b. The area of revision encompasses the following structures (check all that apply)								
Structure	ures: Channelization Lev		] Levee/Floo	ee/Floodwall Bridge/Culvert		t		
<ul> <li>□ Dam □ Fill □ Other (Attach Description)*</li> <li>*local stormwater collection and conveyance system installed under existing Cypress Dr to alleviate flooding. No change in volume conveyed to discharge point.</li> <li>6. □ Documentation of ESA compliance is submitted (required to initiate CLOMR review). Please refer to the instructions for more information.**</li> <li>**Project area is 100% paved street. A critical habitat map is attached to the project narrative.</li> </ul>								
C. REVIEW FEE								
Has the review fee for the appropriate request category been included?					<ul><li>✓ Yes Fee amount: \$8,250.00</li><li>☐ No, Attach Explanation</li></ul>			
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: Richard Waters, CFM			Com	Company: Weston Solutions, Inc.				
Mailing Address: 3840 Commons Av Albuquerque, NM 8				Daytime Telephone No.: 505-837-6522			Fax No.:505-837-6595	
			E-Ma	-Mail Address: Richard.Waters@westonsolutions.com			lutions.com	
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: James D. Hughes, PE, CFM; Floodplain				inistrator	Community Name: City of Albuquerque, NM			
Mailing Address:	City of Albuquerque Planning Department 600 2 <sup>nd</sup> Street N.W.		Dayt	ime Telephon	one No.: 505-924-3986 Fax No.:			
	Albuquerque, NM 8		E-Ma	E-Mail Address: JHughes@cabq.gov				
Community Official's Signature (required):				Date: 6-2-2017				
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: D	Certifier's Name: David Cooper, P.E.			License No.: NM 21683 Expira			tion Date: 12/31/2017	
Company Name: Weston Solutions, Inc.			Teler	Telephone No.: 505-837-6524 Fax No.: 505-837-6595				
Signature:			Date:		E-Mail Address: sonny.cooper@westonsolutions.com			