

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
OVERVIEW & CONCURRENCE FORM

OMB Control Number: 1660-0016
Expiration: 4/30/2017

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.**

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). All CLOMRs require documentation of compliance with the Endangered Species Act. Refer to the Instructions for details.
- 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).

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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

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 (choices: A, AH, AO, A1-A30, A99, AE, AR, V, V1-V30, VE, B, C, D, X)

a. Effective:

b. Revised:

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 Methodology/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) |

6. Documentation of ESA compliance is submitted (required to initiate CLOMR review). Please refer to the instructions for more information.

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 Web site at <http://www.fema.gov/forms-documents-and-software/flood-map-related-fees> for Fee Amounts and Exemptions.

D. SIGNATURES

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1. REQUESTOR'S 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:	Fax No.:
	E-mail Address:	
	Date:	

Signature of Requestor (required):

2. COMMUNITY CONCURRENCE

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:		
Mailing Address:	Community Name:	
	Daytime Telephone:	Fax No.:
	E-mail Address:	
Community Official's Signature (required):		Date:

3. 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.

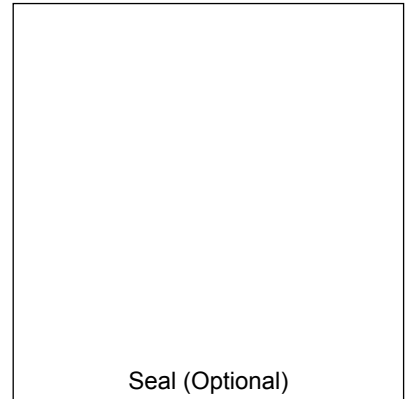
Certifier's Name:		License No.:	Expiration Date:
Company Name:		Mailing Address:	
Telephone No.:	Fax No.:		
E-mail Address:			
Signature:			Date:

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

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



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