



WILLIAM S. COGSWELL, JR.  
Mayor

*City of Charleston*  
*South Carolina*  
*Department of Stormwater Management*

MATTHEW FOUNTAIN PE, PG  
Director

**Notice of Voluntary Interest**

**FEMA Flood Hazard Mitigation Assistance (HMA)  
Property Acquisition Notice of Voluntary Interest**

Complete this form if you are interested in exploring further options for reducing your flood losses. Signing this document does not commit you to any action. Each owner on the tax record must sign where applicable.

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

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

**Property Owner(s) Mailing Address:** \_\_\_\_\_

**Telephone #1:** \_\_\_\_\_ **Telephone #2:** \_\_\_\_\_

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

**Preferred method of communication:** ☐ Email ☐ Phone ☐ Mail

The local government is required by FEMA to inform you that your participation in this mitigation program is voluntary. Neither the State nor the Local Government will use its eminent domain authority to acquire your property for open space purposes if you choose not to participate in a Hazard Mitigation Assistance grant program or if negotiations fail. By signing below, the above listed property owner(s) understands that they are providing their voluntary interest in participation.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**Submit by Mail:** Department of Stormwater Management, 2 George St, Suite 2100, Charleston, SC 29401

**Submit by Email:** [floodplain-info@charleston-sc.gov](mailto:floodplain-info@charleston-sc.gov)

For more information, see <https://www.charleston-sc.gov/2386/Flood-Mitigation-Resources>

## **Application Checklist**

**Please enclose the following documents to complete your application:**

- ☐ Notice of Voluntary Interest
- ☐ General Property Information
- ☐ Declaration and Release, completed by each owner on the tax record
- ☐ Occupancy Information Form
- ☐ Duplication of Benefits Disclosure
- ☐ Authorization for the Release of Information Under the Privacy Act
- ☐ Storm Damage Questionnaire(s) and, if applicable, After-the-Fact permit application(s)
- ☐ Copy of the current property deed
- ☐ Copy of flood insurance information, including:
  - Declaration page with policy number and current coverage dates
  - Actual Cash Value or Replacement Cost Value of covered buildings
  - Property Flood Loss History Report\*
  - Copy of all flood insurance claims and payments
  - Severe Repetitive Loss/Repetitive Loss Notice
- ☐ [Copy of current County-assessed property value](#). For grant application purposes only and does not constitute a final offer.
- ☐ Copy of a property appraisal from a S.C. certified professional appraiser obtained within the last 6 months and in accordance with the Uniform Standards of Professional Appraisal Practice. For grant application purposes only and does not constitute a final offer. (Optional)
- ☐ Photo of each exterior side of the building
- ☐ [Elevation Certificate](#) and/or site survey with elevations, if available
- ☐ Copy of HOA/POA and/or deed restrictions, if applicable

\*Due to federal privacy laws, the City of Charleston has a privacy agreement in place with FEMA and is unable to share the details of claims information. To complete an acquisition grant application, a current property owner may need to request additional information regarding past NFIP claims. To submit a Flood Losses History Request, contact [FEMA Mapping and Insurance eXchange \(FMIX\)](#) at [fema-fmix@fema.dhs.gov](mailto:fema-fmix@fema.dhs.gov) or 1-877-336- 2627 and select the option for insurance. A current owner may have also received a claim history report with their annual renewal notice.

## **General Property Information**

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

**Do you have an active National Flood Insurance Program (NFIP) flood insurance policy?**

☐ Yes ☐ No

**Have you received notice that your property is Severe Repetitive Loss or Repetitive Loss?**

☐ Yes, Severe Repetitive Loss (SRL) ☐ Yes, Repetitive Loss (RL)  
☐ No, neither RL or SRL ☐ Not sure

**Is this home your primary residence?**

Yes, there are \_\_\_\_\_ number of occupants ☐ No

**Is this home a rental property?**

☐ Yes, there are \_\_\_\_\_ number of tenants ☐ No

**What is the foundation type?**

☐ Slab ☐ Crawlspace ☐ Other: \_\_\_\_\_

**Is there a well, septic system, below ground storage tank, or former hazardous waste disposal located on the property that we should be made aware of for demolition purposes?**

Yes, \_\_\_\_\_ ☐ No ☐ Not sure

**Are there any deed restrictions affecting the property that would prevent the property from being used as open space?**

Yes, \_\_\_\_\_ ☐ No ☐ Not sure

**Is your property currently included in a Homeowners' Association (HOA), Property Owners' Association (POA), or similar organization?**

☐ Yes ☐ No ☐ Not sure

**Property Owner Impact Statement-** Please provide a brief testimonial on your experience with flooding impacts for inclusion in the grant application to FEMA.

**Submit by Mail:** Department of Stormwater Management, 2 George St, Suite 2100, Charleston, SC 29401

**Submit by Email:** [floodplain-info@charleston-sc.gov](mailto:floodplain-info@charleston-sc.gov)

For more information, see <https://www.charleston-sc.gov/2386/Flood-Mitigation-Resources>

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**DECLARATION AND RELEASE**

OMB. No. 1660-0002  
Expires March 31, 2024

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)

**NOTE: Do not send your completed form to this address.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** FEMA collects, uses, maintains, retrieves, and disseminates the records within this system under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Pub. L. No. 93-288, as amended (42 U.S.C. §§ 5121-5207); 6 U.S.C. §§ 776-77, 795; the Debt Collection Improvement Act of 1996, 31 U.S.C. §§ 3325(d), 7701(c)(1); the Government Performance and Results Act, Pub. L. No. 103-62, as amended; Reorganization Plan No. 3 of 1978; Executive Order 13411, "Improving Assistance for Disaster Victims," August 29, 2006; and Executive Order 12862 "Setting Customer Service Standards," September 11, 2003, as described in this notice.

**PRINCIPAL PURPOSE(S):** This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed internally within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants. FEMA collects the social security number (SSN) to verify an applicant's identity and to prevent a duplication of benefits.

**ROUTINE USE(S):**

FEMA may share the personal information of U.S. citizens and lawful permanent residents contained in their disaster assistance files outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, including pursuant to routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files Notice of System of Records, 78 Fed. Reg. 25,282 (Apr.30, 2013) and upon written request, by agreement or as required by law.

FEMA may share the personal information of non-citizens, as described in the following Privacy Impact Assessments: DHS/FEMA/PIA-012(a) Disaster Assistance Improvement Plain (DAIP) (Nov. 16, 2012); DHS/FEMA/PIA-027 National Emergency Management Information System - Individual Assistance (NEMIS-IA) Web-based and Client-based Modules (June 29, 2012); DHS/FEMA/PIA-015 Quality Assurance Recording System (Aug. 15, 2014). FEMA may share your personal information with federal, state, tribal, local agencies and voluntary organizations to enable individuals to receive additional disaster assistance, to prevent duplicating your benefits, or for FEMA to recover disaster funds received erroneously, spent inappropriately, or through fraud.

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** The disclosure of information, including the SSN, on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

**DECLARATION AND RELEASE**

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- ☐ I am a citizen or non-citizen national of the United States.
- ☐ I am a qualified alien of the United States.
- ☐ I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: \_\_\_\_\_

**By my signature I certify that:**

- \* Only one application has been submitted for my household.
- \* All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- \* I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

**I understand that**, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

**I understand that** the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

**I authorize FEMA to verify** all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

**I authorize** all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print)	SIGNATURE	DATE OF BIRTH	DATE SIGNED
INSPECTOR ID #	FEMA APPLICATION #	DISASTER #	
ADDRESS OF DAMAGED PROPERTY	CITY	STATE	ZIP CODE

## **Occupancy Information**

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

**Flooding Event:\*** \_\_\_\_\_

**Please indicate the occupancy of the property at the time of the flooding event(s):**

- ☐ Owner occupied and primary residence
- ☐ Renter occupied or secondary residence
- ☐ Vacant
- ☐ Owner purchased property after flood event, primary residence
- ☐ Owner purchased property after flood event, secondary residence

**If renter occupied, please provide tenant information at the time of the flooding event(s):**

Name of Renter: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Lease Period: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

Was the tenant displaced by the flood event?      ☐ Yes      ☐ No

**Please indicate the occupancy of the property as of today:**

- ☐ Owner occupied and primary residence
- ☐ Renter occupied or secondary residence
- ☐ Vacant
- ☐ Owner purchased property after flood event, primary residence
- ☐ Owner purchased property after flood event, secondary residence

**If renter occupied, please provide tenant information as of today:**

Name of Renter: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Lease Period: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

Was the tenant displaced by the flood event?      ☐ Yes      ☐ No

\* If the occupancy of the property has been different for multiple flooding events, please complete a separate Occupancy Information form for each event.

## **Duplication of Benefits Disclosure**

The Federal Emergency Management Agency (FEMA) has adopted a policy that prohibits duplication of benefits in the Hazard Mitigation Assistance Program that includes Flood Mitigation Assistance grants. The policy was developed in response to federal regulations that dictate the use of the primary funds used to mitigate property. FEMA provides the following specific instructions in the Hazard Mitigation Assistance Program Guidelines for mitigation projects.

In the administration of Flood Mitigation Assistance Program (FMA) grants, FEMA and the grantee should avoid any duplication of benefits with other forms of assistance. FEMA's policy on duplication of benefits for individuals and families is mandated by Section 312 of the Stafford Act and is set forth in 44 CFR 206.191. This Section of the FEMA regulations delineates a delivery sequence establishing the order in which the disaster relief agencies and organizations provide assistance to individuals and families. Programs listed later in the sequence are responsible for ensuring that they do not duplicate assistance, which should be provided by a program, listed earlier on the list (the program with primary responsibility).

In the case of flood-damage property programs (Section 1362, Section 404, etc.), they are not listed in the delivery sequence, and therefore are positioned after the eight listed programs. This means that all eight programs listed in the sequence at 44 CFR 206.191 (d) are "primary programs" in relation to mitigation grant programs. The Flood Mitigation Assistance Program is required to ensure that it does not duplicate assistance which should be provided by any of the eight primary assistance programs.

### **Certification of Funds Used**

Receipt of or pending receipt of the following benefit amounts must be disclosed.

**1. SBA Loans** – A property owner who has an SBA loan on the property being acquired will either be required to repay the loan to SBA or roll it over to a new property at closing.

**Yes                      No**

**Amount received \$ \_\_\_\_\_**

**2. Flood Insurance for Structure Repairs** – That portion of a flood insurance payment that a property owner has received or is eligible to receive intended to cover structural repairs to the property being acquired or mitigated will be deducted from the purchase price of the property being acquired or may be deducted from the budgeted construction costs of the home being elevated. Proof of investment can be supplied through receipts for materials and/or labor, or through on-site verification.

**Yes                      No**

**Amount received or plan to receive for structure repairs \$ \_\_\_\_\_**

**Amount reinvested is \$ \_\_\_\_\_**

**3. Increased Cost of Compliance** – The NFIP Increased Cost of Compliance (ICC) claim payment from a flood event may be used to contribute to the non-federal cost share requirements so long as the claim is made within the timelines allowed by the NFIP. ICC payments can only be used for costs that are eligible for ICC benefits; for example, ICC cannot pay for property acquisition, but can pay for structure demolition or relocation. In addition, Federal funds cannot be provided where ICC funds are available; if

the ICC payment exceeds FEMA-FMA 2 the required non-federal share, the federal finding award will be reduced to the difference between the cost of the activity and the ICC payment.

**Have you received an ICC payment?** \_\_\_\_\_

**How much ICC funds have you received?** \_\_\_\_\_

**Do you plan to receive an ICC payment?** \_\_\_\_\_

**How much ICC funds do you plan to receive?** \_\_\_\_\_

**4. FEMA Individual Family Grant (IFG) and Emergency Minimal Repair Grant (EMR)** – That portion of an IFG or EMR grant that a property owner has received or is eligible to receive intended to cover structural repairs to the property being acquired will be deducted from the purchase price of the property or deducted from the budgeted construction costs of the home being elevated. Additionally, grants received from FEMA as part of Temporary Housing Assistance Program to quickly repair or restore owner-occupied primary residences to habitable and safe condition will be deducted from the purchase price of the property or deducted from the budgeted constructions cost of the home being elevated. If the funds have been reinvested into repairs to the property, this amount will not be deducted. Proof of reinvestment can be supplied through receipts for materials and/or labor, or through on-site verification.

**Yes**

**No**

**Amount received \$** \_\_\_\_\_

**5. FEMA Disaster Housing** – FEMA Disaster Housing money received by the property owner will not be deducted if the property owner has used the grant for housing related expenses. These can include transient accommodations while an existing home is being elevated or relocated; combining it with other funds to make more substantial home repairs; minor home repairs made to make a home more livable prior to a buyout offer; down payments toward the purchase of a new home; moving expenses; closing costs; insurance; and deposits.

**Yes**

**No**

**Amount received \$** \_\_\_\_\_

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

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

I hereby certify that the SBA Loans, Flood Insurance for Structure Repairs, FEMA Individual and Family Grant, Emergency Minimal Repair Grant and FEMA Disaster Housing benefits defined above have been accurately reported and that the amounts not used for the purpose identified above have been fully disclosed.

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

OMB No.1660-0061  
Expires May 31, 2026

**AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT**

The purpose of this form is to allow you to direct the Department of Homeland Security/Federal Emergency Management Agency (FEMA) to release information collected for your disaster assistance application to any entity you choose. In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, FEMA cannot release your information without your written consent (or an exception provided by law). Please return the completed form to your FEMA point of contact or:

**Mail to:**

FEMA  
P.O. Box 10055  
Hyattsville, MD 20782-8055

**Fax to:**

800-827-8112  
Attn: FEMA

**Upload to:**

[www.DisasterAssistance.gov](http://www.DisasterAssistance.gov)  
Click "Check Status" on the Home Page and  
follow the instructions

**IMPORTANT: You are not obliged to give anyone access to information regarding you, but failure to provide the information requested on this form may make it more difficult for FEMA to share your information with other disaster relief entities to assist you.**

Your Full Name (Last, First, MI)

FEMA Applicant Number (OPTIONAL)

Born At: Place of Birth (City, State/Province, Country)

On: Date of Birth (mm-dd-yyyy)

**SECTION A (OPTIONAL)**

I authorize FEMA to release information selected in Section B below to the following individuals:

Name (Last, First)	Telephone Number	Address	Relationship
(To send your file to yourself, list your name.)			

**SECTION B**

I authorize FEMA to release to the individuals in Section A and/or the entities in Section C below the following information:

- ☐ Yes ☐ No 1. My case file, including inspection reports, amounts of awards, contact information, banking information, Social Security Number, etc. (Cross out information you do not want to share or list under "Other" and check NO.)
- ☐ Yes ☐ No 2. My contact information, including address, phone number, e-mail address, work contact information, FEMA application number, etc. (Cross out information you do not want to share or list under "Other" and check NO.)
- ☐ Yes ☐ No 3. Other:

### SECTION C (OPTIONAL)

If additional disaster resources may be available to me, or if other persons request information regarding my case, I authorize the information listed in Section B above to be released to:

- ☐ Yes ☐ No 1. State agencies offering disaster assistance
- ☐ Yes ☐ No 2. Local, Regional, State or National Voluntary Organizations Active in Disaster (NVOAD) and their partners
- ☐ Yes ☐ No 3. Members of Congress and their staff
- ☐ Yes ☐ No 4. Media representatives
- ☐ Yes ☐ No 5. Other:

This verification of identity and authorization to release records is made pursuant to and consistent with 28 U.S.C. § 1746. I declare under penalty of perjury under the laws of the United States that all of my information on this form is true and correct. This authorization to release records expires one year from the date of signing.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date (mm-dd-yyyy)

### PRIVACY ACT STATEMENT

**PURPOSE:** FEMA is requesting the information written on this form to establish your identity and your consent to share your information with you or parties you have named in this form.

**AUTHORITY:** Written consent is requested pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a(b). The program for which this form may be used is authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. §§ 5121 -5207; The Homeland Security Act of 2002, 6 U.S.C. §§ 311-321j; Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193); and Exec. Order No. 13411.

**ROUTINE USES:** FEMA may externally share the information you write in the fields on this form as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, and as a "routine use" to facilitate information sharing with other government agencies, voluntary agencies, and private entities. A complete list of the routine uses can be found in the system of records notice DHS/FEMA-008 Disaster Recovery Assistance Files Notice of System of Records, 78 Fed. Reg. 25,282 (Apr.30, 2013). The Department's full list of systems of record notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

## **Storm Damage Questionnaire and After-the-Fact Permits**

All development in the regulated floodplain is required to be permitted, including what some might consider to be minor repairs like flooring, cabinet, or ductwork replacement. If any repairs were not originally permitted, we would request that you complete the attached after-the-fact building permit application, which has no fee associated with it. The building will also be reviewed for Substantial Damage/Improvement, which may warrant additional funds such as a greater federal cost share for the grant and/or an Increased Cost of Compliance (ICC) payment.

<b>Storm Name</b>	<b>Storm Date</b>	<b>Were you the owner at the time?</b>	<b>Was an NFIP claim filed?</b>	<b>Description of Building Damages (Flood Depth and Duration)</b>	<b>Description of Building Repairs (Were repairs made and what were the costs)</b>	<b>Was a permit obtained?</b>	<b>Description of Contents Damages</b>

# BUILDING PERMIT Application

## Storm/flood damage related repairs

City of Charleston  
Building Inspections



### I. Applicant Information

Name:	Phone:	
Name of property owner (if different):	Phone:	
Address of work:	Unit #:	
Number of units in building (if more than one):		

### II. Type and Cost of Repairs/Damage *please fill out all that applies*

Nature of damage (i.e.—roof damage, siding damage, etc.):
Approximate date of damage:
Nature of repairs:
Approximate date of repairs:
Total cost of repairs(\$):

### III. Contractor Information (if work was performed by a contractor)

Name:	Phone:
Company Name:	
E-mail address:	