



Sanders County Floodplain

Emergency Notification

PO Box 519 Thompson Falls, MT 59873

kmaudrone@sanderscounty.mt.gov

1.406.827.6965

Date of Initial Contact: _____ via: ☐ Phone ☐ Walk In ☐ Email or Letter

This form is required to be used by a landowner or their representative to notify the Floodplain Administrator of projects undertaken during an emergency to safeguard life or structures. This shall be submitted to the Floodplain Administrator within five (5) days of the action taken as a result of an emergency.

******* Authorization for emergency action does not guarantee permitting of work. You may be required to modify or remove the project in order to meet Sanders County Floodplain Regulations. *******

Landowner or Representative's Name: _____ Email/Phone#: _____

Mailing Address: _____

Location of Emergency: _____

Landowner's Name: _____ Email/Phone#: _____

Mailing Address: _____

Existing use: ☐ residential ☐ commercial ☐ mixed use ☐ vacant ground

☐ critical facility _____ ☐ critical infrastructure _____

If a publically owned infrastructure please describe _____

If residential was there significant damage to the structure ☐ Yes ☐ No

If yes please describe _____

Actions Taken: (Attach Photos)

Description of emergency project: ☐ fill ☐ riprap ☐ other _____

What is the impact if emergency action not taken: _____

If emergency action is to protect public infrastructure describe structure and action taken: _____

Type and amount of material used: _____

Type of equipment needed or used: _____

Within 30 days of initiating the emergency action, person responsible for taking emergency action will be contacted by the Floodplain Administrator and if located within the designated floodplain, a Floodplain Permit Application that describes what action has taken place during the emergency must be submitted describing any additional work that may be required to bring the project into compliance with Sanders County Floodplain Regulations and all laws and ordinances. The undersigned hereby certifies that the above information, along with attached plans are correct. The undersigned agrees to comply with the provisions of Sanders County Floodplain Regulations and all other laws and ordinances affecting the emergency repair and replacement of severely damaged artificial obstructions. This does not waive any other permits that may be required. The undersigned understands that they may be required to modify or remove the project in order to meet the Sanders County Floodplain Regulations.

Signature of applicant: _____ Date: _____

Signature of landowner: _____ Date: _____

OFFICE USE ONLY

Date Emergency Action was initiated: _____ Date Emergency Action form submitted: _____

Date that complete Floodplain Permit Application submitted: _____

Fee Paid: _____

Base Flood Elevation: _____ FIRM Panel #: _____

Project is located in: ☐ Approximate A Area ☐ Floodway ☐ Flood Fringe

Notes: _____

Signature of County Representative: _____

Printed Name & Title: _____