

FEDERAL EMERGENCY MANAGEMENT AGENCY <b>PRELIMINARY DAMAGE ASSESSMENT SITE ESTIMATE</b>			DATE	
<b>PART I — APPLICANT INFORMATION</b>				
COUNTY <i>CAPE CORAL</i>	NAME OF APPLICANT		NAME OF LOCAL CONTACT <i>MARINER MID</i>	PHONE NO.
<b>PART II — SITE INFORMATION</b>				
KEY FOR DAMAGE CATEGORY <i>(Use appropriate letters in the "category" blocks below)</i>				
a. DEBRIS REMOVAL	d. WATER CONTROL FACILITIES		g. OTHER <i>(Parks, Recreational Facilities, etc.)</i>	
b. PROTECTIVE MEASURES	e. PUBLIC BUILDINGS			
c. ROADS AND BRIDGES	f. PUBLIC UTILITIES			
SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>		
DESCRIPTION OF DAMAGE <i>ROOFING REPAIRS NEEDED, ROOF STILL IN PLACE BUT DAMAGE</i>				
IMPACT:			% COMPLETE	COST ESTIMATE
SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>		
DESCRIPTION OF DAMAGE <i>SOFFIT MISSING NO OPEN ROOF FACIA MISSING</i>				
IMPACT:			% COMPLETE	COST ESTIMATE
SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>		
DESCRIPTION OF DAMAGE				
IMPACT:			% COMPLETE	COST ESTIMATE
SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>		
DESCRIPTION OF DAMAGE				
IMPACT:			% COMPLETE	COST ESTIMATE
NAME OF INSPECTOR	AGENCY		OFFICE PHONE NO.	HOME PHONE NO.