

SEDA-COUNCIL OF GOVERNMENTS  
FEMA ELEVATION CERTIFICATE PROGRAM  
DANVILLE BOROUGH

APPLICATION AND AUTHORIZATION TO ENTER

Background

SEDA-Council of Governments (SEDA-COG) has negotiated a group price for engineering/survey services to complete and issue FEMA Elevation Certificates for interested homeowners in the borough of Danville who reside within the 100-year floodplain (Zone AE). The cost is \$450.00, prepaid to SEDA-COG. There are no income restrictions applied to this program.

The National Flood Insurance Program has gone through significant changes with the 2012 Biggert-Waters Flood Insurance Reform Act and 2014 Homeowner Flood Insurance Affordability Act. These reforms mean that policy holders with subsidized Pre-FIRM or grandfathered rates may see premium rate increases until FEMA deems that the flood insurance cost is based on the true flood risk to that property.

An elevation certificate determines the true flood risk and can often reduce the cost of your flood insurance by determining the proper flood insurance premium rate for the building; allowing an insurance company to better assess the risk (your home) being insured.

Application and Authorization

I/We \_\_\_\_\_, \_\_\_\_\_, Danville, PA,  
Homeowner(s) Physical Address

hereby enclose payment in the amount of \$450.00 and request SEDA-COG to coordinate the preparation and issuance of a FEMA Elevation Certificate by Coukart & Associates, Inc. for my home/business at the above address. I understand that SEDA-COG may hold my request for up to 30 days in order to batch the field work. I further authorize SEDA-COG and/or Coukart & Associates, Inc. to enter upon my property at the above address in order to gather necessary data to prepare and issue the Certificate. Two originals of the Certificate are to be provided to me by SEDA-COG. I further acknowledge that my participation is voluntary, and SEDA-COG's role is one of facilitation, and is not liable for the accuracy of the Certificate.

_____ Phone No.	_____ Signature	_____ Date
	_____ Signature	_____ Date

Make check **payable to SEDA-COG** and mail application and payment in the amount of \$450.00 to:  
Teri Provost, SEDA-COG, 201 Furnace Road, Lewisburg, PA 17837.

Questions should be addressed to Teri Provost at address above or at 1-800-332-6701, tprovost@seda-cog.org.