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| U.S. DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCYOVERVIEW & CONCURRENCE FORM | ***O.M.B No. 1660-0016***  ***Expires: 12/31/2013*** |

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| PAPERWORK BURDEN DISCLOSURE NOTICE Public reporting burden for this form is estimated to average 1 hour 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 a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, U.S. 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**

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| 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 proposed hydrology changes (See 44 CFR Ch. 1, Parts 60, 65 & 72).  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**

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| 1. 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 Katy  Harris County | TX  TX | 48473C  48201C | 0375E  0220L | 02/18/2009  06/18/2007 |
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| 2. a. Flooding Source:  b. Types of Flooding:  Riverine  Coastal  Shallow Flooding (e.g., Zones AO and AH)  Alluvial fan  Lakes  Other (Attach Description)  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)    Physical Change  Improved Methodology/Data  Regulatory Floodway Revision  Base Map Changes  Coastal Analysis  Hydraulic Analysis  Hydrologic Analysis  Corrections  Weir-Dam Changes  Levee Certification  Alluvial Fan Analysis  Natural Changes  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. | | | | | |

**C. REVIEW FEE**

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| Has the review fee for the appropriate request category been included?  Yes Fee amount: $       No, Attach Explanation  **Please see the DHS-FEMA Web site at** http://www.fema.gov/plan/prevent/fhm/frm\_fees.shtm **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.: |
| E-Mail 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 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 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 requests, 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: | | | Community Name: | | | |
| Mailing Address: | Daytime Telephone No.: | | | | | Fax No.: |
| E-Mail Address: | | | | | |
| Community Official’s Signature (required): | | Date: | | | | |
| CERTIFICATION BY REGISTERED 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 Address: | | |
| Ensure the forms that are appropriate to your revision request are included in your submittal. Seal (Optional)  **Form Name and (Number)** **Required if …**  Riverine Hydrology and Hydraulics Form (Form 2) New or revised discharges or water-surface elevations  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) Addition/revision of coastal structure  Alluvial Fan Flooding Form (Form 6) Flood control measures on alluvial fans | | | | | | |