

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name RICKEY THOMAS				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 250 GREENSHOALS ROAD				Company NAIC Number:	
City HARTS		State West Virginia		ZIP Code 25524	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A PARCEL OF LAND AS DESCRIBED IN DEED BOOK 238, PAGES 715, 716, and 717.					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. 38.028502 Long. -82.071828 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number 8					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) 1,314 sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0					
c) Total net area of flood openings in A8.b 0 sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage 0 sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0					
c) Total net area of flood openings in A9.b 0 sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Lincoln County, West Virginia & Incorporated areas - 540088			B2. County Name LINCOLN		B3. State West Virginia
B4. Map/Panel Number 54043C0339	B5. Suffix D	B6. FIRM Index Date 10/16/2013	B7. FIRM Panel Effective/ Revised Date 10/16/2013	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 698.5
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: U. S. Army Corps of Engineers (Huntington District)					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 250 GREENSHOALS ROAD			Policy Number:
City HARTS	State West Virginia	ZIP Code 25524	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

- C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: GPS Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

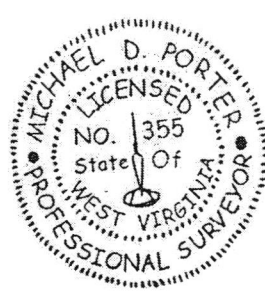
Check the measurement used.

- | | | |
|---|--------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>705.5</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>709.8</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>706.6</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>705.5</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>707.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>705.4</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name MICHAEL D. PORTER	License Number 355	
Title PARTNER		
Company Name PORTER & ASSOCIATES		
Address RT. 2, BOX 820 MADISON CREEK ROAD		
City SALT ROCK	State West Virginia ZIP Code 25559	
Signature <i>Michael D. Porter</i>	Date 02/04/2017	Telephone (304) 736-8675

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

LOCATED AT THIS SITE IS A FRAME HOUSE OVER A CRAWL SPACE. THE HOUSE PLOTS IN A ZONE A, BASED ON THE FEMA FLOOD MAP. HOWEVER, ACCORDING TO THE FURNISHED BFE, THE LAG IS WELL ABOVE BFE. ALL VENTS ARE TOO HIGH TO COUNT AS FLOOD VENTS. LOWEST MACHINERY SERVICING THE HOUSE IS A HEAT PUMP AT THE REAR OF THE HOUSE.

ELEVATION CERTIFICATE**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.**FOR INSURANCE COMPANY USE**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
250 GREENSHOALS ROAD

Policy Number:

City
HARTSState
West VirginiaZIP Code
25524

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

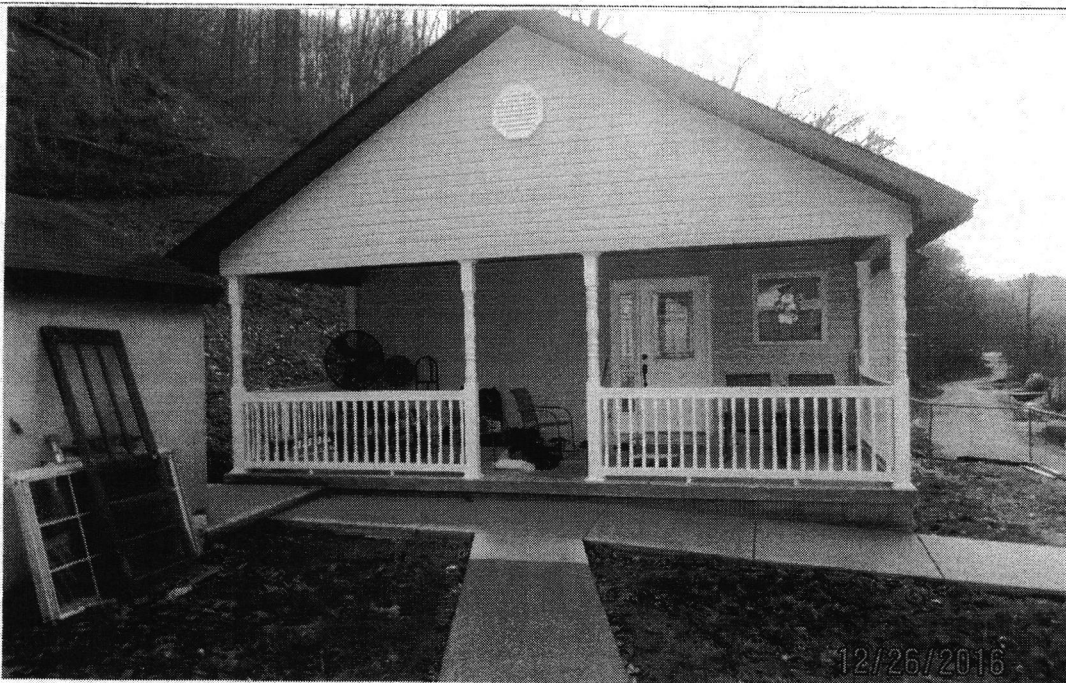


Photo One Caption FRONT VIEW OF HOUSE

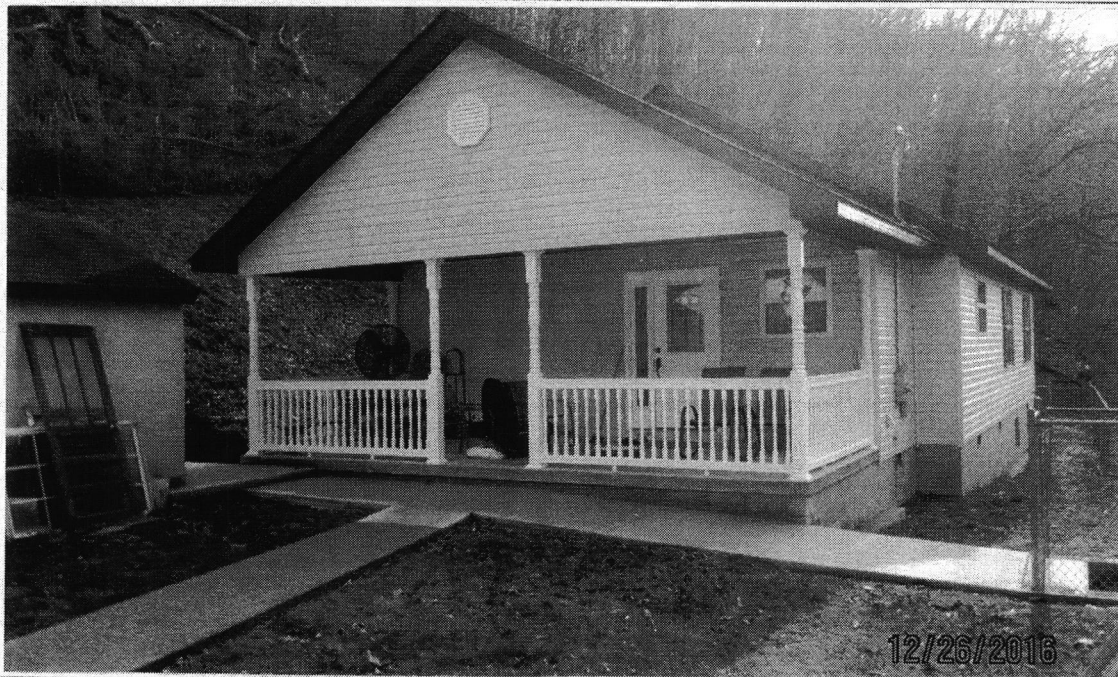


Photo Two Caption FRONT AND RIGHT SIDE VIEW OF HOUSE.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 250 GREENSHOALS ROAD			Policy Number:
City HARTS	State West Virginia	ZIP Code 25524	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken, "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One Caption PART OF THE FRONT OF HOUSE AND LEFT SIDE OF HOUSE.



Photo Two Caption REAR VIEW OF THE HOUSE. NOTE STEPS AND SMALL DECK. HEAT PUMP IS TO THE RIGHT SIDE OF DECK

EL 0340

1660000 FT

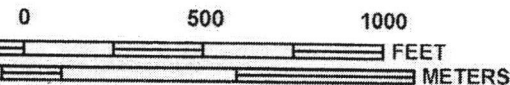
*Green Shoals
Branch*

ZONE A

Approximate location of House
at 250 Greenshools Road
Harts, WV 25524



MAP SCALE 1" = 500'



NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0339D

FIRM

FLOOD INSURANCE RATE MAP
LINCOLN COUNTY,
WEST VIRGINIA
AND INCORPORATED AREAS

PANEL 339 OF 430

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
LINCOLN COUNTY	540088	0130	2

Notice to User: The **Map Number** shown below
should be used when placing map orders; the
Community Number shown above should be
used on insurance applications for the subject
community.



MAP NUMBER
54043C0339D

EFFECTIVE DATE
OCTOBER 16, 2013

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCY
PROPERTY INFORMATION FORM

O.M.B. NO. 1660-0015
Expires February 28, 2014

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1.63 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. This collection is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. 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 20598-3005, Paperwork Reduction Project (1660-0015). **NOTE: Do not send your completed form to this address.**

This form may be completed by the property owner, property owner's agent, licensed land surveyor, or registered professional engineer to support a request for a Letter of Map Amendment (LOMA), Conditional Letter of Map Amendment (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional Letter of Map Revision Based on Fill (CLOMR-F) for existing or proposed, single or multiple lots/structures. In order to process your request, all information on this form must be completed **in its entirety**, unless stated as optional. **Incomplete submissions will result in processing delays.** Please check the item below that describes your request:

<input checked="" type="checkbox"/> LOMA	A letter from DHS-FEMA stating that an existing structure or parcel of land that has not been elevated by fill (natural grade) would not be inundated by the base flood.
<input type="checkbox"/> CLOMA	A letter from DHS-FEMA stating that a proposed structure that is not to be elevated by fill (natural grade) would not be inundated by the base flood if built as proposed.
<input type="checkbox"/> LOMR-F	A letter from DHS-FEMA stating that an existing structure or parcel of land that has been elevated by fill would not be inundated by the base flood.
<input type="checkbox"/> CLOMR-F	A letter from DHS-FEMA stating that a parcel of land or proposed structure that will be elevated by fill would not be inundated by the base flood if fill is placed on the parcel as proposed or the structure is built as proposed.

Fill is defined as material from any source (including the subject property) placed that raises the ground to or above the Base Flood Elevation (BFE). The common construction practice of removing unsuitable existing material (topsoil) and backfilling with select structural material is not considered the placement of fill if the practice does not alter the existing (natural grade) elevation, which is at or above the BFE. **Fill that is placed before the date of the first National Flood Insurance Program (NFIP) map showing the area in a Special Flood Hazard Area (SFHA) is considered natural grade.**

Has fill been placed on your property to raise ground that was previously below the BFE?

☐ Yes ☒ No

If yes, when was fill placed?

mm/dd/yyyy

Will fill be placed on your property to raise ground that is below the BFE?

☐ Yes* ☒ No

If yes, when will fill be placed?

mm/dd/yyyy

* If yes, Endangered Species Act (ESA) compliance must be documented to FEMA prior to issuance of the CLOMR-F determination (please refer page 4 to the MT-1 instructions).

1. Street Address of the Property (if request is for multiple structures or units, please attach additional sheet referencing each address and enter street names below):

250 Greenshools Rd, Harts, WV 25524

2. Legal description of Property (Lot, Block, Subdivision or abbreviated description from the Deed):

Lincoln County Tax District: Harts (04), Map 26, Parcel 13

3. Are you requesting that a flood zone determination be completed for (check one):

- ☒ Structures on the property? What are the dates of construction? 08/2016 (MM/YYYY)
☐ A portion of land within the bounds of the property? (A certified metes and bounds description and map of the area to be removed, certified by a licensed land surveyor or registered professional engineer, are **required**. For the preferred format of metes and bounds descriptions, please refer to the MT-1 Form 1 Instructions.)
☐ The entire legally recorded property?

4. Is this request for a (check one):

- ☒ Single structure
☐ Single lot
☐ Multiple structures (How many structures are involved in your request? List the number: _____)
☐ Multiple lots (How many lots are involved in your request? List the number: _____)

In addition to this form (MT-1 Form 1), please complete the checklist below. **ALL** requests must include one copy of the following:

- ☒ Copy of the effective FIRM panel on which the structure and/or property location has been accurately plotted (property inadvertently located in the NFIP regulatory floodway will require Section B of MT-1 Form 3)
- ☐ Copy of the Subdivision Plat Map for the property **(with recordation data and stamp of the Recorder's Office)**
- OR**
- ☒ Copy of the Property Deed **(with recordation data and stamp of the Recorder's Office)**, **accompanied by** a tax assessor's map or other certified map showing the surveyed location of the property relative to local streets and watercourses. The map should include at least one street intersection that is shown on the FIRM panel.
- ☒ Form 2 – Elevation Form. If the request is to remove the structure, and an Elevation Certificate has already been completed for this property, it may be submitted in lieu of Form 2. If the request is to remove the entire legally recorded property, or a portion thereof, the lowest lot elevation must be provided on Form 2.
- ☒ Please include a map scale and North arrow on all maps submitted.

For LOMR-Fs and CLOMR-Fs, the following must be submitted in addition to the items listed above:

- ☐ Form 3 – Community Acknowledgment Form

For CLOMR-Fs, the following must be submitted in addition to the items listed above:

- ☐ Documented ESA compliance, which may include a copy of an Incidental Take Permit, an Incidental Take Statement, a "not likely to adversely affect" determination from the National Marine Fisheries Service (NMFS) or the U.S. Fish and Wildlife Service (USFWS), or an official letter from NMFS or USFWS concurring that the project has "No Effect" on proposed or listed species or designated critical habitat. Please refer to the MT-1 instructions for additional information.

Please do not submit original documents. Please retain a copy of all submitted documents for your records.

DHS-FEMA encourages the submission of all required data in a digital format (e.g. scanned documents and images on Compact Disc [CD]). Digital submissions help to further DHS-FEMA's Digital Vision and also may facilitate the processing of your request.

Incomplete submissions will result in processing delays. For additional information regarding this form, including where to obtain the supporting documents listed above, please refer to the MT-1 Form Instructions located at http://www.fema.gov/plan/prevent/fhm/dl_mt-1.shtm.

Processing Fee (see instructions for appropriate mailing address; or visit http://www.fema.gov/fhm/frm_fees.shtm for the most current fee schedule)

Revised fee schedules are published periodically, but no more than once annually, as noted in the **Federal Register**. Please note: single/multiple lot(s)/structure(s) LOMAs are fee exempt. The current review and processing fees are listed below:

Check the fee that applies to your request:

- ☐ \$325 (single lot/structure LOMR-F following a CLOMR-F)
- ☐ \$425 (single lot/structure LOMR-F)
- ☐ \$500 (single lot/structure CLOMA or CLOMR-F)
- ☐ \$700 (multiple lot/structure LOMR-F following a CLOMR-F, or multiple lot/structure CLOMA)
- ☐ \$800 (multiple lot/structure LOMR-F or CLOMR-F)

Please submit the Payment Information Form for remittance of applicable fees. Please make your check or money order payable to:

National Flood Insurance Program.

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.

Applicant's Name (required): **Rickey Thomas**

Company (if applicable):

Mailing Address (required):

250 Greenshools Rd, Harts, WV 25524

Daytime Telephone No. (required): **(304) 855-8296**

E-Mail Address (optional): ☒ By checking here you may receive correspondence electronically at the email address provided):

rickhelton@lincolncountywv.org

Fax No. (optional):

Date (required) **07/27/2017**

Signature of Applicant (required)

DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCY
ELEVATION FORM

O.M.B. NO. 1660-0015
Expires February 28, 2014

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1.25 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. This collection is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. 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 20598-3005, Paperwork Reduction Project (1660-0015). **NOTE: Do not send your completed form to this address.**

This form must be completed for requests and must be completed and signed by a registered professional engineer or licensed land surveyor. **A DHS - FEMA National Flood Insurance Program (NFIP) Elevation Certificate may be submitted in lieu of this form for single structure requests.**

For requests to remove a structure on natural grade OR on engineered fill from the Special Flood Hazard Area (SFHA), submit the lowest adjacent grade (the lowest ground touching the structure), **including an attached deck or garage**. For requests to remove an entire parcel of land from the SFHA, provide the lowest lot elevation; or, if the request involves an area described by metes and bounds, provide the lowest elevation within the metes and bounds description. All measurements are to be rounded to nearest tenth of a foot. In order to process your request, all information on this form must be completed **in its entirety**. **Incomplete submissions will result in processing delays.**

1. NFIP Community Number: 540088 Property Name or Address:
2. Are the elevations listed below based on ☒ **existing** or ☐ **proposed** conditions? (Check one)
3. For the existing or proposed structures listed below, what are the types of construction? (check all that apply)
☒ crawl space ☐ slab on grade ☐ basement/enclosure ☐ other (explain)
4. Has DHS - FEMA identified this area as subject to land subsidence or uplift? (see instructions) ☐ Yes ☒ No
If yes, what is the date of the current re-leveling? / (month/year)
5. What is the elevation datum? ☐ NGVD 29 ☒ NAVD 88 ☐ Other (explain)
If any of the elevations listed below were computed using a datum different than the datum used for the effective Flood Insurance Rate Map (FIRM) (e.g., NGVD 29 or NAVD 88), what was the conversion factor?
Local Elevation +/- ft. = FIRM Datum
6. Please provide the Latitude and Longitude of the most upstream edge of the **structure** (in decimal degrees to the nearest fifth decimal place):
Indicate Datum: ☐ WGS84 ☐ NAD83 ☐ NAD27 Lat. . Long. .
Please provide the Latitude and Longitude of the most upstream edge of the **property** (in decimal degrees to the nearest fifth decimal place):
Indicate Datum: ☐ WGS84 ☐ NAD83 ☐ NAD27 Lat. . Long. .

Address	Lot Number	Block Number	Lowest Lot Elevation*	Lowest Adjacent Grade To Structure	Base Flood Elevation	BFE Source

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. 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.:	<div style="border: 2px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center; vertical-align: middle;"> Seal (optional) </div>
Email:	Fax No.:	
Signature:	Date:	

* For requests involving a portion of property, include the lowest ground elevation within the metes and bounds description.
Please note: If the Lowest Adjacent Grade to Structure is the only elevation provided, a determination will be issued for the structure only.

[illegible]

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

O.M.B. NO. 1660-0015
Expires February 28, 2014

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection 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 and submitting the form. This collection is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. 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 20598-3005, Paperwork Reduction Project (1660-0015). NOTE: Do not send your completed form to this 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: 540088 Property Name or Address: 250 Greenshoals Rd, Harts, WV 25524

A. REQUESTS INVOLVING THE PLACEMENT OF FILL

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision Based on Fill (LOMR-F) or Conditional LOMR-F 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 LOMR-F, will be obtained. For Conditional LOMR-F requests, the applicant has or will document Endangered Species Act (ESA) compliance to FEMA prior to issuance of the Conditional LOMR-F determination. For 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 an endangered species, a permit is required from U.S. Fish and Wildlife Service or National Marine Fisheries Service under Section 10 of the ESA. 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 DHS-FEMA, all analyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to DHS-FEMA for a possible map revision.

Community Comments:

Community Official's Name and Title: *(Please Print or Type)*

Telephone No.:

Community Name:

Community Official's Signature: (required)

Date:

B. PROPERTY LOCATED WITHIN THE REGULATORY FLOODWAY

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this request for a LOMA. We understand that this request is being forwarded to DHS-FEMA to determine if this property has been inadvertently included in the regulatory floodway. We acknowledge that no fill on this property has been or will be placed within the designated regulatory floodway. We find that the completed or proposed project meets or is designed to meet all of the community floodplain management requirements.

Community Comments:

Community Official's Name and Title: *(Please Print or Type)*

Telephone No.:

Community Name:

Community Official's Signature (required):

Date:

**FEDERAL EMERGENCY MANAGEMENT AGENCY
PAYMENT INFORMATION FORM**

Community Name: _____

Project Identifier: _____

THIS FORM MUST BE MAILED, ALONG WITH THE APPROPRIATE FEE, TO THE ADDRESS BELOW OR FAXED TO THE FAX NUMBER BELOW.

Please make check or money order payable to the National Flood Insurance Program.

Type of Request:

☐ MT-1 application }
☐ MT-2 application }

LOMC Clearinghouse
847 South Pickett Street
Alexandria, VA 22304-4605
Attn.: LOMC Manager

☐ EDR application }

FEMA Project Library
847 South Pickett Street
Alexandria, VA 22304-4605
FAX (703) 212-4090

Request No. (if known): _____ Check No.: _____ Amount: _____

☐ INITIAL FEE* ☐ FINAL FEE ☐ FEE BALANCE** ☐ MASTER CARD ☐ VISA ☐ CHECK ☐ MONEY ORDER

*Note: Check only for EDR and/or Alluvial Fan requests (as appropriate).

**Note: Check only if submitting a corrected fee for an ongoing request.

COMPLETE THIS SECTION ONLY IF PAYING BY CREDIT CARD

CARD NUMBER

EXP. DATE

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 —

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

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Month Year

Date

Signature

NAME (AS IT APPEARS ON CARD): _____
(please print or type)

ADDRESS: _____
(for your
credit card
receipt-please
print or type)

DAYTIME PHONE: _____