

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <u>G. M. Magee</u>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>1810 South 1st Ave.</u>		Company NAIC Number
CITY <u>Cheyenne</u>	STATE <u>Wyoming</u>	ZIP CODE <u>82007</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 26 of Block 5 Orchard Valley</u>		
BUILDING USE, (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>Residential</u>		
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##.##" or ##.####°)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other
<u>N 41° 06' 04" W 104° 48' 40"</u>		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>560229 0655 E</u>		B2. COUNTY NAME <u>Laramie</u>	B3. STATE <u>WYOMING</u>
B4. MAP AND PANEL NUMBER <u>655</u>	B5. SUFFIX <u>E</u>	B6. FIRM INDEX DATE <u>E 1994</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>2 MAR 1994</u>
		B8. FLOOD ZONE(S) <u>A</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>6024.0</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in 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: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

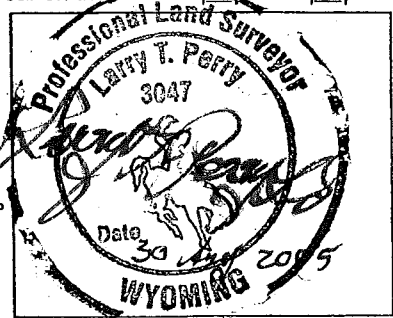
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments _____

Elevation reference mark used Orchard Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>6025</u>	<u>9</u>	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</u>		ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u>		ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>N/A</u>		ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>N/A</u>		ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>6023</u>	<u>6</u>	ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>6024</u>		ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>N/A</u>		sq. in. (sq. cm)



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 in Sections A, B, and C 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.

CERTIFIER'S NAME
LARRY T. PERRY L.S.

TITLE
OWNER

ADDRESS
1127 Terra Ranch Rd

SIGNATURE
Larry T. Perry L.S.

LICENSE NUMBER
WYOMING L.S. 3047

COMPANY NAME
Terrestrial Surveying & Mapping Co.

CITY
Cheyenne

STATE
Wyoming

DATE
307-634-9360

ZIP CODE
82007

TELEPHONE
307-634-9360

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME G.M. MAGGE		For Insurance Company Use Policy Number
BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. S. 1st Ave		Company NAIC Number
CITY CHEYENNE	STATE WYOMING	ZIP CODE 82007
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 26 of Block 5 ORCHARD VALLEY		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##° ##' ##" or ##°####") N41°06'04" W104°40'48"		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type: _____) <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

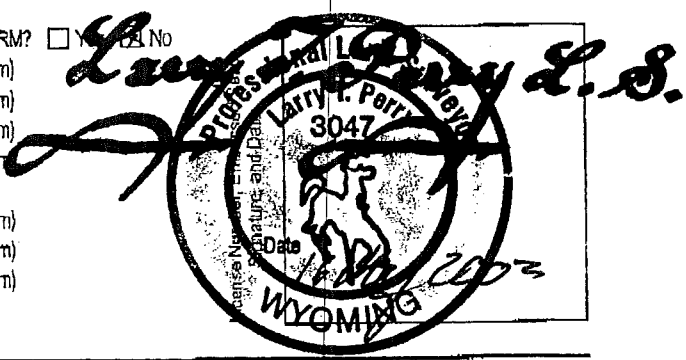
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER LARABIE COWY 560029 0655E		B2. COUNTY NAME LARABIE	B3. STATE WYOMING
B4. MAP AND PANEL NUMBER 655	B5. SUFFIX E	B6. FIRM INDEX DATE E1994	B7. FIRM PANEL EFFECTIVE/REVISED DATE 2 MAR 1994
B8. FLOOD ZONE(S) A		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 6024.04'	

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____
 NAVD 1988 Other (Describe): _____
 B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929
 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date **N/A**

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. Building Diagram Number **8** Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.
 C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARA, ARAE, AR/A1-A30, AR/AH, AR/AO
 Complete items C3-a) below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum **NA** Conversion/Comments **add**
 Elevation reference mark used **City** Does the elevation reference mark used appear on the FIRM? Yes No
 a) Top of bottom floor (including basement or enclosure) _____ ft.(m)
 b) Top of next higher floor _____ ft.(m)
 c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
 d) Attached garage (top of slab) _____ ft.(m)
 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)
 f) Lowest adjacent (finished) grade (LAG) **6022.0** ft.(m)
 g) Highest adjacent (finished) grade (HAG) **6024.1** ft.(m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
 i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)



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 in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement made here is punishable by fine or imprisonment under 18 U.S. Code, Section 1001.
 CERTIFICATE SIGNATURE **Larry A. Perry L.S.** LICENSE NUMBER **LS 3047**
 TITLE _____ COMPANY NAME **Terrestrial Surveying & Mapping Co.**
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 SIGNATURE _____ DATE **16 May 2003** TELEPHONE **307 6399360**

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. <u>S. 1st Ave</u>			Policy Number
CITY <u>CHEYENNE</u>	STATE <u>WYOMING</u>	ZIP CODE <u>82001</u>	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

ELEVATION DERIVED FROM CITY OF CHEYENNE DATA STA. ORCHARD⁵
& STA. "Greeley". ALLISON DRAIN DRAINAGE MASTER PLAN No. 1985
100yr Flood PLANE DERIVED FROM TABLE 2-1 BTWN STA 240000
& 234+50 DETERMINED TO BE 6029.0 +/-

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section G must be completed.

- E1. Building Diagram Number ___ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ___ ft.(m) ___ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. For 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

TERRESTRIAL SURVEYING & MAPPING

ADDRESS <u>1127 TERRY ROAD</u>	CITY <u>CHEYENNE</u>	STATE <u>WYOMING</u>	ZIP CODE <u>82001</u>
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SIGNATURE <u>Larry J. Perry L.S.</u>	DATE	TELEPHONE <u>307 639 9360</u>
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COMMENTS

SEE ATTACHMENTS

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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m)	Return: _____
G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m)	Return: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments

Call-

BUILDING PERMIT APPLICATION

City County

CALL BEFORE YOU DIG! 1-800-348-1030 IT'S THE LAW!

PLAN REVIEW NUMBER:				PERMIT & ZONING CERTIFICATE NUMBER: 03-500671 BPE			
RECEIVED BY <i>[Signature]</i>	DATE 6-19-03	PLAN REVIEW	CHECK #	CASH	PERMIT	CHECK# 1004	CASH
VALUATION OF WORK 10,000.				INVESTIGATION FEE 50.00 ZC.			
PLAN REVIEW FEE 95.82				OTHER FEES			
PERMIT FEE 147.42				TOTAL FEES 293.24			
JOB ADDRESS				TRACT SIZE			
SUBDIVISION Orchard Valley			BLOCK NUMBER 5	LOT NUMBER 20520 sq ft			
OWNER G.M. Magee	MAILING ADDRESS 819 E. Allison			ZIP CODE 82007	PHONE NUMBER 634-6945		
CONTRACTOR G.M. Magee	MAILING ADDRESS 819 E. Allison			ZIP CODE 82007	PHONE 634-6945	LICENSE #	CLASS
ARCHITECT/DESIGNER	MAILING ADDRESS			ZIP CODE	PHONE		
ENGINEER Hentsch/Baker.com	MAILING ADDRESS 215 So. 3rd St. Laramie Wyo. 82070			ZIP CODE	PHONE		
USE OF BUILDING				CHANGE OF USE FROM		TO	
Class of Work	New	Addition	Alteration	Remodel	Repair	Move	Installation
DETAILED DESCRIPTION OF WORK New modular on Craud Space				Remove			
Special Conditions	Temporary Power Pole	Additional Fee \$30.00	Jetted Hot Tub Tec.	Permit/Plan Review Conditions			
Vented Gas Log One			Other Which Level				
Lawn Sprinklers Front	Back	Both	Backflow				
Type of Construction	Occupancy Group/Division		Number of Stories	Use Zone MR-1	Number of Dwelling Units		
Size of Building Sq. Ft. First Story 2128	Second Story		Basement	Garage	Other		
SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING, OR AIR CONDITIONING IF NOT INCLUDED IN THIS PERMIT. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OR LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OF THE PERFORMANCE OR CONSTRUCTION, OR GUARANTEE ISSUANCE OF A WELL AND SEPTIC PERMIT.							
OWNER G.M. Magee			PLUMBING Owner		LICENSE #		
CONTRACTOR			ELECTRICAL Collins		LICENSE #		
OTHER			MECHANICAL		LICENSE #		
FOR OFFICE USE ONLY							
Special Flood Hazard Area Approved By Sue Elw Curt	Date	County Only: Board of County Commissioners Approved By Cathy Healy			Date 6-20-03		
Address Assigned By 1810 S First Ave	Date	Plans Approved By			Date		
Development/Zoning Approved By CR	Date	Card Issued By			Date		
Fire Department Approved By	Date	Date Tap Fees Paid			Date		
Approved For Issue By	Date	Date Permit Issued			Date		

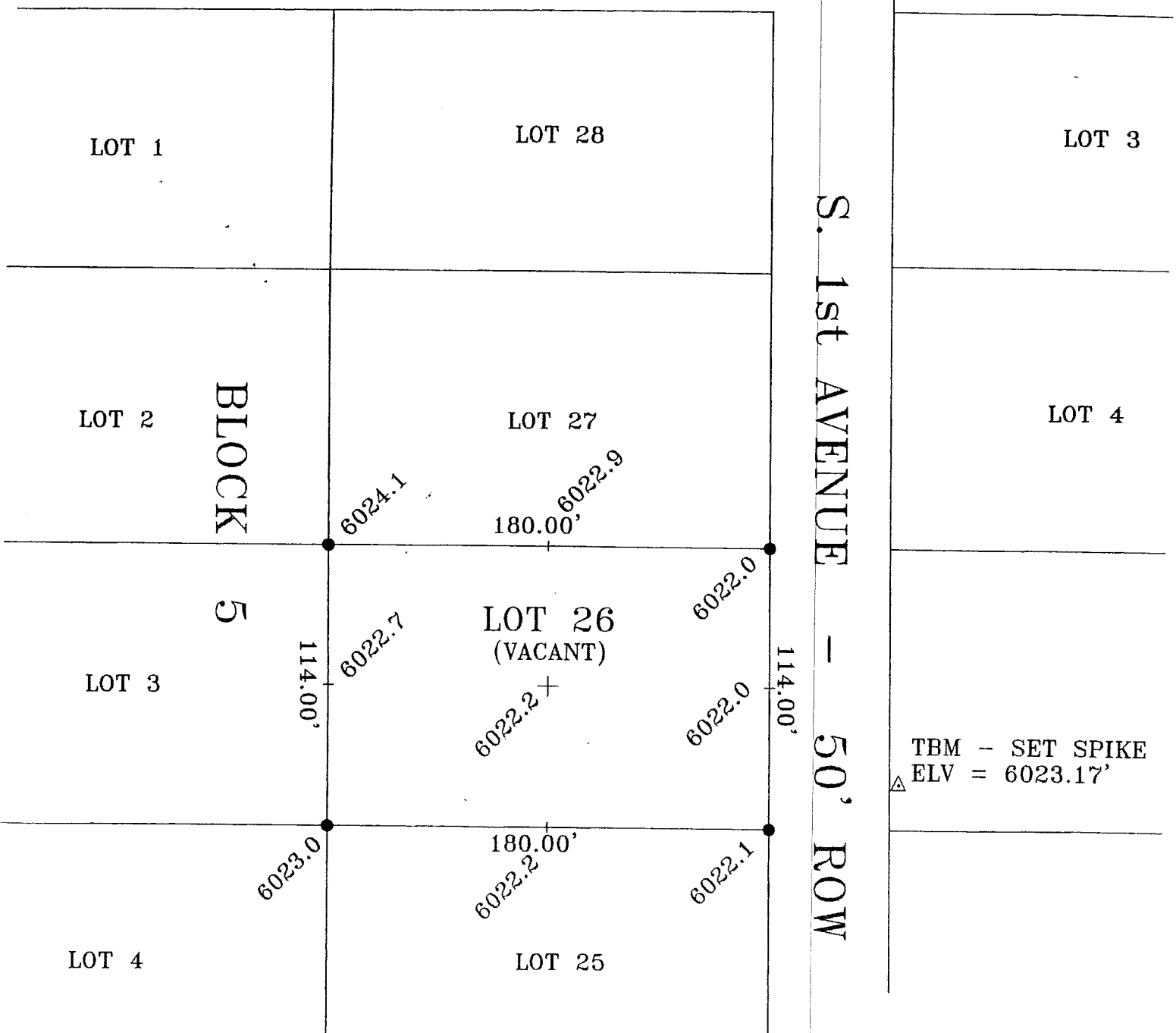


D132a

54

CHERRY STREET - 50' ROW

S. 1st AVENUE - 50' ROW



LOT 1

LOT 28

LOT 3

LOT 2

BLOCK 5

LOT 27

LOT 4

LOT 3

6024.1
6022.7
114.00'

180.00'

6022.9

LOT 26
(VACANT)

6022.0

114.00'

6022.2+

6022.0

TBM - SET SPIKE
ELV = 6023.17'

6023.0

180.00'

6022.2

6022.1

LOT 4

LOT 25