U.S. DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCY COMMUNITY ACKNOWLEDGMENT FORM

O.M.B. NO. 1660-0015 Expires December 31, 2010

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.38 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 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 (1660-0015). 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.

This form must be completed for requests involving the existing or proposed placement of fill (complete Section A) OR to provide acknowledgment of this request to remove a property from the SFHA which was previously located within the regulatory floodway (complete Section B).

This form must be completed and signed by the official responsible for floodplain management in the community. The six digit NFIP community number

and the subject property address must appear in the spaces provided below. Incomplete submissions will result in processing delays. Please refer to the MT-1 instructions for additional information about this form.					
Community Number		Property Name or Address:			
A. REQUESTS INVOLVING THE PLACEMENT OF FILL					
s the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map evision Based on Fill (LOMR-F) or Conditional LOMR-F request. Based upon the community's review, we find the completed or proposed project neets or is designed to meet all of the community floodplain management requirements, including the requirement that no fill be placed in the agulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a Conditional LOMR-F, will be obtained. Or Conditional LOMR-F requests, the applicant has or will document Endangered Species Act (ESA) compliance to FEMA prior to issuance of the onditional LOMR-F requests, I acknowledge that compliance with Sections 9 and 10 of the ESA has been achieved independently of FEMA's process. Section 9 of the ESA prohibits anyone from "taking" or harming an endangered species. If an action might harm in endangered species, a permit is required from U.S. Fish and Wildlife Service or National Marine Fisheries Service under Section 10 of the ESA. Or actions authorized, funded, or being carried out by Federal or State agencies, documentation from the agency showing its compliance with ection 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 DHS-FEMA, all nalyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to DHS-EMA for a possible map revision.					
Community Official's Name and	l Title: (Please Print or Type)		1. Telephone No.:		
2. Community Name:	3.	Community Official's Signature: (required)	Date:		
4. B. <u>PROPERTY LOCAT</u>	ED WITHIN THE REGULATORY FL	.OODWAY			
LOMA. We understand that thi regulatory floodway. We ackno	is request is being forwarded to E pwledge that no fill on this prope	nt, I hereby acknowledge that we have received DHS-FEMA to determine if this property has bee orty has been or will be placed within the design meet all of the community floodplain managen	en inadvertently included in the lated regulatory floodway. We find		
Community Official's Name and Title: (Please Print or Type)			Telephone No.:		

Community Name:	5.	Community Official's Signature (required):	Date:

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