

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, 1800 South Bell Street, Arlington, VA 20958-3005 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.**

PRIVACY ACT STATEMENT

AUTHORITY: The National Flood Insurance Act of 1968, Public Law 90-448, as amended by the Flood Disaster Protection Act of 1973, Public Law 93-234.

PRINCIPAL PURPOSE(S): This information is being collected for the purpose of determining an applicant's eligibility to request changes to National Flood Insurance Program (NFIP) Flood Insurance Rate Maps (FIRM).

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA/NFIP/LOMA-1 National Flood Insurance Program (NFIP); Letter of Map Amendment (LOMA) February 15, 2006, 71 FR 7990.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent FEMA from processing a determination regarding a requested change to a (NFIP) Flood Insurance Rate Maps (FIRM).

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 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

1. The NFIP map panel(s) affected for all impacted communities is (are):

Community No.	Community Name	State	Map No.	Panel No.	Effective Date
Ex: 480301 480287	City of Katy Harris County	TX TX	48473C 48201C	0005D 0220G	02/08/83 09/28/90

2. a Flooding Source:

- Riverine Coastal Shallow Flooding (e.g., Zones AO and AH)

b. Types of Flooding:

- 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)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Physical Change | <input type="checkbox"/> Improved Mehtodology/Data | <input type="checkbox"/> Regulatory Floodway Revision | <input type="checkbox"/> Base Map Changes |
| <input type="checkbox"/> Coastal Analysis | <input type="checkbox"/> Hydraulic Analysis | <input type="checkbox"/> Hydrologic Analysis | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> Weir-Dam Changes | <input type="checkbox"/> Levee Certification | <input type="checkbox"/> Alluvial Fan Analysis | <input type="checkbox"/> Natural Changes |
| <input type="checkbox"/> New Topographic Data | <input type="checkbox"/> 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:
- | | | |
|---|--|---|
| <input type="checkbox"/> Channelization | <input type="checkbox"/> Levee/Floodwall | <input type="checkbox"/> Bridge/Culvert |
| <input type="checkbox"/> Dam | <input type="checkbox"/> Fill | <input type="checkbox"/> Other (Attach Description) |

C. REVIEW FEE

Has the review fee for the appropriate request category been included? Yes, Fee Amount: \$ _____
 No, Attach Explanation

Please see the DHS-FEMA website at http://fema.gov/plan/prevent/fhm/frm_fees.shtml 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 requirement that no fill be 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. 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 44 CFR 65.2(c), and that we have available upon request by DHS-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

Ensure the forms that are appropriate to your revision request are included in your submittal.

Form name and (Number)

Required if....

- | | |
|--|---|
| <input type="checkbox"/> Riverine Hydrology & Hydraulics Form (Form 2) | New or revised discharges or water-surface elevations |
| <input type="checkbox"/> Riverine Structures Form (Form 3) | Channel is modified, addition/revision of bridge/culverts, addition/revision of levee/floodwall, addition/revision of dam |
| <input type="checkbox"/> Coastal Analysis Form (Form 4) | New or revised coastal elevations |
| <input type="checkbox"/> Coastal Structures Form (Form 5) | Addition/revision of coastal structure |
| <input type="checkbox"/> Alluvial Fan Flooding Form (Form 6) | Flood control measures on alluvial fans |

