



FLOODPLAIN MANAGEMENT ACTIVITIES ANNUAL REPORT FORM

SECTION A – MUNICIPAL INFORMATION						
1. SECRETARY/CLERK NAME:		2. AREA CODE/TELEPHONE:	3. HOURS:	4. MUNIO	4. MUNICIPALITY:	
5. FLOODPLAIN ADMINISTRATOR'S NAME:		6. AREA CODE/TELEPHONE:	7. HOURS:	8. COUNTY:		
9. EMAIL ADDRESS:						
10. MUNICIPAL ADDRESS:			11. YEAR FILED FOR:			
				20		
SECTION B – GENERAL						
Has any floodplain development occurred during the past year?						
☐ No ☐ Yes — please provide following information:						
Building Permits for Development in Floodplain Areas						
Type of Building	Number of Applications	Number of Permits	Number of Insp	umber of Inspections Fees Collected		
Single-family						
Multi-family						
Commercial						
Industrial						
Other						
TOTAL						
Has your municipality enacted any new or revised floodplain management regulations during the past year? No Yes — please attach a copy to this report.						
3. Complete if you have any questions, or need information or assistance regarding your floodplain management responsibilities?						
Same as above Name/Title:						
	Street Address:					
	City, State, Zip Code:					
	Phone Number: Best Time to Contact:					
SECTION C – CERTIFICATION I swear that the information provided on this form is correct to the best of my knowledge.						
I swear that the information provided on this form is correct to the best of my knowledge.						
SEAL	Signature					
	Title			Date		

INSTRUCTIONS FOR COMPLETING FLOODPLAIN MANAGEMENT ACTIVITIES ANNUAL REPORT FORM [DCED-GCLGS-57]

STATE LAW REQUIRES MUNICIPALITIES TO COMPLETE AND RETURN THIS ANNUAL REPORT FORM

Please follow the instructions and explanatory notes listed below to complete this form. (The instructions provided in each section below pertain to the same section in the form.)

After completing the form, return it to:

Pennsylvania Emergency Management Agency Bureau of Recovery and Mitigation/Hazard Mitigation Division 1310 Elmerton Avenue, 3rd Floor Harrisburg, PA 17110

SECTION A – MUNICIPAL INFORMATION

List the following:

- 1. Name of the secretary/clerk, telephone number and office hours.
- 2. Name, telephone number and office hours of the person administering the floodplain management ordinance.
- 3. Calendar year for the report being filed.
- 4. Municipal mailing address.
- 5. This report covers the period from October 1st of the previous year to September 30th of the reporting year.

SECTION B - GENERAL

- 1. Check yes or no. If any development occurred within a floodplain area, provide the requested information in the box entitled "Building Permits for Development in Floodplain Areas."
- 2. Check yes or no. If any floodplain management ordinance has been enacted or amended, attach a copy to this report.
- 3. Complete only if you have a question, or need information or assistance. List person to contact, telephone number, address and work hours.

SECTION C - CERTIFICATION

Please sign, date and seal the form. Return the form and all accompanying information to:

Pennsylvania Emergency Management Agency Bureau of Recovery and Mitigation/Hazard Mitigation Division 1310 Elmerton Avenue, 3rd Floor Harrisburg, PA 17110