

Property Owner Survey

1. Property Address: _____

2. Predominant land use:

- Residential Industrial
 Commercial Government/Educational

If residential, what type of dwelling:

- Single-Family Duplex
 Apartment 2-Flat
 Multi-Family Other

3. Do you currently own/rent this property?

- Own Rent

If "rent," please provide property owner contact information:

Name: _____
Phone: _____
Address: _____

4. In what years did your property flood: _____

5. Do you live in the floodway or floodplain: Yes No

If yes, do you carry floodplain insurance: Yes No

6. What type of foundation structure does your home sit on? (Check all that apply)

- Basement Slab
 Crawl space Don't know

7. Where did you get water and how deep did it get?

- Basement: water height _____ in/ft
 Crawl space: water height _____ in/ft
 First floor: water height _____ in/ft
 Yard only Street only
 Water kept out of house by sandbagging, sewer valve or other protective measure

Flooding Impact Study

LaGrange – Countryside – Lyons Township

8. Do you have a sump pump: Yes No

If yes, did you flood because it failed: Yes No

9. What do you feel was the cause of your flooding:

Storm sewer backup

Standing water next to house

Sump pump failure/power failure

Saturated ground/leaks in basement walls

Other: _____

10. Have you ever been blocked from vehicular access to your property due to flood waters in roadway:

Yes No

11. Do you have flood insurance or a sewer/basement flood rider on your insurance policy:

Yes No

12. Have you installed any flood protection measures on your property:

Sump pump Waterproofed walls Moved things out of basement

Regraded property to keep water away from building

Other: _____

13. Do you have any photos of the flooding:

Yes No

If yes, please provide copies of the flood photos.

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Please include any comments you may have about the flooding and/or other concerns in your area.

A large, empty rectangular box with a thin black border, intended for the user to provide comments on flooding and other concerns in their area.