| | | | | SHEET_ | OFSHEETS | |
|--|---|----------------------------|-------------|------------------|--|--|
| | | RGENCY MANAGEMENT AGENC | | | DATE | |
| PRELIMINARY DAMAGE ASSESSMENT SITE ESTIMATE DATE: APPLICANT INFORMATION | | | | | | |
| PART I — APPLICANT INFORMATION | | | | | | |
| COUNTY | NAME OF APPLICANT | NAME OF LO | CAL CONTACT | | PHONE NO. | |
| | | | | | | |
| PART II — SITE INFORMATION | | | | | | |
| KEY FOR DAMAGE CAT | EGORY (Use appropriate letters in th | c "category" blocks below) | | | 1 | |
| a. DEBRIS REMOVAL d. WATER CONTROL FACILITIES g. OTHER (Parks, Recreational Facilities, etc.) | | | | | | |
| b. PROTECTIVE MEASURES e. PUBLIC BUILDINGS | | | | | | |
| c. ROADS AND BRIDGES f. PUBLIC UTILITIES | | | | | | |
| SITE CATE- LOC | ATION (Use map location, address, et | c.) | | | West | |
| NO. GORY | 1.6 | 21071 | Cul | | | |
| HEIGHTS ES. 59CT (MES) | | | | | | |
| DESCRIPTION OF DAMAGE | | | | | | |
| Deal manhouse Dampage 2 Story GAST /WEST WING | | | | | | |
| DESCRIPTION OF DAMAGE ROSP MEMBERANC DAMAGED 2 SHORY EAST/WEST WING 85% NORTH SOUTH WING 5% ROSP MATERIALS ON GROWND ARRAND BLOG. (PHORO #2-3-10-11-12-13 MPACT: % COMPLETE COST ESTIMATE | | | | | | |
| 85% NORTH SOUTH WING 5% KOOF MATERIALS ON GROWND | | | | | | |
| CON 1007 10 11 00 11 11 11 11 11 11 11 11 11 11 | | | | | | |
| assignes of | SWA (PHONE | 253-10-11-12 | 13 | | | |
| IMPACT: | 0 | | | % COMPLETE | COST ESTIMATE | |
| | | | 1 | | 4 | |
| | | | | | | |
| | CATION (Use map location, address, e | tc.) | | | | |
| NO. GORY | P | | | (4) | 1 | |
| | | | | | | |
| DESCRIPTION OF DAMAGE | | | | | | |
| Day of Wall MEMBRANE CAMERIED OUER MEDIA CONTECT | | | | | | |
| PARTA PLES WINDS | | | | | | |
| PANA PET WALL MEMBRANE SAMAGEN OVER MEDIA CENTER LOW ROOF. (PHOTO # Z-7) | | | | | | |
| 000 (4 MOTO 2 1 | | | | | | |
| | | | | | COST ESTIMATE | |
| IMPACT: | | | | % COMPLETE | COSTESTIMATE | |
| | | S | | | 1 | |
| SITE CATE- LOCATION (Use map location, address, etc.) | | | | | | |
| SITE CATE- LO | CATION (Use map tocation, address, |) | | | | |
| | | | | | | |
| DESCRIPTION OF DAM | MACE | | | | | |
| DESCRIPTION OF DAWNINGE CLASSES CLASSES CALLED CONTRACT C | | | | | | |
| KITCHEN EXPLANST (STEDD) REMOVES RIOM CURE, OVER COLLAPSED. | | | | | | |
| | | | | | | |
| low Poof. KEF-1 DHOTO #2-6-5 | | | | | | |
| | Delora #2- | 6-5 | | | | |
| IMPACT: | FOID | (| | % COMPLETE | COST ESTIMATE | |
| | | | | | The second secon | |
| | | | | | | |
| SITE CATE- LC | CATION (Use map location, address, | etc.) | | | | |
| NO. GORY | , | | | | | |
| | | | | | | |
| DESCRIPTION OF DAMAGE | | | | | | |
| Galago Fred POURES MISSMON HIGH POOF (2) TWO LOCATIONS. | | | | | | |
| DAMINOT UNION DEC | | | | | | |
| DESCRIPTION OF DAMAGE EXCHAUST FAW LOUGES MISSINGS 1419/9 ROOF (2) TWO LOCATIONS. PLATO # Z SHADE CLOTH @ PLAYSPOLYUS DOMAGES, SUPPORT STANGED DAMAGES (P. 17/18) IMPACT: "COMPLETE COST ESTIMATE | | | | | | |
| | | | | | | |
| SHOOF CH | OTH @ HANGAD | IND DOMAGED | LADORT | TRICINE L | X-11/18 | |
| IMPACT: | 7/ | , | | % COMPLETE | COST ESTIMATE | |
| | 5 | | | | | |
| | | | | | r . | |
| NAME OF INSPECTOR | 2 1 | AGENCY | | OFFICE PHONE NO. | HOME PHONE NO. | |
| MALLE | 1 | | | | | |
| WW9 | -D) Who Ol | | | | | |
| FEMA Form 90-81, I | MAR 95 | | | | | |