

Application for Waiver from CPRA Emergency Rule Pursuant to 33 JBE 2019



Southeast Louisiana Flood Protection Authority – East

6920 Franklin Ave., New Orleans, LA 70122

Submission of requested information is voluntary, however, if information is missing from the permit application it cannot be evaluated nor can a permit be issued. An application that is not completed in full will be returned.

(Items 1 through 3 to be filled out by levee district)

1. Permit Number:

2. Date received:

3. Completed Date:

(Items below to be filled by applicant)

4. Waiver Applicant's Information:

First: _____ M.I. ____ Last: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (including area code): _____

Email Address: _____

5. Authorized Agent's Information:

First: _____ M.I. ____ Last: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (including area code): _____

Email Address: _____

Statement of Authorization

6. I hereby authorize, _____, to act in my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this application for waiver.

Applicant Signature: _____ Date: _____

Activity name, location, and description of activity requiring Applicant to traverse in and around levee

7. Activity name or title:

8. Name of levee system (if known):

9. Parish:

10. Location of Activity: Latitude: N _____ Longitude: W _____

Levee Station (if known): _____ Offset (ft): _____ Flood side Protected side Within levee right-of-way

11. Location of Proposed Activity Requiring Waiver (if S/T/R is not known, describe location in detail in response to Item 12.)

Physical Location: _____

Proximity to Levee:

Section - _____ Township - _____ Range - _____

12. Description of Activity, including whether Applicant will cross Levee (**ALL crossings limited to existing ramps and crown of levee**)

13. Purpose of Proposed Activity Requiring Applicant to Traverse in or around Levee while Emergency Rule in Effect

14. Description of Duration of Proposed Activity, Specifying Frequency of Activity

15. Will a vehicle or heavy equipment be used? Yes No | If yes, identify type(s) and MAX weight(s):

16. Applicant type: *Residential* *Commercial/Industrial* *Government* *Non-profit*

17. Current Levee Safety Permit Holder? (if Yes, Attach _____) Yes No

Attachments

18. List all attachments (drawings, sketches, photos, insurance documents, etc.):

Signature of Applicant and/or Agent and Acknowledgement of Indemnification

19. I certify that the information in this application is complete and accurate. I further certify that I am authorized to undertake the work described herein or am acting as the duly authorized agent of the applicant. I further agree to indemnify and hold harmless the Flood Protection Authority, the levee district, the CPRA, the state, or any employee or agent thereof for any liability arising out of the issuance of or use of a waiver, including damage to any levee or flood protection structure.

Signature of Applicant: _____ Date: _____

Signature of Agent: _____ Date: _____

The Application must be signed by the person who desires to undertake the proposed activity (applicant) or it may be signed by a duly authorized agent if the statement in block 6 has been filled out and signed.