



FLOODPLAIN and DAM BREAK SHADOW {DBS} DETERMINATION

FEE: \$10.00 / parcel

MAKE CHECK PAYABLE TO ADAMS COUNTY

The Adams County Planning & Zoning Committee adopted the following policy for providing flood information regarding the Flood Insurance Rate Maps (FIRMs) and Dam Break Shadow Maps. Floodplain determinations of the FEMA Flood Hazard maps or the Dam Break Shadow maps will be provided promptly when a written request is received by the Planning & Zoning Department with the legal description of the property. Please fill out Part A and Part C of this form and return to:

Adams County Planning & Zoning Department
P.O. Box 187
Friendship, WI 53934 Or Fax to: (608) 339-4504

Part A

Property Owner(s):
Computer Number: Parcel Number:
The Property located at: 1/4, 1/4, Sec., T, N, R, E
Lot: Block: CSM: Addition: Subdivision:
Address (if any):
Town of

Part B

The date of the FIS & FIRM index: June 17, 2008
Adams County Community Number: 550001
The property is located on panel number:
The property is located in FIRM zone:
The property is located in the Dam Break Shadow:
The main building on the property:
is not located in a Special Flood Hazard Area:
is located in a Special Flood Hazard Area:
A determination of the building's exact location cannot be made on the FIRM and/or DBS Map.
The base flood elevation at the property is:

Federal law requires that a flood insurance policy be obtained as a condition of a federally backed mortgage or loan that is secured by the building. Flood insurance is available in Adams County.

Note: This determination is based on the 2008 FEMA Flood Insurance Rate Map of the County and/or one of the adopted dam failure analyses (DFA) adopted by Adams County. This determination does not imply that the referenced property will or will not be free from flooding or damage. A property not in a Flood Hazard Area may be damaged by a flood greater than that predicted by the FIRM or DFA or from a local drainage problem not shown on the map. This determination does not create liability on the part of the County, or any officer or employee thereof, for any damage that results from reliance on this determination.

Zoning Administrator Date

Part C

Send completed form to: Name: Fax:
Address: