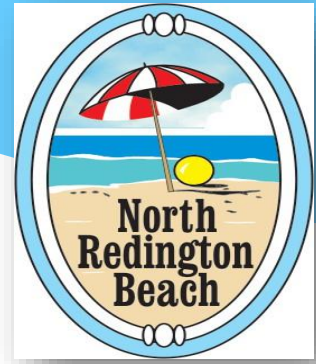


# Damage Determination Reassessment Request Form



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

Parcel ID Number (As Identified on Determination Letter Received):  
\_\_\_\_\_

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

Owner's Address (If Not the Property Address): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Date of Contractor's Estimate: \_\_\_\_\_

Contractor's Email Address (If Authorized Agent): \_\_\_\_\_

If your property was determined to be substantially damaged or not substantially damaged by the Town of North Redington Building Department, **you may request a reassessment by our office.** Your request should include any available information to assist staff in reevaluating your structure, including but not limited to, the following information, please check items being submitted:

- A copy of the previously submitted building application, including the FEMA Cost Breakdown Worksheet.
- A detailed contractor's estimate showing that **all** repairs necessary to return the structure to pre-storm condition do not exceed 50% of the market value of the pre-damaged structure. The contract shall be on company letterhead and must contain the contractor's license number.
- Photographs documenting the interior and exterior damage from Hurricane Helene and/or Hurricane Milton
- An elevation certificate indicating that your structure is FEMA compliant
- An Actual Cash Value (ACV) appraisal
- Pre-Storm Building Value Reconsideration from the Pinellas County Property Appraiser (PCPAO) document
- Any other inspection reports or other documents supporting the condition and quality of the structure, pre-storm damage
- Existing Permit Number (s) \_\_\_\_\_

\_\_\_\_\_  
*Signature*  
Property Owner

\_\_\_\_\_  
*Signature*  
Contractor (If Authorized Agent)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name (If Authorized Agent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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## **Town of North Redington Beach Building Department Office Use Only**

The building department will review all available information for consistency with the substantial damage field assessments and should it be determined that a change in the City's determination is justified, our office will rescind our prior determination and issue an updated Damage Determination Letter for your records.

Reviewed by:

\_\_\_\_\_  
*Signature*  
Floodplain Administrator

\_\_\_\_\_  
*Signature*  
Building Official

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Reassessment Determination:

Substantially Damaged / Not Substantially Damaged (circle one)

**AFFIDAVIT TO AUTHORIZE AGENT (If Applicable)**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

NAME OF OWNER(S) being duly sworn, depose(s) and say(s):

PROPERTY ADDRESS(ES): \_\_\_\_\_

Parcel I.D. Number(s): \_\_\_\_\_

1. That this property constitutes the property for which request for permits and approvals from the Town of North Redington Beach, as necessary, are being applied for.
2. That the undersigned (has/have) appointed as (his/their) agent(s) to represent the above-described property in this Substantial Damage Determination Reevaluation request and serve as the applicant/agent for any future appeals to the Planning and Zoning Board should the property owner appeal this reevaluation determination pursuant to Section 66-107.3 of the Town of North Redington Beach Land Development Regulations.
3. That this affidavit has been executed to induce appropriate state agency in Florida to consider, and act on the above-described property.
4. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

PRINTED NAME OF PROPERTY OWNER(S): \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER(S): \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, by (company/agent) \_\_\_\_\_ by (persons name) \_\_\_\_\_, it's (title) \_\_\_\_\_ who is personally known to me, or who has produced \_\_\_\_\_ as identification and who \_\_\_\_\_ did \_\_\_\_\_ did not take an oath.

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
Commission Number:  
Commission Expires: