DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

OVERVIEW & CONCURRENCE FORM

OMB Control Number: 1660-0016 Expiration: 1/31/2024

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.								
X 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	
350002	City of Albuquerque			NM	35001C0334G	0334	08/26/2008	
2. a. Flooding Source: 1% Annual Chance Flood								
b. Types of Flooding: Riverine Coastal X 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: AH								
b. Revised:								

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 Fl	oodway Revision	Base Map Changes						
Coastal Analysis X Hydraulic Analysis	X Hydrologic A	nalysis	Corrections						
Weir-Dam Changes Levee Certification	Alluvial Fan A	ınalysis	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									
	X 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									
C. REVI									
Has the review fee for the appropriate request category been included?									
No, Attach Explanation									
Please see the DHS-FEMA Web site at http://www.fema.gc	ov/forms-docun	nents-and-soft	ware/flood-						
map-related-fees for Fee Amounts and Exemption									
D. SIGNA	ATURES								
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: To Be Updated after City of Albuquerque's review	Be Updated after City of Albuquerque's review Company:								
Mailing Address:	Daytime Telephone:		Fax No.:						
To Be Updated after City of Albuquerque's review	E-mail Address:								
	Date:								
Signature of Requestor (required):									
2. COMMUNITY CONCURRENCE									
As the community official responsible for floodplain management, I hereby a (LOMR) or conditional LOMR request. Based upon the community's review, we community floodplain management requirements, including the requirements for State, and local permits have been, or in the case of a conditional LOMR, will Endangered Species Act (ESA) compliance to FEMA prior to FEMA's review compliance with Sections 9 and 10 of the ESA has been achieved independent Federal or State agencies, documentation from the agency showing its compliance that the land and any existing or proposed structures to be removed 44CFR 65.2(c), and that we have available upon request by FEMA, all analyses	e find the completed or por when fill is placed in to be obtained. For Conditional LOM of FEMA's process. iance with Section 7(a)(wed from the SFHA are	proposed project meets the regulatory floodway ditional LOMR requests R application. For LOM For actions authorized 2) of the ESA will be or will be reasonably	s or is designed to meet all of the r, and that all necessary Federal, s, the applicant has documented MR requests, I acknowledge that I, funded, or being carried out by submitted. In addition, we have safe from flooding as defined in						
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.:	ration Date:								
Company Name:		Mailing Address:								
Telephone No.:										
E-mail Address:										
Signature:				Date:						
Ensure the forms that are appropriate to your revision	n request ar	e included in your submittal.								
Form Name and (Number)	Required i	<u>if</u>								
		New or revised discharges or water- surface elevations								
Riverine Structures Form (Form 3)	bridge/culv	modified, addition/revision of erts, addition/revision of wall, addition/revision of dam								
Coastal Analysis Form (Form 4)	New or rev	ised coastal elevations								
Coastal Structures Form (Form 5)	Addition/re	vision of coastal structure								
Alluvial Fan Flooding Form (Form 6)		rol measures on alluvial fans		Seal (Optional)						