

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.
- 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
535534	Snohomish County	WA	53061C	0716G; 0717G;	June 19, 2020
530164	City of Everett	WA	53061C	0720G; 1035G	June 19, 2020
530168	City of Marysville	WA	53061C	0716G; 0717G;	June 19, 2020

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 checked="" type="checkbox"/> Physical Change      | <input checked="" type="checkbox"/> Improved Methodology/Data | <input type="checkbox"/> Regulatory Floodway Revision | <input checked="" type="checkbox"/> Base Map Changes |
| <input type="checkbox"/> Coastal Analysis                | <input checked="" type="checkbox"/> Hydraulic Analysis        | <input type="checkbox"/> Hydrologic Analysis          | <input type="checkbox"/> Corrections                 |
| <input checked="" type="checkbox"/> Weir-Dam Changes     | <input type="checkbox"/> Levee Certification                  | <input type="checkbox"/> Alluvial Fan Analysis        | <input type="checkbox"/> Natural Changes             |
| <input checked="" 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 checked="" 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**

**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: Aaron Kopp, PE	Company: Snohomish Co Dept of Conservation & Natural Resources	
Mailing Address: 3000 Rockefeller Avenue, M/S 303 Everett, WA 98201	Daytime Telephone: 425-388-3648	Fax No.: 425-388-6455
	E-mail Address: aaron.kopp@snoco.org	
	Date:	

Signature of Requestor (required): **Kopp, Aaron** Digitally signed by Kopp, Aaron  
Date: 2023.01.31 12:05:44 -08'00'

**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: **David Somers, County Executive**

Mailing Address: 3000 Rockefeller Avenue, M/S 303 Everett, WA 98201	Community Name: Snohomish County	
	Daytime Telephone: 425-388-3050	Fax No.:
	E-mail Address: david.somers@snoco.org	

Community Official's Signature (required): **Lacey Harper** Digitally signed by Lacey Harper  
Date: 2023.03.09 09:33:04 -08'00'

Date:

Snohomish County Executive Director

**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: Charles Gary Wolff		License No.: 44866	Expiration Date: 8/16/2023
Company Name: Otak, Inc.		Mailing Address: 808 SW Third Avenue Suite 800 Portland, Oregon 97204	
Telephone No.: 503-415-2320	Fax No.:		
E-mail Address: gary.wolff@otak.com			

Signature: Charles Gary Wolff	<small>Digitally signed by Charles Gary Wolff DN: cn=Charles Gary Wolff, o=Otak, Inc., ou=Water and Natural Resources, cn=Charles Gary Wolff Reason: I attest to the accuracy and integrity of this document Date: 2023.01.25 15:59:43-0800</small>	Date: 01/25/2023
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**Ensure the forms that are appropriate to your revision request are included in your submittal.**

**Form Name and (Number)**

**Required if ...**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Riverine Hydrology and Hydraulics Form (Form 2) | New or revised discharges or water-surface elevations   |
| <input checked="" 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   |

