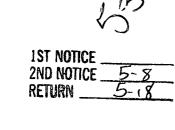
Floodplain Manager **Doddridge County Office of Emergency Management** 105 Court Street, Suite 3 West Union, WV 26456







West Union, WV 26456 0005/24/18 NIXIE 250 TO SENDER TO FORWARD \*1171-04135-01-42 BC: 26456201205 UNC - Ոլիայինային հետոայացին իրինի հերինի հերինի հերինի հերիայիներ

\$006.59<sup>2</sup>

04/30/2018 ZIP 26456 012E14643162

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                        | COMPLETE THIS SECTION ON L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DELIVERY                                                                                                                                                                                |
| <ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature  X  B. Received by (Printed Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Agent ☐ Addressee C. Date of Delivery                                                                                                                                                 |
| Allen & Vickie Cutright 259 Pichette Drive West Union, WV 26456                                                                                                                                                                      | D. Is delivery address different from If YES, enter delivery address because it is a second to the property of the proper |                                                                                                                                                                                         |
| 9590 9402 2228 6193 5131 94  2. Article Number (Transfer from service label)                                                                                                                                                         | 3. Service Type  Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery (over \$500)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricte Delivery □ Return Receipt for Merchandise □ Signature Confirmation □ Signature Confirmation Restricted Delivery |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                                                         | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Oomestic Return Receipt                                                                                                                                                                 |

Doddridge County Office of Emergency Management/Floodplain Management 105 Court Street, Suite 3 304-873-1343 doddridgecountyfpm@gmail.com



Dear Sir or Ma'am,

April 30, 2018

You are receiving this letter because you have been identified as a land surface and/or mineral rights owner for property or adjacent property related to the proposed development/project identified by the following page.

No action is required of you. This letter is simply to inform you of the proposed development.

If you would like to comment on this proposed project, or would like additional information, you may contact the Doddridge County Floodplain Manager at the above address.

Respectfully yours,

George Eidel, CFM, OEM Director/Floodplain Manager



### **Doddridge County Floodplain Permits**

(Week of May 7, 2018)

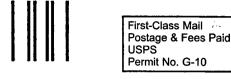
Please take notice that on the 24<sup>th</sup> day of April, 2018, Gilbert Neeley filed an application for a Floodplain Permit (#18-510) to develop land located at or about 761 Central Station Rd; Coordinates 39.286722 N, -80.810578W. The Application is on file with the Doddridge County Floodplain Manager's Office and may be inspected or copied during regular business hours. Any interested persons who desire to comment shall present the same in writing by June 4, 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 construction of a storage shed.

#### SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse ☐ Agent so that we can return the card to you. Addressee C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. dress different from item 1? delivery address below: Gregory & Donna Oliver 699 Central Station Road West Union, WV 26456 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) Signature Confirmation ☐ Insured Mail 7017 1450 00015869 5576 ☐ Insured Mail Restricted Delivery Restricted Delivery (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse □ Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. Is delivery address different from item 1? If YES, enter delivery address below: Ralph & Judith Valentine P.O. Box 34 West Union, WV 26456 3. Service Type ☐ Priority Mail Express®☐ Registered Mail™ ☐ Adult Signature ☐ Registered Mail Restricted ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery 9590 9402 2228 6193 5131 56 Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. ☑ Agent Print your name and address on the reverse Addressee so that we can return the card to you. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. Yes Is delivery address different from item 1? If YES, enter delivery address below: Jonathan & Amanda Leggett 128/Caratelli West Union, WV 26456 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® 9590 9402 2228 6193 5132 00 ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Signature Confirmation ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) Restricted Delivery

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                      | COMPLETE THIS SECTION ON DELIVERY                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul> | A. Signature/  X                                                                                                                                |
| or on the front if space permits.                                                                                                                                                                  | D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No                                                    |
| Anthony & Alice Mancuso 365 Dye Drive Bridgeport, WV 26330                                                                                                                                         |                                                                                                                                                 |
| 9590 9402 2228 6193 5131 87  2. Article Number ( <i>Transfer from service label</i> )                                                                                                              | 3. Service Type                                                                                                                                 |
| PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                                                                                                       | □ Insured Mail □ Insured Mail Restricted Delivery (over \$500) □ Insured Mail Restricted Delivery  Restricted Delivery  Domestic Return Receipt |

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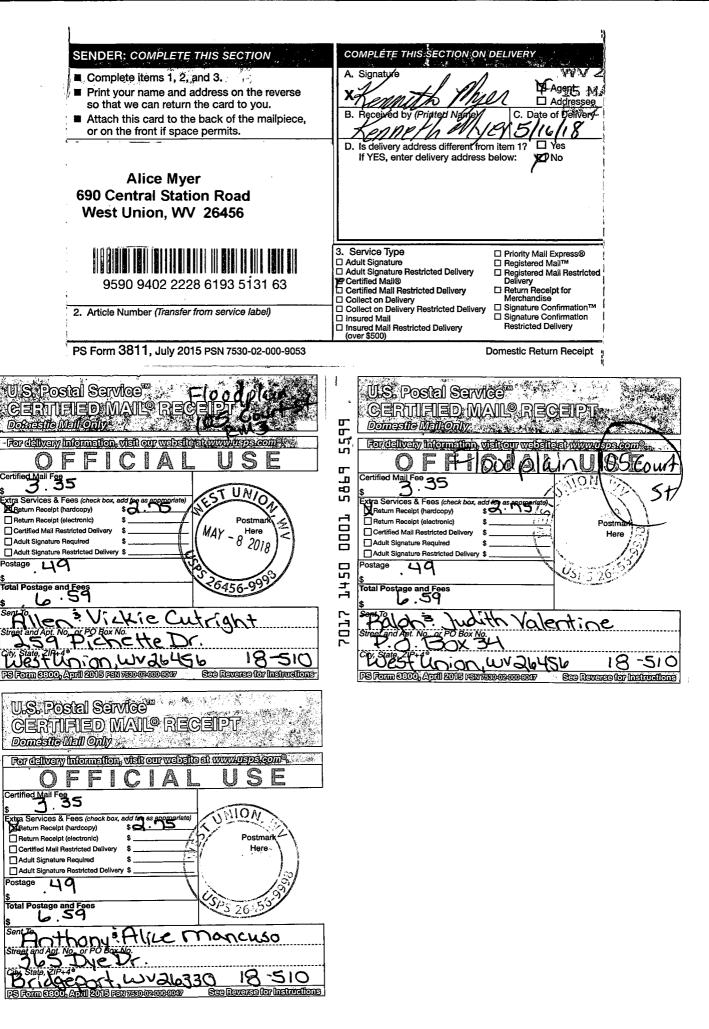
United States Postal Service

Doddridge County OEM/CFM George Eidel

George Eidel 105 Court Street, Suite 3 West Union, WV 26456

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

18-510



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### 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: #18-510

Date Approved: June 4, 2018 Exp

Expires: June 4, 2019

Issued to: Gilbert W. Neely

**POC: Gilbert W. Neely** 

Company Address: 761 Central Station West Union, WV 26456

Project Address: 761 Central Station West Union, WV 26456

Firm: 54017C0120C

Lat/Long: 39.286722N, -80.810578W

**Purpose of Development: Storage Buildings** 

Issued by: George C7Eidel, CFM, OEM Director/Doddridge County FPM (or designee)

Date: June 4, 2018

| 6874          | Form Prescribed by Department of State Tax Commissioner for Inspection and Supervision of Public Offices, etc. |          |
|---------------|----------------------------------------------------------------------------------------------------------------|----------|
|               | DODDRIDGE COUNTY, WEST VIRGINIA \$                                                                             | 00°      |
| /             | 1/h / 1/20/                                                                                                    | 20/8     |
| RECEIVED OF   | OI DEAT WEEK                                                                                                   |          |
| Outuble.      | L della (M# 378                                                                                                | 50       |
| IN PAYMENT OF | 0/                                                                                                             | _DOLLARS |
|               | 1 #18-510 Phon 873.                                                                                            |          |
| FOR \$1000    | & Cermit                                                                                                       |          |
| FOR           |                                                                                                                |          |
| BY The        | DEPUTY MICHAEL HEAD                                                                                            |          |
| THE PERSON    | SHERIFF AND                                                                                                    |          |
|               | PAYING MONEY INTO THE TREASURY SHALL FORTHWITH FILE ONE OF THESE RECEIPTS WITH THE COUNTY CL                   | _        |

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### FLOODPLAIN PERMIT #18-510

### **Gilbert Neeley 761 Central Station Rd**

| TASK                    | COMPLETE (DATE) | NOTES |
|-------------------------|-----------------|-------|
| CHECK RECEIVED          | 5/7/18          |       |
| US ARMY CORP. ENGINEERS |                 |       |
| (USACE)                 |                 |       |
| US FISH & WILDLIFE      |                 |       |
| SERVICES (USFWS)        |                 |       |
| WV DEPT. NATURAL        |                 |       |
| RESOURCES (WVDNR)       |                 |       |
| WV DEPT. ENVIROMENTAL   |                 |       |
| PROTECTION (WVDEP)      |                 |       |
| STATE HISTORIC &        |                 |       |
| PRESERVATION OFFICE     |                 |       |
| (SHPO)                  |                 |       |
| OFFICE of LAND & STREAM |                 |       |
| (OLS)                   |                 |       |
| DATE OF COMMISSION      |                 |       |
| READING                 | 5/15/2018       |       |
| DATE AVAILABLE TO BE    |                 |       |
| GRANTED                 | June 4, 2018    |       |
| PERMIT GRANTED          | June5,2018      |       |
| COMPLETE                | June5, 2018     |       |

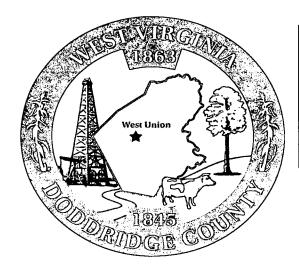
| 7017 1450 0001 5869 5599 | 7017 1450 0001 5869 5568 |
|--------------------------|--------------------------|
| 7017 1450 0001 5869 5582 | 7017 1450 0001 5869 5551 |
| 7017 1450 0001 5869 5575 | 7017 1450 0001 5869 5544 |



### **Doddridge County Floodplain Permits**

(Week of May 7, 2018)

Please take notice that on the 24<sup>th</sup> day of April, 2018, Gilbert Neeley filed an application for a Floodplain Permit (#18-510) to develop land located at or about 761 Central Station Rd; Coordinates 39.286722 N, -80.810578W. The Application is on file with the Doddridge County Floodplain Manager's Office and may be inspected or copied during regular business hours. Any interested persons who desire to comment shall present the same in writing by June 4, 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 construction of a storage shed.



Permit# 18-510
Storeage
Project Name: Building

Permittees Name: Gilbert Neeler

### 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. The permit will expire if no work is commenced within six months of issuance.
- 5. Applicant is hereby informed that other permits may be required to fulfill local, state, and federal requirements.
- 6. Applicant hereby gives consent to the Floodplain Administrator/Manager or his/her representative to make inspections to verify compliance.
- 7. 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 | Gilbu W. Ke | reli |
|-----------------------|-------------|------|
|                       | 4/24/18     |      |

### **Applicant Information:**

Please provide all pertinent data.

| Applicant Information              | or and the second secon | not, the second |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Responsible Company Name:          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| City:                              | State: Va                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Zip: 26456                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Corporate Point of Contact (POC):  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Corporate POC Title:               | ••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Corporate POC Primary Phone: 304.8 | 73 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Corporate POC Primary Email:       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Corporate Website:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Local Mailing Address:             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Local Project Manager (PM):        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Local PM Primary Phone:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Local PM Secondary Phone:          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Local PM Primary Email:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Person Filing Application:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Applicant Title:                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Applicant Primary Phone:           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Applicant Secondary Phone:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Applicant Primary Email:           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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### **Project Narrative:**

Describe in detail the proposed development including project name/title, type of development, estimated start and completion timeline, and its potential impact on the floodplain. Use additional copies of this page as needed.

| Project Narrative:                                         |
|------------------------------------------------------------|
| Project Narrative:  2 Sheds 24 × 16 ANd 14 × 12            |
| 7 STORAGE                                                  |
| Tia ROOF 7 STORAGE                                         |
|                                                            |
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| FINISH TIME EST 60 LATER                                   |
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| See AHaal Dian                                             |
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### **Proposed Development:**

Please check all elements of the proposed project that apply.

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

### A. STRUCTURAL DEVELOPMENT

|    | AC           | <b>TIVITY</b> |                 |             |            | <b>STRUCTU</b> | IRAL TYPE              |
|----|--------------|---------------|-----------------|-------------|------------|----------------|------------------------|
| X  | New Struct   | ure           |                 |             | []         | Residentia     | l (1 – 4 Family)       |
| [] | Addition     |               |                 |             | []         | Residentia     | I (more than 4 Family) |
| [] | Alteration   |               |                 |             | []         | Non-reside     | ential (floodproofing) |
| [] | Relocation   |               |                 |             | · []       | Combined       | Use (res. & com.)      |
| [] | Demolition   |               |                 |             | []         | Replaceme      | ent                    |
| [] | Manufactu    | ıred/Mo       | bil Home        |             |            |                |                        |
| В. | OTHER DE     | VELOPI        | LMENT ACTI      | IVITIES:    |            |                |                        |
| [] | Fill         | []            | Mining          | []          | Drilling   | g []           | Pipelining             |
| [] | Grading      |               |                 |             |            |                |                        |
| [] | Excavation   | (except       | for STRUCTUE    | RAL DEVE    | LOPMEN     | T checked a    | bove)                  |
| [] | Watercour    | se Altera     | ntion (includin | g dredgii   | ng and cha | annel modif    | fication)              |
| [] | Drainage Ir  | nproven       | nents (includir | ng culver   | t work)    |                |                        |
| [] | Road, Stree  | et, or Bri    | dge Construct   | ion         |            |                |                        |
| [] | Subdivision  | ı (includi    | ng new expan    | ision)      |            |                |                        |
| [] | Individual \ | Water or      | Sewer Systen    | n           |            |                |                        |
| [] | Other (plea  | se speci      | fy)             |             |            |                |                        |
|    |              |               |                 |             |            |                |                        |
|    |              |               |                 |             |            |                |                        |
|    |              |               |                 |             |            |                |                        |
|    |              |               |                 |             |            |                |                        |
|    |              |               |                 |             |            |                |                        |
|    |              |               |                 | <del></del> |            |                |                        |

### **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:             |           |                  |                                         |                                   |
| Legal Description:                     |           |                  |                                         |                                   |
| ************************************** |           |                  |                                         |                                   |
| Physical Address/911 Address           | ress: 76/ | Central fl       | alia                                    | ν                                 |
| Decimal Latitude/Longitud              | •         | •                |                                         |                                   |
| DMS Latitude/Longitude:                |           |                  |                                         |                                   |
| District:                              | Мар:      |                  | Parcel:                                 |                                   |
| Land Book Description:                 |           |                  |                                         |                                   |
| ,                                      |           |                  |                                         |                                   |
| Deed Book Reference:                   |           |                  |                                         |                                   |
|                                        |           |                  |                                         |                                   |
| Tax Map Reference:                     |           |                  |                                         |                                   |
|                                        |           |                  | 100000000000000000000000000000000000000 |                                   |
| Existing Buildings/Use of P            | roperty:  |                  |                                         |                                   |
|                                        |           |                  |                                         |                                   |
| Floodplain Location Data: (            |           |                  | Jan Salahar                             | and a second of the second second |
| Community:                             | Number:   | Panel:           | yer or aes                              | Suffix:                           |
| _                                      |           | ranei:           |                                         | Suitix:                           |
| Location (Lat/Long):                   | 3         | Approximate      | Elevation                               | ız                                |
| 39-286722                              |           | Estimated BFI    | Е:                                      |                                   |
| Is the development in the f            | loodway?  | Is the develop   | ment in t                               | the floodplain?                   |
| U <sub>Yes</sub> U <sub>No</sub>       |           | □ <sub>Yes</sub> | $\square_{No}$                          | Zone:                             |
| Notes: 54017                           | CO1200    | ٦                |                                         |                                   |
|                                        |           |                  |                                         |                                   |
|                                        |           |                  |                                         |                                   |

### **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                |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Property Owner Data:                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name of Primary Owner (PO):             |            | The second secon |
| PO Address:                             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| PO Primary Phone:                       | , <b>l</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PO Secondary Phone:                     |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Surface Rights Owner Data:              |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name of Primary Owner (PO):             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Mineral Rights Owner Data: (As Applica  | ble)       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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#### **Contractor Data:**

**Property Designation:** 

of\_

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.

| C/SC Company Name:                                                                                                                                      |                                       |                                                                    |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------|---------------|
|                                                                                                                                                         |                                       |                                                                    |               |
| 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:                                                                                                                                   |                                       | <del></del>                                                        |               |
| City:                                                                                                                                                   | State:                                | Zip-Code:                                                          |               |
| Local C/SC Office Phone:                                                                                                                                | · · · · · · · · · · · · · · · · · · · |                                                                    |               |
| Local C/SC POC Phone:                                                                                                                                   |                                       | A STAN THAN EARLY AND A STAN AND AND AND AND AND AND AND AND AND A | •             |
| Local C/SC POC E-Mail:                                                                                                                                  | · · · · · · · · · · · · · · · · · · · |                                                                    |               |
| Engineer Firm Information: Engineer Firm Name:                                                                                                          |                                       |                                                                    |               |
| Engineel film name:                                                                                                                                     |                                       |                                                                    |               |
| Engineer WV License Number:                                                                                                                             |                                       |                                                                    |               |
| _                                                                                                                                                       | Engineer Fi                           | irm DUNS:                                                          |               |
| Engineer WV License Number:                                                                                                                             | l                                     | irm DUNS:                                                          |               |
| Engineer WV License Number: Engineer Firm FEIN:                                                                                                         | l                                     | irm DUNS:                                                          |               |
| Engineer WV License Number: Engineer Firm FEIN: Engineer Firm Primary Point of Co                                                                       | l                                     | irm DUNS:                                                          |               |
| Engineer WV License Number: Engineer Firm FEIN: Engineer Firm Primary Point of Co Engineer Firm Primary POC Title:                                      | l                                     | zip-Code:                                                          |               |
| Engineer WV License Number: Engineer Firm FEIN: Engineer Firm Primary Point of Co Engineer Firm Primary POC Title: Engineer Firm Mailing Address:       | ntact (POC):                          |                                                                    |               |
| Engineer WV License Number: Engineer Firm FEIN: Engineer Firm Primary Point of Co Engineer Firm Primary POC Title: Engineer Firm Mailing Address: City: | ntact (POC):  State:                  |                                                                    |               |

### 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.

| Adjacent Property Owner Data: Upstream   | N .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Adjacent Property Owner Data: Upstream   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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#### **Adjacent Property Owners**

Allen & Vickie Cutright 259 Pichette Dr. West Union, WV 26456

Anthony & Alice Mancuso 365 Dye Dr. Bridgeport, WV 26330

Jonathan & Amanda Leggett 128 Caratelli Dr. West Union, WV 26456

Alice Myer 690

Rt 1 Box 260 — CENtral Station Rd,
West Union, WV 26456

Ralph & Judith Valentine
P.O. Box 34
West Union, WV 26456

Gregory + DONNA Oliver 699 CENTRAL STATION RE West UNION, WV 26456

#### 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 ofdriveways
- 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 will be properly attained, are current and valid, and must be presented prior to a Doddridge County Floodplain Permit being 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 of
  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. 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.
- 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: Della V. Heele Date: 4/24/18 |
|---------------------------------------------------|
| Applicant Printed Name: GILBERT WINEELY           |

Hilber W. Heely 761 Central Statur Wea West Mini 26456 

### WV Flood Map



**Cross Section** (XS) Lines

**Base Flood Elevation** (BFE) Lines

Base Flood

Elevation (BFE) Lines

**FEMA Effective** Floodplains

> Zone AE **FLOODWAY**

Zone AE (AH, AO)

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. Refer to the official Flood Insurance Study (FIS) for detailed flood elevation data in flood profiles and data tables. WV Flood Tool (https://www.MapWV.gov/flood) is supported by FEMA. WV NFIP Office, and WV GIS Technical Center.

Zone A

Zone X

Low:0

Flood Depth (Ft)

(Shaded)

High: 623.366

· Flood Info Location

Map created on 4/24/2018

User Notes:

#### Flood Hazard Area:

Location is WITHIN the FEMA 100-year floodplain.

Flood Hazard Zone: A

Stream: Arnold Creek

Watershed (HUC8): Little Musringum-Middle Island (503020

Flood Height: NA Water Depth: N/A

Elevation: About 797 ft (Source: SAMS 2003) **Location (long, lat):** (-80.810578, 39.286722) Community&ID: Doddridge County (540024)

FEMA Flood Map: 54017C0120C EFF: 10/4/2011

Parcel Number: 09-01-0007-0088-0000

Address: multiple addresses



# The Doddridge Independent **PUBLISHER'S CERTIFICATE**

I, Michael D. Zorn, Publisher of The Doddridge Independent, A newspaper of general circulation published in the town of West Union, Doddridge County, West Virginia, do hereby certify that:

Please take notice that on the 24th day of April, 2018, Gilbert Neeley filed an application for a Floodplain Permit (#18-510) to develop land located at or about 761 Central Station Rd; Coordinates 39.286722 N, -80.810578W. The Application is on file with the Doddridge County Floodplain Manager's Office and may be inspected or copied during regular business hours. Any interested persons who desire to comment shall present the same in writing by June 4, 2018

was published in The Doddridge Independent 2 times commencing on Friday, May 4, 2018 and Ending on Friday, May 11, 2018 at the request of:

### George Eidel, Flood Plain Manager Doddridge County Commission

Given under my hand this Thursday, May 10, 2018

The publisher's fee for said publication is:

\$ 24.84 1st Run/\$ 18.63 Subsequent Runs This Legal Ad Total: \$ 43.47

Michael D. Zorn
Publisher of The Boddridge Independent

Subscribed to and sworn to before me on

this date:

this date:  $\frac{\sqrt{14}}{\sqrt{14}} = \frac{\sqrt{16}}{\sqrt{16}}$ 

Notary Public in and for Doddridge County

My Commission expires on



Please take notice that on the 24th day of April, 2018, Gilbert Neeley filed an application for a Floodplain Permit (#18-510) to develop land located at or about 761 Central Station Rd; Coordinates 39.286722 N, 80.810578W. The Application is on file with the Doddridge County Floodplain Manager's Office and may be inspected or copied during regular business hours. Any interested persons who desire to comment shall present the same in writing by June 4, 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 construction of a storage shed.

C2 05/4 - 05/11