

Important: Read the instructions on pages 1-9.

## SECTION A - PROPERTY INFORMATION

Building Owner's Name	McDONALD'S USA	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Policy Number
720 EAST BROADWAY		Company NAIC Number
City MISSOULA State MT ZIP Code 59802		

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

Lot A of the Amended Plat of Portions of Protracted Lots 6-13, Block 17, and Lots 1-20, Block 18, McWhirk Addition

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

A5. Latitude/Longitude: Lat. 46° 52' 10.7" N Long. 113° 59' 04.6" W 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)	<u>N/A</u>	sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	<u>N/A</u>	
c) Total net area of flood openings in A8.b	<u>N/A</u>	sq in
d) Engineered flood openings?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

A9. For a building with an attached garage:

a) Square footage of attached garage	<u>N/A</u>	sq ft
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	<u>N/A</u>	
c) Total net area of flood openings in A9.b	<u>N/A</u>	sq in
d) Engineered flood openings?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

B1. NFIP Community Name & Community Number MISSOULA, CITY OF 300049	B2. County Name MISSOULA	B3. State MT			
B4. Map/Panel Number 30063C1480	B5. Suffix D	B6. FIRM Index Date AUG 16, 1988	B7. FIRM Panel Effective/Revised Date AUG 16, 1988	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 3193.9

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

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

Benchmark Utilized RX 0700 Vertical Datum NAVD88

Conversion/Comments DATUM SHIFT OF -3.52 FEET TO NGVD29 DETERMINED USING VERTCON SOFTWARE

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>3196.15</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>3196.15</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	<u>3195.66</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	<u>3196.08</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. *I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

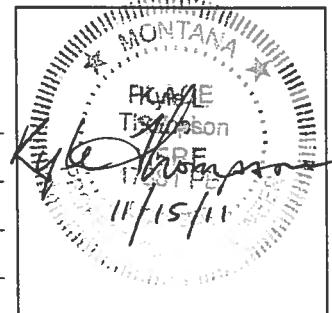
Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Certifier's Name Kyle L. Thompson License Number 17881

Project Engineer Company Name WGM Group, Inc.

Address 1111 E. Broadway City Missoula State MT ZIP Code 59802

Signature Kyle Thompson Date 11/15/11 Telephone 406-728-4611



**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

For Insurance Company Use:

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
720 EAST BROADWAY

Policy Number

City MISSOULA State MT ZIP Code 59802

Company NAIC Number

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments FINISH FLOOR ELEVATION AFTER CONVERTING TO NAVD88 DATUM IS 3199.67. LAG IS LOCATED AT THE NORTHEAST CORNER OF THE BUILDING. HAG IS LOCATED ON THE SOUTHEAST CORNER OF THE BUILDING.



Signature

11/15/11  
Date Check here if attachments**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

 Check here if attachments**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for:  New Construction  Substantial ImprovementG8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_G10. Community's design flood elevation: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

 Check here if attachments

## Building Photographs

See Instructions for Item A6.

For Insurance Company Use:

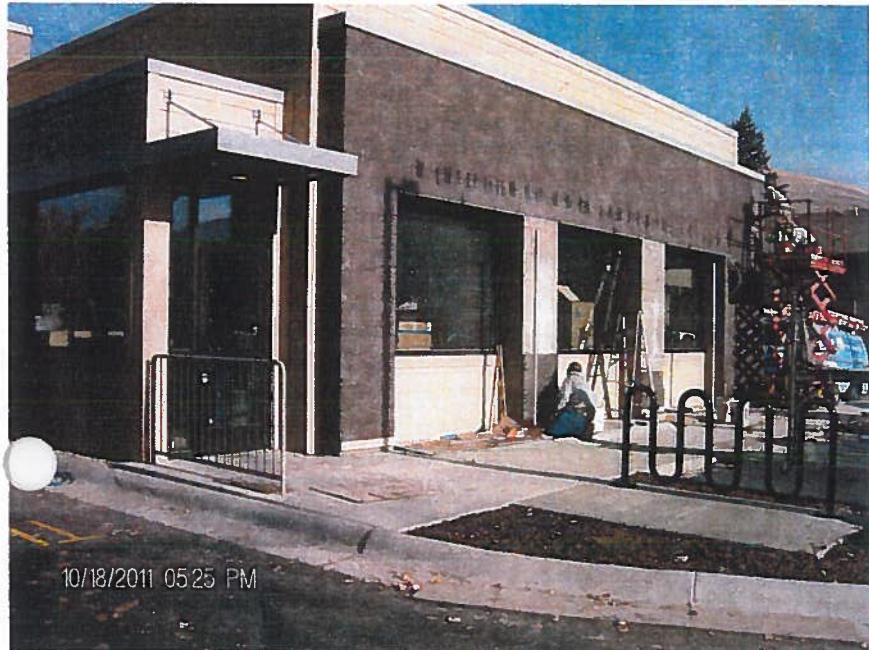
Policy Number

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
720 EAST BROADWAY

City MISSOULA State MT ZIP Code 59802

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.



FRONT VIEW – SOUTHWEST CORNER



MECHANICAL ROOM

# Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1 EAST BROADWAY		For Insurance Company Use: Policy Number
City MISSOULA State MT ZIP Code 59802		Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."		



FRONT VIEW – SOUTHEAST CORNER/EAST SIDE



FRONT VIEW – NORTHEAST CORNER