

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

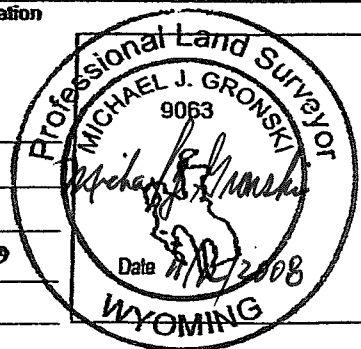
Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:	
A1. Building Owner's Name		Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 813 E. COLLEGE DRIVE, SPACE 6		Company NAIC Number	
City	CHEYENNE	State	WY
		ZIP Code	82007
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) SPACE 6 OF A PORTION OF TRACT 8, "WALLICK & MURRAY GARDENS"			
RESIDENTIAL			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)			
A5. Latitude/Longitude: Lat. 41°06.052' N		Long. 104°47.425' W	
		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		GPS	
A7. Building Diagram Number 5			
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an attached garage, provide:	
a) Square footage of crawl space or enclosure(s) _____ sq ft		a) Square footage of attached garage _____ sq ft	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____	
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____ sq in	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number CHEYENNE LARAMIE COUNTY 56021C1356F		B2. County Name LARAMIE COUNTY		B3. State WYOMING	
B4. Map/Panel Number 56021C1356F	B5. Suffix I356F	B6. FIRM Index Date 1/17/2007	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s) AH	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 6000.00
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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-g below according to the building diagram specified in Item A7. Benchmark Utilized "ALLISON" (NAVD 88) Vertical Datum NAVD 88 Conversion/Comments Elevation extended from Cheyenne Datum Point BM "ALLISON" (NAVD 88)	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor) _____ 6000.25 <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 in Comments) _____ <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
f) Lowest adjacent (finished) grade (LAG) _____ 5996.4 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
g) Highest adjacent (finished) grade (HAG) _____ 5996.7 <input checked="" 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.			
<input type="checkbox"/> Check here if comments are provided on back of form.			
Certifier's Name	MICHAEL J. GRONSKI	License Number	WY. L.S. 9063
Title	SURVEY MANAGER	Company Name	G&S SURVEYS
Address	5211 OGDEN ROAD	City	CHEYENNE
		State	WY
		ZIP Code	82009
Signature	<i>Michael J. Gronski</i>	Date	11/12/2008
		Telephone	(307) 637-6127



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. 813 E. COLLEGE DRIVE, SPACE 6				Policy Number	
City	CHEYENNE	State	WY	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

THE AREA IS SUBJECT TO FLOOD DEPTHS OF 1' TO 3'. BASE FLOOD ELEV. IS DETERMINED.

Signature Michael J. Gronski Date 11/12/2008 Check here if attached

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, crawl space, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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 BF 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 MICHAEL J. GRONSKI

Address 5211 OGDEN ROAD City CHEYENNE State WY ZIP Code 82009

Signature Michael J. Gronski Date 11/12/2008 Telephone (307) 637-6127

Comments

Check here if attached

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
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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: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments

Check here if attached

08-0589

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

National Flood Insurance Program

Important: Read the instructions on pages 1-8.

STUART WANEK SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name _____ For Insurance Company Use:
Policy Number _____

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
813 E. COLLEGE DRIVE, SPACE 6 Company NAIC Number _____

City CHEYENNE State WY ZIP Code 82007

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
SPACE 6 OF A PORTION OF TRACT 8, "WALLICK & MURRAY GARDENS"

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

A5. Latitude/Longitude: Lat. 41°06.052' N Long. 104°47.425' W Horizontal Datum: NAD 1927 NAD 1983 GPS

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 5

A8. For a building with a crawl space or enclosure(s), provide:
a) Square footage of crawl space or enclosure(s) _____ sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in

A9. For a building with an attached garage, provide:
a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
CHEYENNE LARAMIE COUNTY 56021C1356F

B2. County Name LARAMIE COUNTY

B3. State WYOMING

B4. Map/Panel Number <u>56021C1356F</u>	B5. Suffix <u>1356F</u>	B6. FIRM Index Date <u>1/17/2007</u>	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s) <u>AH</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>6000.00</u>
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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)?
Designation Date _____ CBRS OPA Yes No

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, ARIA, ARIA/E, ARIA/A1-A30, ARIA/AH, ARIA/O. Complete Items C2.a-g below according to the building diagram specified in Item A7.
Benchmark Utilized "ALLISON" (NAVD 88) Vertical Datum NAVD 88

Conversion/Comments Elevation extended from Cheyenne Datum Point BM "ALLISON" (NAVD 88)

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>6000.20</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 in Comments)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>5996.4</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>5996.7</u>	<input checked="" 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.

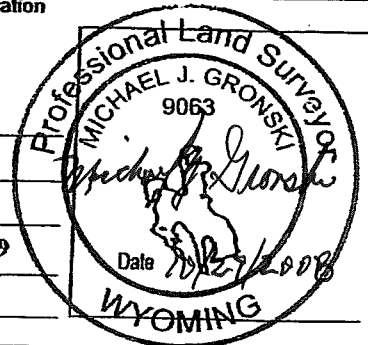
Check here if comments are provided on back of form.

Certifier's Name MICHAEL J. GRONSKI License Number WY. L.S. 9063

Title SURVEY MANAGER Company Name G&S SURVEYS

Address 5211 OGDEN ROAD City CHEYENNE State WY ZIP Code 82009

Signature Michael J. Gronski Date 10/29/2008 Telephone (307) 637-6127



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. 813 E. COLLEGE DRIVE, SPACE 6				Policy Number	
City	CHEYENNE	State	WY	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

THE AREA IS SUBJECT TO FLOOD DEPTHS OF 1' TO 3'. BASE FLOOD ELEV. IS DETERMINED.

Signature Michael J. Gronski Date 10/29/2008 Check here if attach

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, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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 manager 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 B 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 MICHAEL J. GRONSKI

Address 5211 OGDEN ROAD City CHEYENNE State WY ZIP Code 82009

Signature Michael J. Gronski Date 10/29/2008 Telephone (307) 637-6127

Comments

Check here if attach

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 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 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 Improvement
- G8. 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 _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments

Check here if attach



Mobile Home Set Up Application

Laramie County Planning and Development Office
310 W 19th ST Room 400
Cheyenne, WY 82001

Phone: 307-633-4303
Fax: 307-633-4519
planning@laramiecounty.com

~~Complete~~ Complete
MWS

Incomplete Applications Can Not Be Accepted

For Office Use Only	Received By: <u>CLH</u>	Date: <u>10-29-08</u>	Plan Review #	Permit # <u>08-0589</u>
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Valuation of Work: <u>2000</u>	Job Address: <u>813 E College Dr #6</u>
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Legal Description: Subdivision: <u>Port TKS</u>	Lot:	Block:	# Acres:	# Sq Ft:
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Division: <u>Wallace + Munnay Gardens</u>	Section:	Township:	Range:
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Owner Name: <u>Wanek Stuart</u>	Phone: <u>520-578-700</u>
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Address: <u>Same</u>	City:	State:	Zip Code:
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Contractor Name: <u>Burco Kuntich</u>	Phone:
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Address: <u>Cheyenne</u>	City:	State:	Zip Code:
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Purpose of Permit	New <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>	Remodel <input type="checkbox"/>	Repair <input type="checkbox"/>	Move <input type="checkbox"/>	Demolish <input type="checkbox"/>
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Description of Work: *Complete description of the work done including any plumbing, mechanical (Heating, ventilation or air conditioning), electrical, fire sprinkler or alarm. (Work is not included in the permit unless described in this scope of work).*

2007 16x70 Spragueview model #3CK2B
to include elec svcs

Type of Construction: <u>V</u>	Occupancy Group:	Manufactured Housing or Mobile Home <input checked="" type="checkbox"/>
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Foundation Type	Slab-on-grade foundation <input type="checkbox"/>	Crawl Space <input type="checkbox"/>	Block/Piers <input type="checkbox"/>	Basement <input type="checkbox"/>
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Proposed Use of Building: <u>Single Family</u>
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By my signature and under penalty of perjury, I hereby certify that I am the owner of the reference property, or the owner's authorized agent. 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 issuance of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction, or guarantee issuance of a well or septic permit, this permit becomes null and void if work or construction authorized is not commenced within 180 days, not withstanding unique circumstances. In any case, this permit expires one year after date of issue.

Inspections and a Certificate of Occupancy/Completion are required prior to any occupancy of this structure.

Signature: <u>Stuart Wanek</u>

Printed Signature: <u>STUART WANEX</u>	Date: <u>10-29-08</u>
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For Office Use Only	Permit/Plan Review Conditions:
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New Address? <u>NA</u>	Map Page: <u>D-133A</u>	Approved By	Review Date	Building Permit Fee: <u>\$90.00</u>
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Zoning District: <u>CB</u>	Plan Review Fee:
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Flood Hazard Area?: <u>Yes</u>	Elevation Certificate?: <u>Yes</u>	Master Plan Fee:
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Flood Zone: <u>1-356</u>	Panel Number: <u>1-356</u>	Foundation Permit Fee:
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Address Assigned: <u>56021C1356F</u>	Zoning Certificate:
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Plan Review:	Total Fees Due: <u>\$90.00</u>
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Board of Commissioners-approved for issuance:	Fees Paid: CK # <input type="checkbox"/> Cash <input checked="" type="checkbox"/>
Certificate of Occupancy: <u>CLH</u> <u>10-29-08</u>	Receipt #: <u>654</u>