

North Carolina Emergency Management  
Project Grant Application

**Section 1**

**Property Site Inventory (Part 1 of 4)**

Note: Please complete and submit a full Property Site Inventory for each structure involved in an acquisition, elevation, or mitigation reconstruction project. This form must be signed by the property owner as participation in the program must be voluntary. NCEM will only accept this form for inclusion in a mitigation project.

Attach tax cards, elevation certificates (if available), proof of flood insurance (if available), and photographs of each property (one photo of each side).

**Owner Information**

1. Name of Structure Owner (s): \_\_\_\_\_
2. Name of Property/Land Owner (s): \_\_\_\_\_
3. Street Address (including city, state, and zip code) or Physical/Legal Location of the damaged property:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Mailing Address (if different from site address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Contact Phone Number: \_\_\_\_\_
6. Are you a citizen of the United States? Yes  No 
  - a. If No, are you a non-citizen national of the United States? Yes  No
  - b. Are you a qualified alien of the United States? Yes  No(Note: You must provide documentation at time of closing)
7. Have you applied for disaster assistance in the past ten (10) years? Yes  No 
  - a. If Yes, provide FEMA Registration #: \_\_\_\_\_
  - b. Which disaster(s)? \_\_\_\_\_
8. Did you have flood insurance on the structure at the time of loss? Yes  No 
  - a. Was your home determined to be substantially damaged by local officials?  
Yes  No
  - b. How many claims have you filed for flood insurance in the past 10 years? \_\_\_\_\_

North Carolina Emergency Management  
Project Grant Application

- c. If you received insurance claim money, how much did you receive? \$ \_\_\_\_\_
  - d. Have you made a claim with your flood insurance agent for Increased Cost of Compliance coverage? Yes  No
  - e. Flood Insurance Agent/Company: \_\_\_\_\_
  - f. Policy Number: \_\_\_\_\_
9. Are you requesting:     Acquisition “buy-out”  
                                   Elevation “house raising”  
                                   Mitigation Reconstruction “demo/rebuild”
10. Have you participated or applied for assistance in a previous acquisition, elevation, or mitigation reconstruction program? Yes  No
- a. If Yes, when? \_\_\_\_\_

**Section 2**  
**Property Site Inventory (Part 2 of 4)**

**Structure Information**

1. Building Type:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1 Story w/o basement      | <input type="checkbox"/> 1 story with basement | <input type="checkbox"/> Split-level w/o basement |
| <input type="checkbox"/> Split-level with basement | <input type="checkbox"/> 2 story w/o basement  | <input type="checkbox"/> 2 story with basement    |
| <input type="checkbox"/> Mobile Home               | <input type="checkbox"/> Duplex/Apartment      | <input type="checkbox"/> Other _____              |
2. Building Use (At the time of loss):
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Owner Occupied    | <input type="checkbox"/> Rental Property | <input type="checkbox"/> Secondary Residence |
| <input type="checkbox"/> Business Property | <input type="checkbox"/> Public Building | <input type="checkbox"/> House of Worship    |
| <input type="checkbox"/> Multi-Family      | <input type="checkbox"/> Other _____     |  |
3. Construction Type:
- |                                     |   |                                |                                      |
|-------------------------------------|---|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Concrete Block | <input type="checkbox"/> Brick | <input type="checkbox"/> Other _____ |
|-------------------------------------|---|--------------------------------|--------------------------------------|

North Carolina Emergency Management  
Project Grant Application

4. Foundation Type:  
 Slab on Grade       Crawl Space w/Ductwork       Crawl Space w/o Ductwork  
 Piers/Pilings    Basement                               Other \_\_\_\_\_
5. Total Square Footage of Structure: \_\_\_\_\_ Year of Construction: \_\_\_\_\_
6. Estimated value of the structure: \$ \_\_\_\_\_
7. How is wastewater from your home treated? (i.e. Septic system or central sewer system):  
\_\_\_\_\_
8. How is the home heated (i.e. electric, natural gas, oil or solar)? \_\_\_\_\_
9. Are there any underground storage tanks located on the property? Yes  No   
a. If yes, please explain the size and usage: \_\_\_\_\_
10. Is there more than one parcel on the Deed for this structure? Yes  No
11. Are there any additional structures or outbuildings on the property? Be sure to list any mobile homes, outbuildings, storage sheds, detached garages, carports, etc. Please list all structures, even if they are not on the tax card. Please provide pictures if possible.  
Yes  No   
  
a. If yes, what is the value? \$ \_\_\_\_\_  
b. Total Square Footage of structures, if known: \_\_\_\_\_  
c. Please provide a description: \_\_\_\_\_  
d. Are they: Attached  or Detached  Note: Include pictures and proof of purchase if available.

**Section 3**  
**Property Site Inventory (Part 3 of 4)**

**Occupancy Information**

1. Was the property owner residing in the property at the time of the loss? Yes  No   
a. Provide the names and relationships of the individual(s) occupying the property at the time of loss.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

North Carolina Emergency Management  
Project Grant Application

2. Was the property occupied by the above listed individual(s) for 90 days prior to the disaster?

Yes  No

3. Is this property currently occupied? Yes  No

a. If yes, provide the names and relationships of the individual(s) occupying the property currently.

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4. If this application involves a Mobile Home, indicate who owns the Mobile Home:

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a. Who owns the land or the lot the Mobile Home rests on?

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b. If the Mobile Home is located in a Mobile Home Park, please provide the Park Name and if known, the property owner's name: \_\_\_\_\_

**Damage History**

Please list the past damage to the property. Include damages resulting from Presidentially Declared disasters and other storm events. Please be sure to include as much detail as possible as this information will be used to assist with processing this application for assistance.

Event Date or Storm Name	Description of Damages (If flooded, include water depth inside the home)	Cost of Repairs/ Replacement
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North Carolina Emergency Management  
Project Grant Application

**Section 4**  
**Property Site Inventory (Part 4 of 4)**

**Statement and Acknowledgement of Voluntary Participation**

The County/City certifies that any subsequent acquisition/elevation/mitigation reconstruction of property utilizing hazard mitigation funds are strictly voluntary and powers of eminent domain will not be used.

By signing this survey document, I/we, the undersigned, acknowledge that all information provided is true and correct to the best of my/our knowledge. Completing this application does not imply any additional obligation to participate in any subsequent property acquisition/elevation/mitigation reconstruction program undertaken by the County/City and does not imply any obligation by the County/City to purchase/elevate/reconstruct the above referenced property. The purchase/elevation/mitigation reconstruction of the referenced property is contingent on the State receiving funding from the Federal Emergency Management Agency (FEMA).

By signing this survey document, I/we the undersigned, agree to allow access to my/our property for the purpose of data collection.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please complete if you are not the property owner.**

I am not the owner of the above referenced structure/parcel. My interest in this structure/parcel is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Only property/structure owners and those individuals holding power of attorney for the property are eligible to apply. If the person(s) signing this application are not the deed holder of the above referenced property/structure, please state your interest in the property (i.e. Power of Attorney). Legal proof of this information will be necessary at the time of closing.*

*Failure to furnish all requested information on this form will result in a delay or removal of your property from consideration for hazard mitigation funding.*

*Please list all owners of this property:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_