**Final CDC Action/Findings Form**

(To be completed by CDC/Floodplain Administrator and submitted to NCTCOG)

**CDC ACTION:** (check one)

🞎 Granted with favorable/neutral comments from other signatories

🞎 Granted with one or more unfavorable comments from other signatories

🞎 Granted with Variance with favorable/neutral comments from other signatories

🞎 Granted with Variance with one or more unfavorable comments from other signatories

🞎 Denied (please explain):

By my authority under the City/County, I hereby issue the City/County's findings and final action.

Signature of CDC/Floodplain Administrator City/County

Typed Name/Title/Date

(For multi-jurisdictional approval) By my authority under the City/County, I hereby issue the City/County's findings and final action.

Signature of CDC/Floodplain Administrator City/County

Typed Name/Title/Date