



## REQUEST FOR FLOOD ZONE DETERMINATION

### Property Information

*Please print clearly.*

Owner's Name: \_\_\_\_\_

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

City: Margate State: Florida Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legal Description (If Available):  
\_\_\_\_\_  
\_\_\_\_\_

### Alternate Contact Information

*If you would like the determination response sent to a mailing address other than the property address or to a company (for example, your flood insurance company), provide this information below. Please print clearly.*

Company Name (If Applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Flood Zone Determination Response Method

*Please indicate how the City of Margate should provide a response to your request.*

Respond Using:  Property Information

Alternate Contact Information

Response Method (Select Only One):  Mail

E-mail

*The determination made shall be based on the Flood Insurance Rate Map (FIRM) for the City of Margate, Florida. Determinations do not imply the referenced property will or will not be free from flooding or damage. Properties not in Special Flood Hazard Areas may be damaged by a flood greater than that predicted on the Flood Insurance Rate Map (FIRM) or from a local drainage condition not shown on the map. This determination will not create liability on the part of the city, or any officer or employee thereof, for any damage that results from reliance on this determination.*

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Applicant Signature

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Date

**Please return completed form to:**

City of Margate

Department of Environmental & Engineering Services  
901 NW 66<sup>th</sup> Avenue, Suite A, Margate, FL 33063

Or email form to: DEESAdmin@margatefl.com