

## NOTICE OF INTENT (NOI)

Pre-Application for Flood Mitigation Assistance Program

**Applicant:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Type of Project:**  Elevation  Retrofitting  Relocation  Mitigation Reconstruction  
 Dry Floodproofing (Residential)  Dry Floodproofing (Non-residential)  Acquisition

**Special Considerations:**  Severe Repetitive Loss  Repetitive Loss  
 Floodway Structures  Special Populations  Other \_\_\_\_\_

**Brief Description of Project:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total number directly affected by the proposed project:** Families \_\_\_\_\_ Individuals \_\_\_\_\_

**Is the proposed project part of the applicant's Hazard Mitigation Plan?**  Yes  No

**Does the applicant participate in the National Flood Insurance Program (NFIP)?**  Yes  No

**Are all the structures in the project insured under the NFIP?**  Yes  No

**Other Relevant Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Best Estimate of Total Project Cost:** \$ \_\_\_\_\_

*I certify that the above information is correct to the best of my knowledge and that the applicant will comply with all appropriate state and federal regulations.*

Signature of Applicant Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant Agent: \_\_\_\_\_

**PLEASE MAIL TO:** Megan McConihay  
NFIP Assistant Coordinator  
WV Division of Homeland Security and Emergency Management  
1900 Kanawha Blvd East, Bldg. 1 Rm. EB-80  
Charleston, WV 25305-0360

**OR FAX TO:** 304-558-5813