

**FEDERAL EMERGENCY MANAGEMENT AGENCY
COMMUNITY ACKNOWLEDGMENT FORM**

*O.M.B. NO. 3067-0147
Expires September 30, 2005*

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 0.88 hour 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 a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (3067-0147). 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.**

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 community number and the subject property address must appear in the spaces provided below.

Community Number: 360419 Property Name or Address: Fairwood Drive

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. 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 44 CFR 65.2(c), and that we have available upon request by FEMA, all analyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to FEMA for a possible map revision.

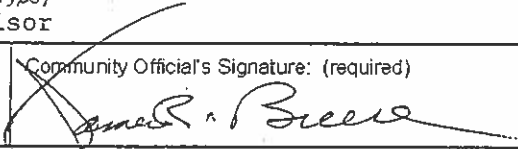
Community Comments:

Community Official's Name and Title: *(Please Print or Type)*
James R. Breese Supervisor

Telephone No.:
(585) 359-7070

Community Name:
Town of Henrietta

Community Official's Signature: *(required)*



Date:
6/20/06

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 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: Henrietta

Project Identifier: Rivers Run (formerly RIT Senior Housing)

THIS FORM MUST BE MAILED, ALONG WITH THE APPROPRIATE FEE, TO ONE OF TWO POST OFFICE BOXES (SEE BELOW) OR FAXED TO THE FAX NUMBER BELOW.

Type of Request:

MT-1 application fee }
MT-2 application fee } (Insert 3173 as the P.O. Box number in the address below)

External Data Requests (EDRs) (Insert 398 as the P.O. Box number in the address below)

Federal Emergency Management Agency
Revisions Fee-Collection System Administrator
P.O. Box 3173
Merrifield, Virginia 22116
Fax: (703) 849-0282

Request No.: Case no: 02-02-0940C
(if known)

Amount: \$800.00

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

EXP. DATE
Month Year
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
CARD NUMBER

Date

Signature

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

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

DAYTIME PHONE:

38422



ENVIRONMENTAL DESIGN & RESEARCH, P.C.
274 NORTH GOODMAN STREET, ROCHESTER, NY 14607

M & T BANK
EASTWOOD OFFICE
MANUFACTURERS AND TRADERS TRUST COMPANY
10-4-220

Eight hundred dollars 00/100

DATE

AMOUNT

6/21/06

\$ 800.00

PAY
TO THE
ORDER
OF

National Flood Ins. Program

Case no: 02-02-0940C

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8700224879⑈