodplain violations and fines for completing repair work outside of the scope of a floodplain permit.*

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### **Property and Owner Contact Information:**

Damaged Property Address: \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

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### **Information about the damaged home:**

- Type of Home:**         One Story                       Two Story
- Exterior Finish:**         Brick Veneer                       Siding                       Combination of Brick Veneer and Siding
- Has your home ever been rewired?**         Yes                       No                       Unknown



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## Floodplain Flood Damage Repair Form – Single Family Residences

Do you have central air conditioning?  Yes  No

Where is your water heater?  Raised in garage/house  On the floor  In attic

### Describe the damage to your home:

Date of Flood or other Damage: \_\_\_\_\_

Type of Damage:  Flood  Wind  Flood and Wind

Flood water depth: How much water did you get in your home? \_\_\_\_\_ feet/inches (*circle one*)

(measure depth of water from your floor to the high water mark on an interior wall)

How long was your home flooded?  2 days or less  More than 2 days

Do you have roof damage?:  No Damage  
 Minor Damage (up to 25% shingle replacement, repair of minor leaks)  
 Major Damage

Do you have foundation damage?  Yes  No

### What built-in appliances were damaged by floodwater?

Dishwasher  Garbage Disposal  Trash Compactor  
 Microwave  Vent Hood  Wall Oven  
 Cook Top  Refrigerator (Built-in, Not Push-In)

Is your flooring damaged?  Yes  No

What percentage of your first floor is tile? \_\_\_\_\_%

### Your repair plans:

Do you plan to replace your cabinets?  Yes  No

Do you plan to replace your tile flooring, if any?  Yes  No

### Owner's Statement

I/We \_\_\_\_\_, affirm that  
the information above accurately reflects the condition of the property  
at \_\_\_\_\_.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

POLICY NO. FL \_\_\_\_\_

POLICY TERM \_\_\_\_\_

AMT OF BLDG COV AT TIME OF LOSS \_\_\_\_\_

AMT OF CONTS COV AT TIME OF LOSS \_\_\_\_\_

**PROOF OF LOSS**

(See reverse side for Privacy Act Statement and  
Paperwork Burden Disclosure Notice)

AGENT \_\_\_\_\_

AGENCY AT \_\_\_\_\_

**TO THE NATION FLOOD INSURANCE PROGRAM:**

At time of loss, by above indicated policy of insurance, you insured the interest of

against loss by flood to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto.

TIME AND ORIGIN. A \_\_\_\_\_ loss occurred about the hour of \_\_\_\_\_ o'clock \_\_\_\_\_ M.,  
on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_. The cause of said loss was \_\_\_\_\_

OCCUPANCY The premises described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose  
whatever: \_\_\_\_\_

INTEREST No other person or persons had any interest therein or claim thereon except \_\_\_\_\_

1. FULL AMOUNT OF INSURANCE application to the property for which claim is presented is \$ \_\_\_\_\_
2. ACTUAL CASH VALUE of building structures..... \$ \_\_\_\_\_
3. ADD ACTUAL CASH VALUE OF CONTENTS of \_\_\_\_\_ property insured..... \$ \_\_\_\_\_
4. ACTUAL CASH VALUE OF ALL PROPERTY..... \$ \_\_\_\_\_
5. FULL COST OF REPAIR OR REPLACEMENT (Building and Contents)..... \$ \_\_\_\_\_
6. LESS APPLICABLE DEPRECIATION..... \$ \_\_\_\_\_
7. ACTUAL CASH VALUE LOSS is..... \$ \_\_\_\_\_
8. LESS DEDUCTIBLES ..... \$ \_\_\_\_\_
9. NET AMOUNT CLAIMED under above numbers..... \$ \_\_\_\_\_

The said loss did not originate by any design or procurement on the part of your insured, nothing has been done by or with the privity or consent of insured to violate the conditions of the policy, nor is it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss, or property saved in any manner been concealed, and no attempt to deceive the said insurer as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

**I understand that this insurance (policy) is issued Pursuant to the National Flood Insurance Act of 1968, or Any Act Amendatory thereof, and Applicable Federal Regulations in Title 44 of the Code of Federal Regulations, Subchapter B, and that knowingly and willfully making any false answers or misrepresentations of fact is punishable by fine of imprisonment under applicable United State Codes.**

to the extent of the payment made or advanced under this policy; the insured hereby assigns, transfers and sets over the insurer all rights, claims or interests he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorizes the insurer to sue any such third party in his name.

The insured hereby warrants that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.

The furnishing of this blank or the preparation of proofs by a representative of the above insurer is not a waiver of any of its rights.

I declare under penalty of perjury that the information contained in the foregoing is true and correct to the best of my knowledge and belief.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Name \_\_\_\_\_

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
 NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 1660-0005  
 Expires April 30, 2017

THE NFIP REQUIRES THAT A PRELIMINARY REPORT BE RECEIVED WITHIN 15 DAYS OF ASSIGNMENT,  
 AND AN INTERIM OR FINAL REPORT NOT LATER THAN EVERY 30 DAYS THEREAFTER.

See reverse side for Privacy Act Statement  
 and Paperwork Burden Disclosure Notice

**FINAL REPORT**

INSURED \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_  
 PROPERTY ADDRESS \_\_\_\_\_ DATE OF LOSS \_\_\_\_\_  
 ADJUSTING COMPANY \_\_\_\_\_ ADJ. FILE NO. \_\_\_\_\_

**PREMISES HISTORY**

Date risk was originally constructed: \_\_\_\_\_ Insured at premises since: \_\_\_\_\_

Date of Alteration	Brief Description of Alteration	Market Value	Cost of Alteration	Type of Alteration	*Substantial Improvement?
_____	_____	_____	_____	<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Improv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Improv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Improv.	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Defined as any repair, reconstruction, or improvement; the cost of which equals or exceeds 50% of the market value of the structure before the damage occurred or the reconstruction or improvement was begun.

Prior losses (approximate dates and amounts of loss):

_____	Repairs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insured but no claim made
_____	Repairs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insured but no claim made
_____	Repairs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insured but no claim made

(Continue under Remarks if additional space is needed for alteration or prior losses.)

**INTEREST**

Mortgagee(s): \_\_\_\_\_  
 Loss Payee(s): \_\_\_\_\_

Other Insurance: \_\_\_\_\_ (Company) \_\_\_\_\_ (Type) \_\_\_\_\_ (Policy Number) \_\_\_\_\_ (Covers Bldg./Conts.)  Yes  No (Covers flood?)

**CLAIM SUMMARY**

Duration building will not be habitable:  0-2 days  3-7 days  2-4 weeks  2 months  more than 2 months

Claim Recapitulation Worksheet (for details)

	Building	Contents	Totals
Covered Damage (ACV)			
Removal/Protection			
Total Loss (ACV)			
Less Salvage			
Less Deductible			
Excess Over Limit			
Claims Payable (Net)			

Identify cause: \_\_\_\_\_

Main building RCV: \_\_\_\_\_  Yes  No  Not applicable

\*Includes in \_\_\_\_\_ If yes, R/C claim: \$ \_\_\_\_\_ Total building claim: \$ \_\_\_\_\_

**EXCLUDED DAMAGES**

Excluded Building Damages:	<input type="checkbox"/> Less than 1,000	<input type="checkbox"/> 5,000 - 10,000	<input type="checkbox"/> Less than 1,000	<input type="checkbox"/> 5,000 - 10,000
	<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> 10,000 - 20,000	<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> 10,000 - 20,000
	<input type="checkbox"/> 2,000 - 5,000	<input type="checkbox"/> More than 20,000	<input type="checkbox"/> 2,000 - 5,000	<input type="checkbox"/> More than 20,000
Excluded Contents Damages:	<input type="checkbox"/> Less than - 1,000	<input type="checkbox"/> 5,000 - 10,000	<input type="checkbox"/> Less than - 1,000	<input type="checkbox"/> 5,000 - 10,000
	<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> 10,000 - 20,000	<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> 10,000 - 20,000
	<input type="checkbox"/> 2,000 - 5,000	<input type="checkbox"/> More than 20,000	<input type="checkbox"/> 2,000 - 5,000	<input type="checkbox"/> More than 20,000

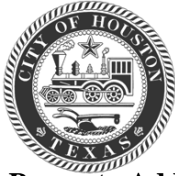
**ENCL**

Building worksheets ( )  Photographs ( )  Proof of Loss  Other \_\_\_\_\_  
 Contents worksheets: ( )  Narrative ( pp)  R/C Proof  Other \_\_\_\_\_

**CERTIFICATION**

The above statements are true and correct to the best of knowledge. I understand that any false statements may be punishable by fine or imprisonment under 18 U.S. Code Sec. 1001.

County of \_\_\_\_\_ Insured \_\_\_\_\_  
 State of \_\_\_\_\_ Insured \_\_\_\_\_  
 Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ Witness \_\_\_\_\_



**City of Houston Floodplain Management Office  
Project Cost Estimate Worksheet**

**Property Address/Zip:** \_\_\_\_\_

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

Description and price breakdown of improvements (use back if necessary):

Improvement Description	Material Qty.	Material Unit Cost	Material Total Cost	Labor Quantity	Labor Unit Cost	Labor Total Cost	Total Labor & Material	Receipt Attached
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
<b>Total</b>								<input type="checkbox"/>

Structure Value = \$ \_\_\_\_\_ (Check one: HCAD \_\_\_\_\_ Appraisal \_\_\_\_\_)

Total Project Cost = \$ \_\_\_\_\_ Percentage of Structure Value = \_\_\_\_\_ %

**OWNER IS DOING WORK WITHOUT CONTRACTOR**

*I/we certify that the attached cost estimate is an accurate and complete description of the improvements and associated costs scheduled for the property listed above.*

\_\_\_\_\_  
Owner Signature Date

\_\_\_\_\_  
Owner Printed Name

\_\_\_\_\_  
Texas Driver's License or ID Number

Sworn to and subscribed before me, the undersigned authority on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. To certify which witness my hand and seal of office.



## City of Houston Floodplain Management Office Project Cost Estimate Worksheet

### OWNER HAS HIRED/WILL HIRE CONTRACTOR

*I/we certify that the attached cost estimate is an accurate and complete description of the improvements and associated costs scheduled for the property listed above.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Printed Name

\_\_\_\_\_  
Contractor Printed Name

\_\_\_\_\_  
Texas Driver's License or ID Number

\_\_\_\_\_  
Texas Driver's License or ID Number

#### Notary for Owner Signature

Sworn to and subscribed before me, the undersigned authority on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. To certify which witness my hand and seal of office.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

\_\_\_\_\_  
MY COMMISSION EXPIRES

#### Notary for Contractor Signature

Sworn to and subscribed before me, the undersigned authority on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. To certify which witness my hand and seal of office.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

\_\_\_\_\_  
MY COMMISSION EXPIRES

### ENGINEER OR ARCHITECT CERTIFIES COST ESTIMATE

\_\_\_\_\_  
Engineer/ Architect Signature

\_\_\_\_\_  
Seal & Date

\_\_\_\_\_  
Office Telephone Number