## Flood Insurance Processing Center PO Box 2057 Kalispell, MT 59903 Phone: 800-637-3846

Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

## **ELEVATED BUILDING DIFFERENCE**

If the property listed above has a large difference, greater than 3 feet, between the enclosure floor and the lowest adjacent grade; you'll need to complete and sign the form below.

PART A – If this building is constructed as elevated with enclosure, mark one of the following choices:

\_\_\_\_\_ Fill dirt was used to elevate the enclosure floor.

\_\_\_\_\_ Enclosure floor indicated is actually the next higher floor (please complete Part B below).

Other:\_\_\_\_\_

## PART B – Complete Part B if the enclosure floor is actually the next higher floor.

Crawlspace size (square feet):	Number of vents wi	thin one foot fi	rom ground:	
Size of vents (height X width or total square inches):				
Are there vents on more than one side of the b	uilding?	Yes	_ No	
Does the enclosure floor go below ground on al	l four sides?	Yes	_ No	

Agent Signature:	Date:
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