

**Town of LeRay
FLOOD PLAIN
APPLICATION**

OFFICE USE ONLY

Application # _____
Flood Plain \$50.00
Receipt Number: _____
Approval Date: _____
Denial Date: _____

Applicant: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Fax: _____ Email: _____

Applicant's relationship to property: ___ Owner ___ Tenant ___ Contractor ___ Other

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Property Location:

1. The property fronts _____ and consists of _____ acres.
Road Name

2. Property Address: _____

City: _____ State: _____ Zip: _____

3. Zoning District: _____ Tax Parcel # _____

Signature of Owner: _____

Signature of Applicant: _____

Complete Mailing Address: _____

Telephone Number: _____

OFFICE USE ONLY

Date: _____

Signed: _____

Flood Plain Management Officer