

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

Date: _____

Policy Number: _____

Insured Name: _____

Property Address: _____

V ZONE BREAKAWAY WALLS FORM

The application for the property listed above indicates the enclosure has breakaway walls; however, they appear to be masonry.

The National Flood Insurance Program (NFIP) requires this form to be completed by a local building official, a licensed professional engineer, or licensed architect.

I _____ (print name) certify the enclosure for the above building is designed/built with breakaway walls.

Signature: _____ **Date:** _____

SEAL: _____

License #: _____

(Seal and license # required for engineer and architects only.)