



## DEVELOPMENT SERVICES

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### Memo of Review For Correctness and Completion

The attached FEMA Elevation Certificate has been reviewed by this office.  
The items noted below are not correct on the attached form and should read as entered on this page.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name	DOUGLAS FREEMAN	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Company NAIC Number

City Missoula State MT ZIP Code 59802

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)

A5. Latitude/Longitude: Lat. \_\_\_\_\_ Horizontal Datum:  NAD 1927  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 1B

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) \_\_\_\_\_ sq ft

b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade \_\_\_\_\_

c) Total net area of flood openings in A8.b \_\_\_\_\_ sq in

d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:

a) Square footage of attached garage \_\_\_\_\_ sq ft

b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade \_\_\_\_\_

c) Total net area of flood openings in A9.b \_\_\_\_\_ sq in

d) Engineered flood openings?  Yes  No

### SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

FIS Profile  FIRM  Community Determined  Other (Describe) \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other (Describe) \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
Designation Date \_\_\_\_\_  CBRS  OPA

Local Official's Name Anita McNamara, AICP, CFM

Title Planner III/Floodplain Administrator

Community Name City of Missoula

Telephone 406.552.6673

Signature Anita McNamara

Date August 18, 2017

Comments