## DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

**OVERVIEW & CONCURRENCE FORM** 

O.M.B. NO. 1660-0016 Expires December 31, 2010

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0016). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. Please do not send your completed survey to the above address.

## A. REQUESTED RESPONSE FROM DHS-FEMA

This request is for a: (check one)									
CLOMR: A letter from DHS-FEMA commenting on whether a proposed project, if built as proposed, would justify a map revision, or									
pro	posed hydrology changes (See 44 CFR Ch. 1, Parts 60, 65	& 72).	proposed, would	Justily a map revis	ion, or				
LOMR: A letter from DHS-FEMA officially revising the current NFIP map to show the changes to floodplains, regulatory floodway, or									
floo	LOMR: A letter from DHS-FEMA officially revising the current NFIP map to show the changes to floodplains, regulatory floodway, or flood elevations. (See 44 CFR Ch. 1, Parts 60, 65 & 72).								
	B. OVERVIEW								
The NFIP map panel(s) affected for all impacted communities is (are):									
Community No.	Community Name	State	Map No.	Panel No.	Effective Date				
Example 480301 480287	City of Kathy Harris County	TX TX	8473C 48201C	0375E 0220L	02/18/2009 06/18/2007				
2. a Flooding Source:									
5 Tunos	of Flooding: Riverine Coastal Shall	llow Flooding (e	.g., Zones AO an	d AH)					
b. Types	of Flooding:	er (Attach Descr		100 St. com. com.					
3. Project Name/Identifier:									
4. FEMA Zone designations affected: (Choices A, AH, AO, A1-A30, A99, AE, AR, V, V1-V30, VE, B, C, D, X)									
5. Basis for Request and Type of Revision:									
a. The basis for this revision request is (check all that apply)									
☐ Ph	ysical Change Improved Methodology/Data	Regulatory Floodway Revision		Base Map (	Base Map Changes				
□ C <sub>0</sub>	Coastal Analysis Hydraulic Analysis		Hydrologic Analysis						
☐ We	eir-Dam Changes	es Levee Certification Alluvial Fan Analysis		Natural Cha	anges				
New Topographic Data Other (attach Description)									
Note: A photograph and narrative description of the area of concern is not required, but is very helpful during review.									
b. The area of revision encompasses the following structures (check all that apply)									
Structures: Channelization Levee/Floodwall Bridge/Culvert									
	☐ Dam ☐ Fill	Other (Attach Description)							
6. Documentation of ESA compliance is submitted (required to initiate CLOMR review). Please refer to the instructions for more information.									
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## C. REVIEW FEE

Has the review fee for the appropriate request category	Yes, Fee Amount: \$								
	No, Attach Explanation								
Please see the DHS-FEMA website at <a href="http://fema.gov/plan/prevent/fhm/frm_fees.shtm">http://fema.gov/plan/prevent/fhm/frm_fees.shtm</a> for Fee Amounts and Exemptions.									
D. SIGNATURE									
All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States code, Section 1001.									
Name		Company							
Mailing Address		Daytime Telephone No.	FAX No.						
		EMAIL ADDRESS							
Signature Of Requester (Required)		Date							
As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of of Map Revision (LOMR) or conditional LOMR request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirements for when fill is placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a conditional a LOMR, will be obtained. For Conditional LOMR requests, the applicant has documented Endangered Species Act (ESA) compliance to FEMA prior to FEMA's review of the Conditional LOMR application. For LOMR request, I acknowledge that compliance with Sections 9 and 10 of the ESA has been achieved independently of FEMA's process. For actions authorized, funded, or being carried out by Federal or State agencies, documentation from the agency showing its compliance with Section 7(a)(2) of the ESA will be submitted. In addition, we have determined that the land and any existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44CFR 65.2(c), and that we have available upon request by FEMA, all analyses and documentation used to make this determination									
Community Official's Name and Title			Date						
Mailing Address	Daytime Telephone No.	FAX No.							
	EMAIL ADDRESS								
Community Official's signature (required)			Date						
CERTIFICATION BY REGISTRATION PROFESSIONAL ENGINEER AND/OR LAND SURVEYOR  This certification is to be signed and sealed by a licensed land surveyor, registered professional engineer, or architect authorized by law to certify elevation information data, hydrologic and hydraulic analysis, and any other supporting information as per NFIP regulations paragraph 65.2(b) and as described in the MT-2 Forms Instructions. All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.									
Certifier's Name	License No.		Expiration Date						
Company Name	Telephone No.		Fax No.						
Signature	Date	E-Mail Ad	l Address						
Ensure the forms that are appropriate to your revision request are included in your submittal.									
Form name and (Number)									
Riverine Hydrology & Hydraulics Form (Form 2)	ges or water-surface eleva	tions							
Riverine Structures Form (Form 3)	Channel is modified, addition/revision of bridge/culverts, addition/revision of levee/floodwall, addition/revision of dam								
Coastal Analysis Form (Form 4)	New or revised coastal elevations								
Coastal Structures Form (Form 5)	astal structure	Seal (optional)							
Alluvial Fan Flooding Form (Form 6) Flood control measures on alluvial fans									