

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**Orva & Sharon Ford**  
**3302 Greenbrier Road**  
**Salem, WV 26426**



9590 9402 2228 6193 5136 44

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Frank Ford*  Agent  
 Addressee
- B. Received by (Printed Name) *FRANK FORD* C. Date of Delivery *1/22*
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**Stephen Kelley**  
**96 Carolina Avenue**  
**Salem, WV 26426**



9590 9402 2228 6193 5136 37

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Stephen Kelley*  Agent  
 Addressee
- B. Received by (Printed Name) C. Date of Delivery *1/22*
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**Rodney & Terry Trent**  
**3355 Greenbrier Road**  
**Salem, WV 26426**



9590 9402 2228 6193 5136 20

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Rodney Trent*  Agent  
 Addressee
- B. Received by (Printed Name) *R Trent* C. Date of Delivery *1/20/18*
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7017 1450 0001 5871 7437

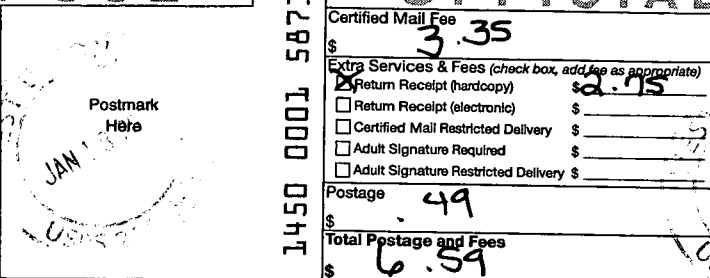
U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee \$ 3.35  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.75  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$ .49  
Total Postage and Fees \$ 6.59



Sent To Rodney Terry Trent  
Street and Apt. No., or PO Box No. 3355 Greenbrier Rd.  
City, State, ZIP+4® Salem, WV 26426 18-501

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0001 5871 7451

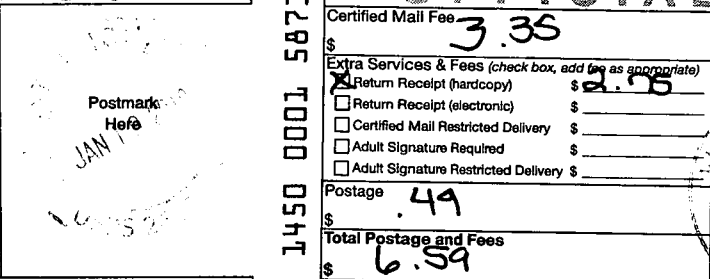
U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee \$ 3.35  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.75  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$ .49  
Total Postage and Fees \$ 6.59



Sent To John Mary Anderson  
Street and Apt. No., or PO Box No. 972 Nona St.  
City, State, ZIP+4® Buckhannon, WV 26201 18-501

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0001 5871 7475

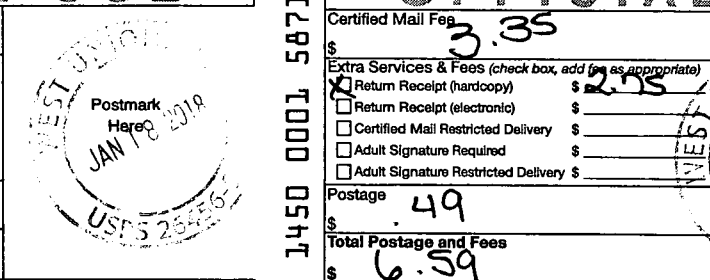
U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee \$ 3.35  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.75  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$ .49  
Total Postage and Fees \$ 6.59



Sent To Stephen Kelley  
Street and Apt. No., or PO Box No. 96 Carolina Ave.  
City, State, ZIP+4® Salem, WV 26426 18-501

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0001 5871 7444

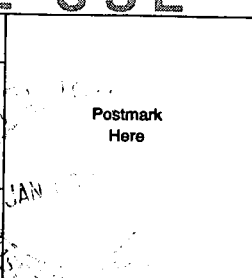
U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee \$ 3.35  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.75  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$ .49  
Total Postage and Fees \$ 6.59



Sent To Roger Maria Kelley  
Street and Apt. No., or PO Box No. 2219 Oakwood St.  
City, State, ZIP+4® Girard, OH 44420 18-501

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0001 5871 7468

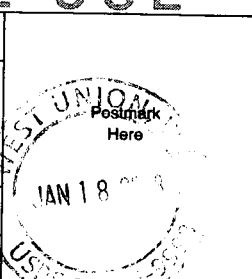
U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee \$ 3.35  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.75  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$ .49  
Total Postage and Fees \$ 6.59



Sent To Orva Sharon Ford  
Street and Apt. No., or PO Box No. 3302 Greenbrier Rd.  
City, State, ZIP+4® Salem, WV 26426 18-501

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0001 5871 7482

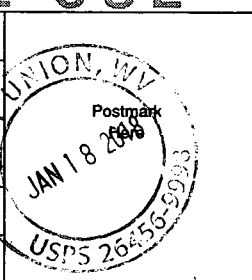
U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee \$ 3.35  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.75  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$ .49  
Total Postage and Fees \$ 6.59



Sent To Demetrius Travis  
Street and Apt. No., or PO Box No. 98 Liberty St.  
City, State, ZIP+4® Salem, WV 26426 18-501

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**Rogeer & Maria Kelley**  
**2219 Oakwood Street**  
**Girard, OH 44420**



9590 9402 2228 6193 5136 68

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

*x Maria Kelley*  Agent  
 Addressee

**B. Received by (Printed Name)**

*MARIA Kelley*

**C. Date of Delivery**

*7/25/15*

- D. Is delivery address different from item 1?**  Yes  
 If YES, enter delivery address below:  No

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

USPS TRACKING #



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 2228 6193 5136 68  
PNSL

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box\*

Doddridge County OEM/CFM  
George Eidel  
105 Court Street, Suite 3  
West Union, WV 26456

#18-501



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**John & Mary Anderson**  
**9 1/2 Nona Street**  
**Buckhannon, WV 26201**



9590 9402 2228 6193 5136 51

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*John Anderson*

C. Date of Delivery

*1-24-18*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

USPS TRACKING #



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

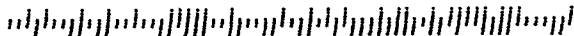
9590 9402 2228 6193 5136 51

**United States  
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

**Doddridge County OEM/CFM  
George Eidel  
105 Court Street, Suite 3  
West Union, WV 26456**

#18-501





# Floodplain Development Permit

## Doddridge County, WV Floodplain Management

This permit gives approval for the development/ project listed that impacts the FEMA-designated floodplain and/or floodway of Doddridge County, WV, pursuant to the rules and regulations established by all applicable Federal, State and local laws and ordinances, including the Doddridge County Floodplain Ordinance. This permit must be posted at the site of work as to be clearly visible, and must remain posted during entirety of development.

**Permit: #18-501**

**Date Approved: February 26, 2018**

**Expires: February 26, 2019**

**Issued to: Dustin Prettyman**

**POC: Dustin Prettyman**

**Company Address: 604 Hilltop Street Clarksburg, WV 26301**

**Project Address: 3393 Greenbrier Road Salem, WV 26426**

**Firm: 54017C0235C**

**Lat/Long: 39.24292N, -80.63181W**

**Purpose of Development: New Residential Home Construction**

**Issued by: George C. Eidel, CFM, OEM Director/Doddridge County FPM (or designee)**

**Date: February 26, 2018**

---

For additional information regarding this permit, please contact  
Doddridge County Floodplain Manager at 304.873.2631, or via email at  
doddridgecountyfpm@gmail.com  
118 East Court Street; West Union, WV 26456

---

Form Prescribed by Department of State Tax Commissioner for Inspection and Supervision of Public Offices, etc.

6797

**DODDRIDGE COUNTY, WEST VIRGINIA**

\$ 100.00

2-26 2018

RECEIVED OF Dustin Prettyman  
One hundred dollars & 00/100 DOLLARS

IN PAYMENT OF \_\_\_\_\_

FOR Building Permit (Floodzone) # 18-501 FUND

BY M. Holder DEPUTY

**MICHAEL HEADLEY**  
SHERIFF AND TREASURER

THE PERSON PAYING MONEY INTO THE TREASURY SHALL FORTHWITH FILE ONE OF THESE RECEIPTS WITH THE COUNTY CLERK



**FLOODPLAIN PERMIT #18-501**

*Dustin Prettyman/New Residential Construction*

7017 1450 0001 5871 7437

7017 1450 0001 5871 7468

7017 1450 0001 5871 7444

7017 1450 0001 5871 7475

7017 1450 0001 5871 7451

7017 1450 0001 5871 7482

<b>TASK</b>	<b>COMPLETE (DATE)</b>	<b>NOTES</b>
CHECK RECEIVED	2/26/18	Awaiting Payment Paid
US ARMY CORP. ENGINEERS (USACE)	N/A	
US FISH & WILDLIFE SERVICES (USFWS)	N/A	
WV DEPT. NATURAL RESOURCES (WVDNR)	N/A	
WV DEPT. ENVIROMENTAL PROTECTION (WVDEP)	N/A	
STATE HISTORIC & PRESERVATION OFFICE (SHPO)	N/A	
OFFICE of LAND & STREAM (OLS)	N/A	
DATE OF COMMISSION READING	2/6/2018	
DATE AVAILABLE TO BE GRANTED	2/26/2018	
PERMIT GRANTED		
COMPLETE		



## **Doddridge County Floodplain Permits**

**(Week of January 15, 2018)**

Please take notice that on the 12<sup>th</sup> day of **January, 2018**, **Dustin Prettyman** filed an application for a Floodplain Permit (**#18-501**) to develop land located at or about **3393 Greenbrier Rd, Salem, WV 26426** **Coordinates 39.24292 N, 80.63181 W**. The Application is on file with the Clerk of the County Court and may be inspected or copied during regular business hours. Any interested persons who desire to comment shall present the same in writing by **February 26, 2018** (20 calendar days after the announcement at the regularly scheduled Doddridge County Commission Meeting) delivered to the Clerk of the County Court at 108 Court Street Ste. 1, West Union, WV 26456. **This project is New Residential construction**



Permit# 18-501  
Project Name: New Home  
Permittees Name: Dustin Prettyman

## ***Doddridge County, WV***

# Floodplain Development Permit Application

This document is to be used for projects that impact/potentially impact the FEMA--designated floodplain and/or floodway of Doddridge County, WV pursuant to the rules and regulations established by all applicable Federal, State and local laws and ordinances, including the Doddridge County Floodplain Ordinance.

### SECTION 1: GENERAL PROVISIONS (APPLICANT TO READ AND SIGN)

1. No work may start until a permit is issued.
2. The permit may be revoked if any false statements are made herein.
3. If revoked, all work must cease until permit is re-issued.
4. Development shall not be used or occupied until a Certificate of Compliance is issued.
5. The permit will expire if no work is commenced within six months of issuance.
6. Applicant is hereby informed that other permits may be required to fulfill local, state, and federal requirements.
7. Applicant hereby gives consent to the Floodplain Administrator/Manager or his/her representative to make inspections to verify compliance.
8. I THE APPLICANT CERTIFY THAT ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

APPLICANT'S SIGNATURE

DATE

1/12/18

Doddridge County Commercial/Industrial  
Floodplain Development Permit Application

**Applicant Information:**

*Please provide all pertinent data.*

<b>Applicant Information</b>		
<b>Responsible Company Name:</b>		
<b>Corporate Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Corporate Point of Contact (POC):</b>		
<b>Corporate POC Title:</b>		
<b>Corporate POC Primary Phone:</b>		
<b>Corporate POC Primary Email:</b>		
<b>Corporate FEIN:</b>	<b>Corporate DUNS:</b>	
<b>Corporate Website:</b>		
<b>Local Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Local Project Manager (PM):</b>		
<b>Local PM Primary Phone:</b>		
<b>Local PM Secondary Phone:</b>		
<b>Local PM Primary Email:</b>		
<b>Person Filing Application:</b>		
<b>Applicant Title:</b>		
<b>Applicant Primary Phone:</b>		
<b>Applicant Secondary Phone:</b>		
<b>Applicant Primary Email:</b>		



Doddridge County Commercial/Industrial  
Floodplain Development Permit Application

**Proposed Development:**

*Please check all elements of the proposed project that apply.*

**DESCRIPTION OF WORK (CHECK ALL APPLICABLE BOXES)**

**A. STRUCTURAL DEVELOPMENT**

<u>ACTIVITY</u>		<u>STRUCTURAL TYPE</u>	
<input checked="" type="checkbox"/>	New Structure	<input checked="" type="checkbox"/>	Residential (1 – 4 Family)
<input type="checkbox"/>	Addition	<input type="checkbox"/>	Residential (more than 4 Family)
<input type="checkbox"/>	Alteration	<input type="checkbox"/>	Non-residential (floodproofing)
<input type="checkbox"/>	Relocation	<input type="checkbox"/>	Combined Use (res. & com.)
<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Replacement
<input type="checkbox"/>	Manufactured/Mobil Home		

**B. OTHER DEVELOPMENT ACTIVITIES:**

- Fill                       Mining                       Drilling                       Pipelining
- Grading
- Excavation (except for STRUCTURAL DEVELOPMENT checked above)
- Watercourse Alteration (including dredging and channel modification)
- Drainage Improvements (including culvert work)
- Road, Street, or Bridge Construction
- Subdivision (including new expansion)
- Individual Water or Sewer System
- Other (please specify)

---

---

---

Doddridge County Commercial/Industrial  
Floodplain Development Permit Application

**Development Site/Property Information:**

*Please provide physical description of the site/property, along with pertinent ownership (surface and mineral rights) data as applicable. Attach appropriate maps from the WV Flood Tool showing location of proposed development. Use additional copies of this page if development spans multiple property boundaries. Designate each property by number (i.e. Property 1 of 1, Property 2 of 7, etc.)*

Property Designation: \_\_\_\_ of \_\_\_\_

Site/Property Information:		
<b>Legal Description:</b> 1.64 Acre Tract - Greenbrier District Doddridge County		
<b>Physical Address/911 Address:</b> 3393 Greenbrier Road, Salem WV 26426		
<b>Decimal Latitude/Longitude:</b> Lat 39.24292 Long 80.63181		
<b>DMS Latitude/Longitude:</b>		
<b>District:</b>	<b>Map:</b>	<b>Parcel:</b>
<b>Land Book Description:</b>		
<b>Deed Book Reference:</b>		
<b>Tax Map Reference:</b>		
<b>Existing Buildings/Use of Property:</b>		

Floodplain Location Data: (to be completed by Floodplain Manager or designee)			
<b>Community:</b>	<b>Number:</b>	<b>Panel:</b> 5401700 235	<b>Suffix:</b> C
<b>Location (Lat/Long):</b>		<b>Approximate Elevation:</b>	
<b>Is the development in the floodway?</b>		<b>Is the development in the floodplain?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Zone:</b> _____	
<b>Notes:</b>			

Doddridge County Commercial/Industrial  
Floodplain Development Permit Application

**Property Owner Data:**

*Please provide data on current site/property landowner(s), both surface and mineral rights (as applicable). Use additional copies of this page as needed. Designate each page in relation to each property listed above.*

Property Designation: ___ of ___
----------------------------------

<b>Property Owner Data:</b>		
Name of Primary Owner (PO): <i>Dustin Prettyman</i>		
PO Address: <i>604 Hilltop Street</i>		
City: <i>Clarksburg</i>	State: <i>WV</i>	Zip: <i>26301</i>
PO Primary Phone: <i>304-203-9052</i>		
PO Secondary Phone: <i>304-918-7628</i>		
PO Primary Email: <i>WV Giant 30@gmail</i>		

<b>Surface Rights Owner Data:</b>		
Name of Primary Owner (PO): <i>Dustin Prettyman</i>		
PO Address: <i>3393 Greenbrier Road</i>		
City: <i>Salem</i>	State: <i>WV</i>	Zip: <i>26426</i>
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

<b>Mineral Rights Owner Data: (As Applicable)</b>		
Name of Primary Owner (PO):		
PO Address:		
City:	State:	Zip:
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		



Doddridge County Commercial/Industrial  
Floodplain Development Permit Application

**Contractor Data:**

*Please provide all pertinent data for contractors and sub---contractors that may be participating in this project. Use additional copies of this page as needed. Designate each page in relation to each property listed above.*

Property Designation: \_\_\_ of \_\_\_

<b>Contractor/Sub-Contractor (C/SC) Information:</b>		
C/SC Company Name: <i>To be <del>Term</del> Determined</i>		
C/SC WV License Number:		
C/SC FEIN:	C/SC DUNS:	
Local C/SC Point of Contact (POC):		
Local C/SC POC Title:		
C/SC Mailing Address:		
City:	State:	Zip-Code:
Local C/SC Office Phone:		
Local C/SC POC Phone:		
Local C/SC POC E-Mail:		

<b>Engineer Firm Information:</b>		
Engineer Firm Name:		
Engineer WV License Number:		
Engineer Firm FEIN:	Engineer Firm DUNS:	
Engineer Firm Primary Point of Contact (POC):		
Engineer Firm Primary POC Title:		
Engineer Firm Mailing Address:		
City:	State:	Zip-Code:
Engineer Firm Office Phone:		
Engineer Firm Primary POC Phone:		
Engineer Firm Primary POC E-Mail:		

### Adjacent and/or Affected Landowners Data

Please provide data for all adjacent and/or affected surface owners (both up and down stream) whose property may be impacted by proposed development as demonstrated by a floodplain study or survey. Use additional copies of this page as needed.

<b>Adjacent Property Owner Data: Upstream</b>		
Name of Primary Owner (PO): Rodney + Terry Trent		
Physical Address: 3355 Greenbrier R		
City: Salem	State: WV	Zip: 26426
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

<b>Adjacent Property Owner Data: Upstream</b>		
Name of Primary Owner (PO): Roger + Maria Kelley		
Physical Address: 2219 Oakwood St.		
City: Girard	State: OH	Zip: 44420
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

<b>Adjacent Property Owner Data: Downstream</b>		
Name of Primary Owner (PO): John + Mary Anderson		
Physical Address: 9 1/2 Nona St		
City: Buckhannon	State: WV	Zip: 26201
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

<b>Adjacent Property Owner Data: Downstream</b>		
Name of Primary Owner (PO): Orva + Sharon Ford		
Physical Address: 3302 Greenbrier Rd		
City: Salem	State: WV	Zip: 26426
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

### Adjacent and/or Affected Landowners Data

Please provide data for all adjacent and/or affected surface owners (both up and down stream) whose property may be impacted by proposed development as demonstrated by a floodplain study or survey. Use additional copies of this page as needed.

<b>Adjacent Property Owner Data: Upstream</b>		
Name of Primary Owner (PO): <i>Stephen Kelley</i>		
Physical Address: <i>96 Carolina Ave</i>		
City: <i>Salem</i>	State: <i>WV</i>	Zip: <i>26426</i>
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

<b>Adjacent Property Owner Data: Upstream</b>		
Name of Primary Owner (PO): <i>Demetrius Travis</i>		
Physical Address: <i>98 Liberty St</i>		
City: <i>Salem</i>	State: <i>WV</i>	Zip: <i>26426</i>
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

<b>Adjacent Property Owner Data: Downstream</b>		
Name of Primary Owner (PO):		
Physical Address:		
City:	State:	Zip:
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

<b>Adjacent Property Owner Data: Downstream</b>		
Name of Primary Owner (PO):		
Physical Address:		
City:	State:	Zip:
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

## Site Plan

**A Site Plan is an accurate and detailed map of the proposed development for this project.** It shows the size, shape, location and special features of the project property, and the size and location of any development planned to the property, especially as that development will impact the floodplain and/or floodway. Site plans show what currently exists on the project property, and any changes or improvements you are proposing to make. **A certified and licensed engineering firm should complete site plans.**

### **A SITE PLAN MUST CONTAIN THE FOLLOWING INFORMATION:**

1. Legal description of the parcel, north arrow and scale
2. All property lines and their dimensions
3. Names of adjacent roads, location of driveways
4. Location of sloughs, tributaries, streams, rivers, wetlands, ponds, and lakes, with setbacks indicated, and including FEMA floodplain data based on most updated FIRM.
5. Location, size, shape of all buildings, existing and proposed, with elevation of lowest floor indicated.
6. Location and dimensions of existing or proposed on-site sewage systems.
7. Location of all propane tanks, fuel tanks or other liquid storage tanks whether above ground or below ground level.
8. Location and dimensions of any proposed pipeline placement(s) into floodplain/floodway.
9. Location and dimensions of any roadway development into floodplain/floodway. *(Includes initial development access roads)*
10. Location and dimensions of any bridge and/or culvert development into floodplain/floodway.
11. Location and dimensions of any storage yard or facility into the floodplain/floodway.
12. Location of any existing utilities and/or proposed utility placement and/or displacement.
13. Location, dimensions and depth of any existing or proposed fill on site.
14. A survey showing the **existing ground elevations** of at least location on the building site. **ELEVATION NOTE:** All vertical datum will reference either NGVD 29 or NAVD 88. Assumed datum will not be acceptable unless the property is located in an area where vertical datum has not been published. For those areas where vertical datum has not been established, a site plan with contours, elevations using assumed datum, high water marks and existing water levels of sloughs, rivers, lakes or streams and proposed lowest floor elevation.

## Applicant

Please read print name, sign and date below:

- I certify that I am authorized to submit this application for the primary project developer.
- I certify that the information included in this application is to the best of my knowledge true and complete.
- I certify that all required Federal, State, and local permits required by law and/or ordinance for the above described development of this project have been properly attained, are current and valid, and must be presented with this application before a Doddridge County Floodplain Permit may be issued.
- I understand that if in the course of the development project additional permits become required that were not needed during the initial proposal, the primary developer must notify the Doddridge County Floodplain Manager within 48 hours of such need, and that a "Stop Work" order may be issued for all project work directly impacting the floodplain or floodway, until such time the required additional permits are acquired.
- I understand that once the floodplain permit is submitted, the application will be entered into official public record at the next regularly scheduled Doddridge County Commission meeting after the date of submittal.
- I understand that from the date of submittal of the fully completed permit application, the Doddridge County Floodplain Manager has ninety (90) days to make a determination to either grant or deny said permit application. During this approval period, the Doddridge County Floodplain Manager may, at his or her discretion, conduct a review and/or additional study of provided documentation by means of an independent engineering firm. All costs associated with said review and/or study must be reimbursed to the County before issuance of approved permit.
- I understand that during the approval period, the Doddridge County Floodplain Manager or designee may at his or her discretion conduct site visits and document conditions of proposed development pursuant to the permit application.
- I understand that once the Floodplain Permit is granted, the permit will be entered into official public record at the next scheduled Doddridge County Commission meeting after the date of issuance. Appeals to the permit may be made no later than twenty (20) days after said issuance. If a valid appeal is submitted, as determined by the Doddridge County Floodplain Manager, a "Stop Work" order will be issued for all project development directly involving the floodplain or floodway. A public hearing by the Doddridge County Appeals Board will be scheduled no less than ten (10) days after the next regularly scheduled Doddridge County Commission meeting.
- I understand that all decisions of the Doddridge County Appeals Board shall be final.
- **I understand issuance of a Floodplain Permit authorizes me to proceed with construction as proposed. A Certificate of Compliance is required upon substantial completion of the project.**
- In signing this application, the primary developer hereby grants the Doddridge County Floodplain Manager or designee the right to enter onto the above---described location to inspect the development work proposed, in progress, and/or completed.
- I understand that if I do not follow exactly the site---plan submitted and approved by this permit that a "Stop Work" order may be issued by the Doddridge County Floodplain Manager and that I must stop all construction immediately until discrepancies of actual work vs. proposed work is resolved.

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

Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

# ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name <u>DUSTIN AND NICOLE PRETTYMAN</u>				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>3393 GREENBRIER ROAD</u>				Company NAIC Number:	
City <u>SALEM</u>		State <u>W.VA.</u>		ZIP Code <u>26426</u>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>1.64 ACRE TRACT - GREENBRIER DISTRICT DODDRIDGE COUNTY - TAX MAP 3 PARCEL 37.</u>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>39.24292</u> Long. <u>80.63181</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number _____					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u>DODDRIDGE COUNTY 540024</u>			B2. County Name <u>DODDRIDGE</u>		B3. State <u>W.VA.</u>
B4. Map/Panel Number <u>54017C0235</u>	B5. Suffix <u>C</u>	B6. FIRM Index Date <u>--</u>	B7. FIRM Panel Effective/ Revised Date <u>10-4-2011</u>	B8. Flood Zone(s) <u>A</u>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>3393 GREENBRIER ROAD</u>			Policy Number:
City <u>SALEM</u>	State <u>W.VA.</u>	ZIP Code <u>26426</u>	Company NAIC Number

**SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: BM-PSC16 Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

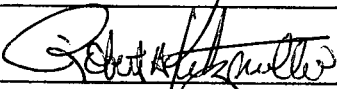
Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) \_\_\_\_\_  feet  meters
- b) Top of the next higher floor \_\_\_\_\_  feet  meters
- c) Bottom of the lowest horizontal structural member (V Zones only) \_\_\_\_\_  feet  meters
- d) Attached garage (top of slab) \_\_\_\_\_  feet  meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) \_\_\_\_\_  feet  meters
- f) Lowest adjacent (finished) grade next to building (LAG) 879 0  feet  meters
- g) Highest adjacent (finished) grade next to building (HAG) 880 3  feet  meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support \_\_\_\_\_  feet  meters

**SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name <u>ROBERT A. KITZMILLER</u>	License Number <u>635</u>	Place Seal Here
Title <u>PROFESSIONAL SURVEYOR</u>		
Company Name <u>PRECISION SURVEY COMPANY</u>		
Address <u>566 MANNING ROAD</u>		
City <u>BUCKHANNON</u>	State <u>W.VA.</u>	
Signature 	Date <u>12-13-2017</u>	Telephone <u>304-472-0171</u>

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

FOR  
**ROBERTA VANPELT**

JOHN TRENT!  
D.B. 223 PG. 533  
T.M. 3 PAR. 37.3  
2.76 AC.

LOTS 1 + 2 ARE PART OF THAT SAME TRACT  
OF LAND CONVEYED TO LORETTA C. KELLEY  
BY PEARL I. GREGG, BY A DEED DATED  
22 SEPTEMBER 1997 IN DEED BOOK 235 PAGE 543.

RODNEY TRENT  
D.B. 215 PG. 49  
T.M. 3 PAR. 37.4  
12.97 AC.

OVERLAP OF  
JOHN TRENT AND  
PEARL GREGG TRACTS

LOT 1

**2.00 ACRES**  
p/o D.B. 235 PG. 543  
p/o T.M. 3 PAR. 37

12" SYCAMORE, FND

5/8" REBAR, FND

STONE, FND

ASH STUMP

GAP

5/8" REBAR, FND

N28°04'E 244.10'

N47°47'E 176.18'

58.04'

512.23'E

101.81'

W12.50S

N22°01'E 312.03' TOTAL

112.62'

20.04'

5/8" REBAR SET

152.62'

N68°13'W

270.44' TOTAL

5/8" REBAR, SET

97.78'

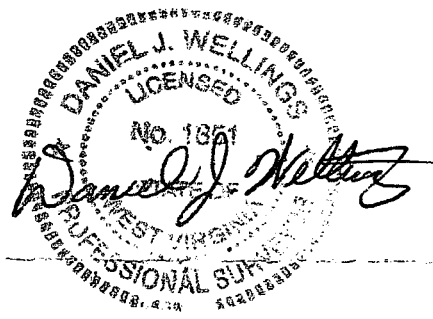
336.34'

S05°58'W 617.78' TOTAL

266.44'

15.00'

5/8" REBAR, FND



KENNETH CHUMLEY  
D.B. 208 PG. 274  
T.M. 4 PAR. 18  
0.62 AC.

LOT 2

**1.64 ACRES**  
p/o D.B. 235 PG. 543  
p/o T.M. 3 PAR. 37

5/8" REBAR FND

N66°20'W  
18.00'

SNYDER RUN

W.V. SEC. RT. 15

W.V. SEC. RT. 15/2

JOHN ANDERSON  
D.B. 164 PG. 564  
T.M. 3 PAR. 37.1  
0.23 AC.

N56°37'W 355.14'

ROGER KELLEY  
D.B. 233 PG. 284  
T.M. 3 PAR. 37.5  
47.12 AC.

BEARINGS ARE REFERENCED TO  
PLAT BY DANIEL J. WELLINGS  
IN PLAT BOOK 1A AT PAGE 183





# WV Flood Map



— Cross Section (XS) Lines  
 Base Flood Elevation (BFE) Lines

~ Rule\_1  
 Floodway

**Flood Hazard Zone**  
 Approximate Study (Zone A)  
 Detailed Study (AE, AH, AO)

**flood\_depth\_HEC\_RAS**  
 High : 134.442  
 Low : 6.10352e-005

**Disclaimer:**  
 The online map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. To obtain more detailed information in areas where Base Flood Elevations have been determined, users are encouraged to consult the latest Flood Profile data contained in the official flood insurance study. These studies are available online at [www.msc.fema.gov](http://www.msc.fema.gov).  
 WV Flood Tool (<http://www.MapWV.gov/flood>) is supported by FEMA, WV NFIP Office, and WV GIS Technical Center.

IRM or DFIRM. Its purpose is to assist with determining potential flood risk for the selected location.

Location of flood information  
 User Notes:

Map created on January 16, 2018

**Flood Hazard Area:**  
 Flood Hazard Area: Location is WITHIN the FEMA 100-year floodplain.

**Flood Hazard Zone:** A  
**Stream:** Buffalo Calf Fork  
**FEMA Issued Flood Map:** 54017C0235C  
**Watershed (HUC8):** Little Musringum-Middle Island (5030  
**Advisory Flood Height:** N/A  
**Water Depth:** N/A  
**Elevation:** About 880 ft  
**Location (long, lat):** (80.631735 W,39.242784 N)  
**Location (UTM17N):** (531780, 4343783)  
**Contacts:** Doddridge  
**CRS Information:** N/A  
**Flood Profile:** N/A  
**HEC-RAS Model:** Buffalo Calf Fork  
**Parcel Number:** 09-04-0003-0037-0000