



2090 N. State Road 9, Suite A  
Albion, Indiana 46701  
Phone: (260) 636-7217

Floodplain Acknowledgement Number \_\_\_\_\_ Date \_\_\_\_\_  
Owner \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Parcel Number \_\_\_\_\_  
Legal Description \_\_\_\_\_  
Deed Document # \_\_\_\_\_

**Floodplain Acknowledgement Agreement**

**I acknowledge that the Real Estate described herein is (either partially or entirely) in a Special Flood Hazard Area as determined by the Federal Emergency Management Agency on the pertinent Flood Insurance Rate Map. I understand that flooding is a natural hazard and that development in a floodplain can adversely affect the severity of a flood event. I understand that the floodplain identified by the Flood Insurance Rate Map does not represent the minimum nor maximum amount of flooding that can occur.**

I understand that this agreement is binding on myself and all future owners of the Real Estate described herein unless the property is taken out of the Special Flood Hazard Area by a future Flood Insurance Rate Map or by a Letter of Map Amendment for the entire property

I agree that this agreement is for the benefit of the Noble County. I understand that this agreement must be recorded in the office of the Noble County Recorder prior to issuance of any permit with the Plan Commission. I agree to comply with the provisions of the Ordinance for Flood Hazard Areas that in effect at the time of any alteration to the property.

\_\_\_\_\_  
Legal Property Owner (Printed)

\_\_\_\_\_  
Legal Property Owner (Signature)

**Current Flood Insurance Rate Map**

Flood Map \_\_\_\_\_ Zone \_\_\_\_\_

Base Flood Elevation \_\_\_\_\_ [ ] None Available

I certify that the above information is accurate and true as of the date of signature of this document.

\_\_\_\_\_  
Floodplain Administrator

\_\_\_\_\_  
Date