

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.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>		For Insurance Company Use:	
BUILDING OWNER'S NAME <u>VIKKI SCHOENE BEEG</u>		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>714 EAST ALLISON ROAD</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 22 BLOCK 1, SUNRIDGE SOUTH 2<sup>ND</sup> FILING</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: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	
		<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	

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

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>560029 0655 E</u>		B2. COUNTY NAME <u>LARAMIE</u>		B3. STATE <u>WYOMING</u>	
B4. MAP AND PANEL NUMBER <u>0655</u>	B5. SUFFIX <u>E</u>	B6. FIRM INDEX DATE <u>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>5996.4</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 NGVD 29 Conversion/Comments NONE  
Elevation reference mark used CP ALLISON Does the elevation reference mark used appear on the FIRM?  Yes  No

a) Top of bottom floor (including basement or enclosure) 5997 . 9 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)

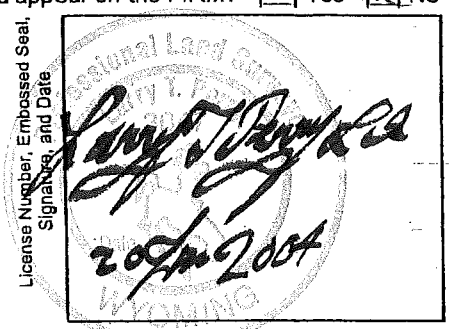
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) 5997 . 9 ft.(m)

f) Lowest adjacent (finished) grade (LAG) 5994 . 9 ft.(m)

g) Highest adjacent (finished) grade (HAG) \_\_\_\_\_ . \_\_\_\_\_ ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4

i) Total area of all permanent openings (flood vents) in C3.h 720 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. LICENSE NUMBER LS 3047

TITLE \_\_\_\_\_ COMPANY NAME Terrestrial Surveying & Mapping Co. #

ADDRESS TEARLEY PLANCH ROAD CITY CHEYENNE STATE WYOMING ZIP CODE 82007

SIGNATURE [Signature] DATE 20/Jan 2004 TELEPHONE 307 634 9360

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 714 EAST ALLISON ROAD			Policy Number
CITY CHEYENNE	STATE WYOMING	ZIP CODE 82007	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 FLOOD PLANE ELEVATION WAS DETERMINED FROM "ALLISON DRAW MASTER DRAINAGE PLAN" NOV. 1988 pg 2-8 TABLE 2-4

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 E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C 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 \_\_\_\_\_

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.

- 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 _____
-------------------------	------------------------------	---

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) Datum: \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft. (m) Datum: \_\_\_\_\_

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

Check here if attachments

*Prior*

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

**SECTION A - PROPERTY OWNER INFORMATION**

For Insurance Company Use:  
 Policy Number \_\_\_\_\_  
 Company NAIC Number \_\_\_\_\_

BUILDING OWNER'S NAME \_\_\_\_\_

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. \_\_\_\_\_

CITY CHEYENNE STATE WYOMING ZIP CODE 82007

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
LOT 22, BLOCK 1, SUNRIDGE SOUTH 2nd filing

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)  
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) \_\_\_\_\_ HORIZONTAL DATUM: SOURCE:  GPS (Type) \_\_\_\_\_  
 (###.###-###.### or ###.#####)  NAD 1927  NAD 1983  USGS Quad Map  Other: \_\_\_\_\_

N41°06'35.1" W104°47'26.8"

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

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 560029 0655E B2. COUNTY NAME LARAMIE UNINCORPORATED B3 STATE WYOMING

B4. MAP AND PANEL NUMBER <u>0655</u>	B5. SUFFIX <u>E</u>	B6. FIRM INDEX DATE <u>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>5996.4</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 B (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/AF, AR/A1-A30, AR/Al, 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 5907.17 Conversion/Comments DMA (1983)

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

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>5997</u>	<u>0</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____	ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>5997</u>	<u>0</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>5994</u>	<u>.27</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	_____	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>4</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>720</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. LICENSE NUMBER WYO REG. No. LS 3047

TITLE OWNER COMPANY NAME TERRESTRIAL SURVEYING & MAPPING

ADDRESS 1127 JERRY RANCH ROAD CITY CHEYENNE STATE WYOMING ZIP CODE 82007

SIGNATURE Larry T. Perry L.S. DATE 13 AUG 2002 TELEPHONE 307-634-9360

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number	
CITY <b>CHEYENNE</b>	STATE <b>WYOMING</b>	ZIP CODE <b>82007</b>	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

Flood PLANE ELEVATION WAS DETERMINED FROM "ALLISON DRAW MASTER DRAINAGE PLAN" Nov. 1998, page 2-8, Table 2-4, Sta. 166+00  
VERIFICATION SHALL BE PERFORMED AT COMPLETION OF CONSTRUCTION

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 C must be completed.

- E1. 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.)
- 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. 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

ADDRESS <u>127 TOARY RANCH ROAD</u>	CITY <u>CHEYENNE</u>	STATE <u>WYOMING</u>	ZIP CODE <u>82007</u>
SIGNATURE <u>[Signature]</u>	DATE <u>12 Aug 2002</u>	TELEPHONE <u>307-634-9360</u>	

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.

- 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
-------------------	------------------------	---

- 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) Datum: \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

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

Check here if attachments



# ZONING/ADDRESS APPLICATION

LARAMIE COUNTY PLANNING DEPARTMENT  
310 W 19TH STREET SUITE 400  
CHEYENNE, WY 82001 (307) 633-4303 FAX (307) 633-4519

**ATTACH COPY OF PROPERTY DEED AND PLOT PLAN OF STRUCTURE AND SITE INCLUDING:**

- ( ) Property lines (lot size) ( ) Surrounding roads ( ) Well and Septic location ( ) Location of structure on property
- ( ) Setback distances ( ) Exterior dimensions ( ) Driveway location ( ) Other existing structures ( ) North arrow

Application For:  Zoning Certificate [ ] Rural Address (Outside Zoned Area)

Application Date 8/19/02 Certificate No. 8247

Applicant DAY Mobile Homes Telephone 637-5521

Mailing Address 3016 S Greeley Hwy.

Owner (if different from Applicant) \_\_\_\_\_

Application to: Place: HUD  UBC \_\_\_\_\_ OTHER \_\_\_\_\_ Build [ ] Residential  Accessory [ ] Commercial [ ]

Structure Type Manufactured Home Structure Size 1340 Sq. Ft. \*See Site plan requirements for commercial

Will this structure have water and sewer services?  Yes [ ] No

Lot Size \_\_\_\_\_ Acres 9440 Sq. Ft. Estimated Cost of Structure \$ 48,000

Estimated Completion Date 10/15/02 Location of Structure Staked:  Yes [ ] No-Call When Location Is Staked.

**Legal Description**

Lot Split \_\_\_\_\_ Lot 22 Block/Tract 1 Subdivision Sunridge South 2nd Flg

Division \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Bwsr. 8/19/02  
Signature of Applicant Date

*Applicant certifies that the above information is true and correct to the best of his/her knowledge.*

\*\*\*\*\*

Zoning District MR-2 Map Page # D119A Floodplain Development Permit yes Firm Map 655

Notes/Conditions \_\_\_\_\_

Site Address 714 E Allison Rd. New? yes

Applicant shall place house number on the structure and/or at driveway. Numbers shall be a minimum of 6" high and shall be of a reflective material. Contact U S Post Office for mailbox location.

Status appeal BOARD OF COUNTY COMMISSIONERS by Cathy Weatherington

This certificate is issued subject to full compliance with the terms of the application and the zoning regulations and/or addressing. The issuance of this certificate/address does not guarantee issuance of a well or a small wastewater permit.

Issue Date 8-20-02 Expiration date 12-31-02 Certificate must be renewed if construction is not started by this date.

Receipt No. 633724 Amount \$ 50- GIS Entry SP8-23-02 Final Inspection 9-10-02  
application 02/27/02