

Complete

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name NADEAN M. CLIFTON ET VIR		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. 2416 GORDON ROAD		Company NAIC Number	
City CHEYENNE	State WY	ZIP Code 82007	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 6, "PINKNEY SUBDIVISION"			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL			
A5. Latitude/Longitude: Lat. 41°07.337' N Long. 104°46.261' 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.			
A7. Building Diagram Number 1			
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 LARAMIE COUNTY 56021C1357F		B2. County Name LARAMIE COUNTY		B3. State WYOMING	
B4. Map/Panel Number 56021C1357F	B5. Suffix 1357F	B6. FIRM Index Date 1/17/2007	B7. FIRM Panel Effective/Revised Date N/A	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zc AO, use base flood depth) 5984.5
10. 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) _____					
11. 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) _____					
12. 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)

1. 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. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, ARIA/H, ARIA/O. Complete items C2.a-g below according to the building diagram specified in item A7.

Benchmark Utilized BM "ALLISON" (NAVD 88) Vertical Datum NAVD 88

Conversion/Comments: Elevation extended from CITY OF CHEYENNE DATUM "ALLISON" (NAVD 88)

Check the measurement used.

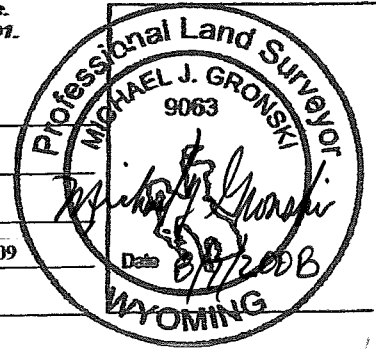
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	5991.2	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor		<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of 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)	5987.3	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	5987.5	<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	State WY	ZIP Code 82009
Address 5211 OGDEN ROAD	City CHEYENNE	State WY	ZIP Code 82009
Signature <i>Michael J. Gronski</i>	Date 8/7/2008	Telephone (307) 637-6127	



1/1  
11/10/08

<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. 2416 GORDON ROAD				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: THIS HOUSE AND THE ADJACENT SURROUNDING GROUND IS ABOVE AND OUTSIDE OF THE CURRENT DESIGNATED FLOOD PLAIN.

Signature: *Michael J. Gronski* Date: 8/7/2008  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 HAG.
- 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 I 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: 8/7/2008 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
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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 attach

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <b>NADEAN M. CLIFTON ET VIR</b>		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. <b>2416 GORDON ROAD</b>		Company NAIC Number	
City <b>CHEYENNE</b>	State <b>WY</b>	ZIP Code <b>82007</b>	

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
**LOT 6, "PINKNEY SUBDIVISION"**

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

A5. Latitude/Longitude: Lat. **41°07.336' N** Long. **104°46.266' 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 **1**

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 ft

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 ft

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

B1. NFIP Community Name & Community Number <b>LARAMIE COUNTY 56021C1357F</b>		B2. County Name <b>LARAMIE COUNTY</b>	B3. State <b>WYOMING</b>
B4. Map/Panel Number <b>56021C1357F</b>	B5. Suffix <b>1357F</b>	B6. FIRM Index Date <b>1/17/2007</b>	B7. FIRM Panel Effective/Revised Date <b>N/A</b>
B8. Flood Zone(s) <b>AE</b>		B9. Base Flood Elevation(s) (Z-AO, use base flood depth) <b>5984.5</b>	

10. 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) \_\_\_\_\_

11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other (Describe) \_\_\_\_\_

12. 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)

1. 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. 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 **BM "ALLISON" (NAVD 88)** Vertical Datum **NAVD 88**  
 Conversion/Comments **Elevation extended from CITY OF CHEYENNE DATUM "ALLISON" (NAVD 88)**

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>5987.5</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>5985.1</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>5986.5</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

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

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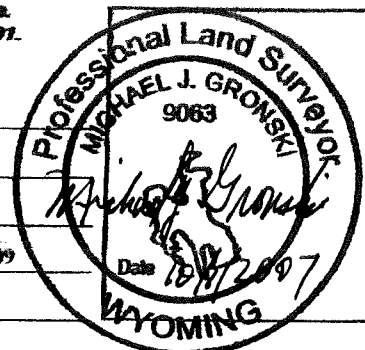
Check here if comments are provided on back of form.

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 **10/01/2007** Telephone **(307) 637-6127**



<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. 2416 GORDON ROAD				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: THIS HOUSE AND THE ADJACENT SURROUNDING GROUND IS ABOVE AND OUTSIDE OF THE CURRENT DESIGNATED FLOOD PLAIN.

Signature: *Michael J. Gronski* Date: 10/01/2007  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 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: MICHAEL J. GRONSKI  
 Address: 5211 OGDEN ROAD City: CHEYENNE State: WY ZIP Code: 82009  
 Signature: *Michael J. Gronski* Date: 10/01/2007 Telephone: (307) 637-6127

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 D) 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
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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



**Regional Building Department**  
 Serving Unincorporated Laramie County and the City of Cheyenne  
 2101 O Neil Avenue Room #202 Cheyenne WY 82001  
 (307) 637 6265 telephone (307) 637 6366 facsimile



Not Complete  
 Call when ready

## Residential Building Permit Application

Incomplete applications cannot be accepted

**Locate utilities before you dig One Call of Wyoming 800-849-2476 Dig Safely It's the law!**

Valuation of Work \$ <u>1200<sup>00</sup></u>	
Job Address <u>2416 Gordon Rd</u>	
Legal Description <u>lot 6 Pinkney Subdivision</u>	
Lot <u>6</u> Pinkney Block <u>1</u>	Tract Size <u>94.7266</u>
City <input type="checkbox"/> or County <input checked="" type="checkbox"/>	Use Zone <u>MR-2</u>
<b>Applicant (Owner or Authorized Agent) Information</b>	
Owner/Agent Name <u>Arthur B Clifton</u> <sup>307 511 0261</sup>	
Owner/Agent Address and Phone Number <u>2416 Gordon Rd, Cheyenne, WY</u> <sup>82007</sup>	
Contractor Name and Phone Number <u>Mountain States</u>	Contractor Class & License #
Architect Name and Phone Number	
Engineer Name and Phone Number	

For Office Use Only	
Plan Review #	
Permit # <u>07-500460</u>	
Received by <u>MAK</u>	
Received Date <u>9-25-07</u>	
Plan Check Fee	
Permit Fee <u>150.-</u>	
Right of Way Fee	
Temporary Power Pole	
Investigation Fee	
Zoning Certification	
Master Plan	
Foundation Quick Start	
<b>Total Fees Due</b> <u>\$150.-</u>	
Fees paid by <input type="checkbox"/> cash	
<input checked="" type="checkbox"/> check # <u>1003</u>	
<input type="checkbox"/> Escrow acct	

BUILDING DEPARTMENT  
CITY OF CHEYENNE, LARAMIE COUNTY

<b>Subcontractors</b> (Must be listed or TBD if undecided. The following work will not be included in the permit if it is left blank)					
Electrical	<u>TBD</u>	<u>25211</u>	Contractor Class & License #		
Plumbing	<u>TBD</u>		Contractor Class & License #		
Mechanical	<u>TBD</u>		Contractor Class & License #		
Other	<u>Mountain Services</u>		Contractor Class & License #		
<b>Work to be completed</b>					
New <input type="checkbox"/>	Addition <input type="checkbox"/>	Remodel <input type="checkbox"/>	Repair <input type="checkbox"/>	Move <input checked="" type="checkbox"/>	Demolish <input type="checkbox"/>
<b>Please answer the following questions</b>					
Occupancy Classification <u>R-3 / U</u>		Type of Construction <u>V-B</u>		Manufactured Housing (or Mobile Home) <input checked="" type="checkbox"/>	
Number of Stories (above grade)					
Building Areas in Square Feet			Remodeled Area <input checked="" type="checkbox"/>		
Main floor	2 <sup>d</sup> floor <input checked="" type="checkbox"/>		Bonus Room <input checked="" type="checkbox"/>		
Basement <input checked="" type="checkbox"/>	Garage <input checked="" type="checkbox"/>		Deck/Porch <u>14 x 6</u>		
Other					
Foundation Type		Basement <input type="checkbox"/> , Slab on grade including foundation <input checked="" type="checkbox"/>		Crawl Space <input type="checkbox"/> or Block and Piers <input type="checkbox"/>	

RECEIVED

Basement Condition	Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> or Square footage of Finished Area
Garage Location	Attached <input type="checkbox"/> Detached <input type="checkbox"/>
Jetted Tub(s)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Number of fixtures
Gas logs or fireplaces	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Number
Lawn Sprinklers	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes Where? Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>
Deck(s)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Number and size <b>14x16</b>

**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)

Move single wide trailer to meet the twenty five foot right of way ordinance  
 Hook up mechanical electrical plumbing and water (well) to existing utilities  
 install per manufactured mobile home installation standards

BY MY SIGNATURE AND UNDER PENALTY OF PERJURY I HEREBY CERTIFY THAT I AM THE OWNER OF THE REFERENCED 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 UNDUO CIRCUMSTANCES IN ANY CASE THIS PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

Signature *Arthur Bruce Clifton* Date **21 Sept. 07**  
 Name Printed **Arthur Bruce Clifton**

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

For Office Use Only			
Permit/ Plan Review Conditions			
Address Assigned	Approval	Date	Dev/Zoning
Flood Hazard	<i>OK</i>		Fire Review
Traffic			Bldg Plan Review
Construction			Board of County Commissioners by
Tap Fees			Card Issued by
BOPU			Approved for Issue by
Historic District			Permit Issued by