

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 Sanchez Construction LLC		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Not Assigned as of this date		Company NAIC Number	
CITY Cheyenne	STATE WY	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 8, Block One, Carver Subdivision			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)			
LATITUDE/LONGITUDE (OPTIONAL) (##° -##' -###" or ##.#####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Cheyenne 560029		B2. COUNTY NAME Taramie		B3. STATE WY	
B4. MAP AND PANEL NUMBER 0655	B5. SUFFIX E	B6. FIRM INDEX DATE 11-15-77	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3-2-94	B8. FLOOD ZONE(S) A & X	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 6010-3
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other (Describe): Allison Creek Master Plan					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input 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 _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

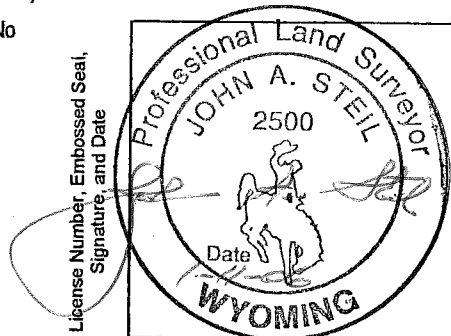
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

2. Building Diagram Number 2. (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, ARA1-A30, ARAH, ARAO
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 _____ City of Cheyenne Control Mon. "College"

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

- a) Top of bottom floor (including basement or enclosure) 6011 ft(m)
- b) Top of next higher floor 6020.7 ft(m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A ft(m)
- d) Attached garage (top of slab) 6011.0 ft(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) N/A ft(m)
- f) Lowest adjacent (finished) grade (LAG) 6018.7 ft(m)
- g) Highest adjacent (finished) grade (HAG) 6018.7 ft(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade None
- i) Total area of all permanent openings (flood vents) in C3.h 0 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 John A. Steil	LICENSE NUMBER WY PLS 2500		
TITLE Professional Land Surveyor	COMPANY NAME Steil Surveying Services LLC		
ADDRESS PO Box 2073	CITY Cheyenne	STATE WY	ZIP CODE 82003
SIGNATURE <i>John A. Steil</i>	DATE 1-11-06	TELEPHONE 307-634-7273	

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.			Policy Number
CITY	STATE	ZIP CODE	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

City of Cheyenne Control Monument "College" is a 3" brass cap in concrete located
 0.2 ^{MTR} East of LCCC in the southerly R/W of College Drive
 Elevation ~~60675~~ NGVD 1929
 600175

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 __ (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
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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) 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

634-2970

House

LARAMIE COUNTY/CHEYENNE REGIONAL BUILDING DEPARTMENT - PERMIT APPLICATION

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

05-500990 *DMG* *BAME*

PLAN REVIEW NUMBER		05-500989		PERMIT & ZONING CERTIFICATE NUMBER			
RECEIVED BY	DATE	PLAN REVIEW	CHECK #	CASH	PERMIT	CHECK#	CASH
	<i>AKD</i>	<i>12/29/09</i>				<i>1155</i>	
VALUATION OF WORK		146,900.00		INVESTIGATION FEE		20 50 00	
PLAN REVIEW FEE		15.00		OTHER FEES		30.00 TPP	
PERMIT FEE		1013.04		TOTAL FEES		1108.04	
JOB ADDRESS				TRACT SIZE		<i>14033</i>	
SUBDIVISION			BLOCK NUMBER	LOT NUMBER			
<i>Carver</i>			<i>1</i>	<i>8</i>			
OWNER	MAILING ADDRESS	ZIP CODE	PHONE NUMBER				
<i>Stephanie Boutelle</i>	<i>213 W. 18th St</i>	<i>82001</i>	<i>634-2840</i>				
CONTRACTOR	MAILING ADDRESS	ZIP CODE	PHONE NUMBER				
<i>Sanchez Construction, LLC</i>	<i>3721 Buck Horse Rd</i>	<i>82009</i>	<i>630</i>				
PHONE	LICENSE #	CLASS					
<i>634-2840</i>	<i>060016162</i>	<i>A</i>	<i>3318</i>				
ARCHITECT ENGINEER	MAILING ADDRESS	PHONE NUMBER					
USE OF BUILDING	CHANGE OF USE FROM		TO				
<i>Residential</i>							
Class of Work	New <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>	Alteration <input type="checkbox"/>	Remodel <input type="checkbox"/>	Repair <input type="checkbox"/>	Move <input type="checkbox"/>	Installation <input type="checkbox"/>
DETAILED DESCRIPTION OF WORK							
<i>3 bed, 2 ba, 2 car att gar. / FUB w/ rough</i>							
Lawn Sprinklers	Temporary Power Pole		Permit/Plan Review Conditions				
Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>	<input checked="" type="checkbox"/> Additional Fee \$3000		<i>use mp name. Steph "Sphz" MP # 05-500989</i>				
Vented Gas Log One	Jetted Hot Tub						
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>						
Type of Construction	Occupancy Group/Division	Number of Stories	Use Zone	Number of Dwelling Units			
<i>New</i>		<i>1</i>	<i>MC-2</i>				
Size of Building Sq Ft	First Story	Second Story	Basement	Garage	Other		
	<i>1492</i>		<i>1492</i>	<i>539</i>			
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 Signature	PLUMBING		LICENSE #				
<i>Stephanie Boutelle</i>	<i>Back Solid</i>						
CONTRACTOR Signature	CLASS	ELECTRICAL	LICENSE #				
<i>Lisha Gardner</i>		<i>Best Electric</i>					
OTHER	CLASS	MECHANICAL	LICENSE #				
		<i>Mister B's</i>					
FOR OFFICE USE ONLY							
Special Flood Hazard Area Approved By	Date	County Only Board of County Commissioners Approved By			Date		
<i>esh</i>		<i>Callahan</i>			<i>1-12-09</i>		
Address Assigned By	Date	Plans Approved By			Date		
<i>1103 Stephanie Ct</i>	<i>11/2/09</i>						
Development/Zoning Approved By	Date	Card Issued By			Date		
<i>esh</i>		<i>board call</i>					
Fire Department Approved By	Date	Date Tap Fees Paid					
Approved For Issue By	Date	Date Permit Issued					

Do you need a Quick Start Foundation Permit?

IS not required to complete an elev. cert for finished construction - New FEMA mapping shows Carver Sub Not in 100 yr floodplain See Attached map

