

# 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 Dennis Baer	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. 4130 Road 207 City Carpenter State WY ZIP Code 82054	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) SW¼ Section 12, T.13N., R.64W., 6 <sup>th</sup> P.M., Laramie County, Wyoming	

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

A5. Latitude/Longitude: Lat. N41 06'21.7" Long. W104 29'47.1"

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. Horizontal Datum:  NAD 1927  NAD 1983

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)	<u>NA</u> sq ft	A9. For a building with an attached garage, provide:	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	<u>NA</u>	a) Square footage of attached garage	_____ sq ft
c) Total net area of flood openings in A8.b	<u>NA</u> sq in	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 (Unincorporated) 560029		B2. County Name Laramie		B3. State Wyoming	
B4. Map/Panel Number 560029 0700	B5. Suffix D	B6. FIRM Index Date Mar. 2, 1994	B7. FIRM Panel Effective/Revised Date Sept. 27, 1991	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) NA

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)?  Yes  No  
 Designation Date \_\_\_\_\_  CBRS  OPA

## 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, 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 \_\_\_\_\_ Vertical Datum \_\_\_\_\_  
 Conversion/Comments \_\_\_\_\_

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	_____	<input 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)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	_____	<input 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 John A. Steil	License Number PLS 2500
Title Prof. Land Surveyor	Company Name Steil Surveying Services, LLC
Address 1102 West 19 <sup>th</sup> Street	City Cheyenne
	State WY
	ZIP Code 82001
Signature <i>John A. Steil</i>	Date 1/3/07
	Telephone 307-634-7273

Professional Land Surveyor

JOHN A. STEIL

2500

Date

WYOMING

*2-3-07*

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
4130 Road 207

City Carpenter State WY ZIP Code 82054

For Insurance Company Use:

Policy Number

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

Signature

Date

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**  Check here if attachments

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 1.3  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawl space, or enclosure) is 1.5  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 NA.  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is NA.  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is NA.  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

John A. Steil PLS, 2500

Address 1102 W. 19<sup>th</sup> Street

City Cheyenne

State WY

ZIP Code 82001

Signature

Date 1/3/07

Telephone 307-634-7273

Comments see attached exhibit, dated

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**  Check here if attachments

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.

- 31.  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.)
- 32.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- 33.  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

37. This permit has been issued for:  New Construction  Substantial Improvement

38. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_

39. 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 attachments



County, NESW, Sec 12, T13N, R64W, Unplatted

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



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 \$ 3500 00
Job Address 4130 ROAD 207
Legal Description SW 1/4 OF SECTION 12 T13N RANGE 64W
Lot Block Tract Size 220 ACRES
City or County Use Zone N X
Applicant (Owner or Authorized Agent) Information
Owner/Agent Name DENNIS BAER
Owner/Agent Address and Phone Number 4130 ROAD 207 CARPENTER WY 82054 DENNIS BAER 307 649 2470
Contractor Name and Phone Number OWNER Contractor Class & License #
Architect Name and Phone Number
Engineer Name and Phone Number

For Office Use Only
Plan Review #
Permit # 06-500591
Received by AKD
Received Date 11-29-06
Plan Check Fee
Permit Fee 79 38
Right of Way Fee
Temporary Power Pole
Investigation Fee
Zoning Certification
Master Plan
Foundation Quick Start
Total Fees Due 79 38
Fees paid by cash
Escrow acct
Check # 3831

Subcontractors (Must be listed or TBD if undecided The following work will not be included in the permit if it is left blank.)
Electrical OWNER Contractor Class & License #
Plumbing OWNER Contractor Class & License #
Mechanical OWNER Contractor Class & License #
Other Contractor Class & License #

Work to be completed REMOVE OLD SINGLE WIDE MOBILE AND REPLACE WITH MOBILES
New Addition Remodel Repair Move Demolish

Please answer the following questions
Occupancy Classification R-3 / U Type of Construction V-B Manufactured Housing (or Mobile Home)
Number of Stories (above grade)
Building Areas in Square Feet Remodeled Area
Main floor 1125 2nd floor Bonus Room
Basement Garage Deck/Porch
Other
Foundation Type Basement Slab on grade including foundation Crawl Space or Block and Piers

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 type="checkbox"/> Number of fixtures
Gas logs or fireplaces	Yes <input type="checkbox"/> No <input type="checkbox"/> Number
Lawn Sprinklers	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Where? Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>
Deck(s)	Yes <input type="checkbox"/> No <input type="checkbox"/> Number and size

**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.)

REMOVE OLD SINGLE WIDE MOBILE HOME AND  
 REPLACE WITH A LARGER ONE AND RECONNECT  
 TO ELECTRICAL AND SEWER  
 - NEWER HOME WILL BE BLOCKSET

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 UNIQUE CIRCUMSTANCES. IN ANY CASE THIS PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

Signature *Dennis Baser*

Date Nov 29-06

Name Printed DENNIS BASER

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

**For Office Use Only**

**Permit / Plan Review Conditions**

B

	Approval	Date		Approval	Date
Address Assigned			Dev/Zoning	<i>OK</i>	
Flood Hazard	<i>OK # 700</i>		Fire Review		
Traffic			Bldg Plan Review		
Construction			Board of County Commissioners	<i>Cathy L</i>	<i>1-5-07</i>
Tap Fees			Card Issued by		
BOPU			Approved for Issue by		
Historic District			Permit Issued by		

W1/4 CORNER  
SECTION 12

S.89°01'56"E. 2638.21'

C1/4 CORNER  
SECTION 12

N.00°58'02"E. 2640.00'

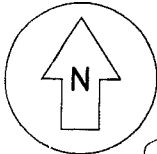
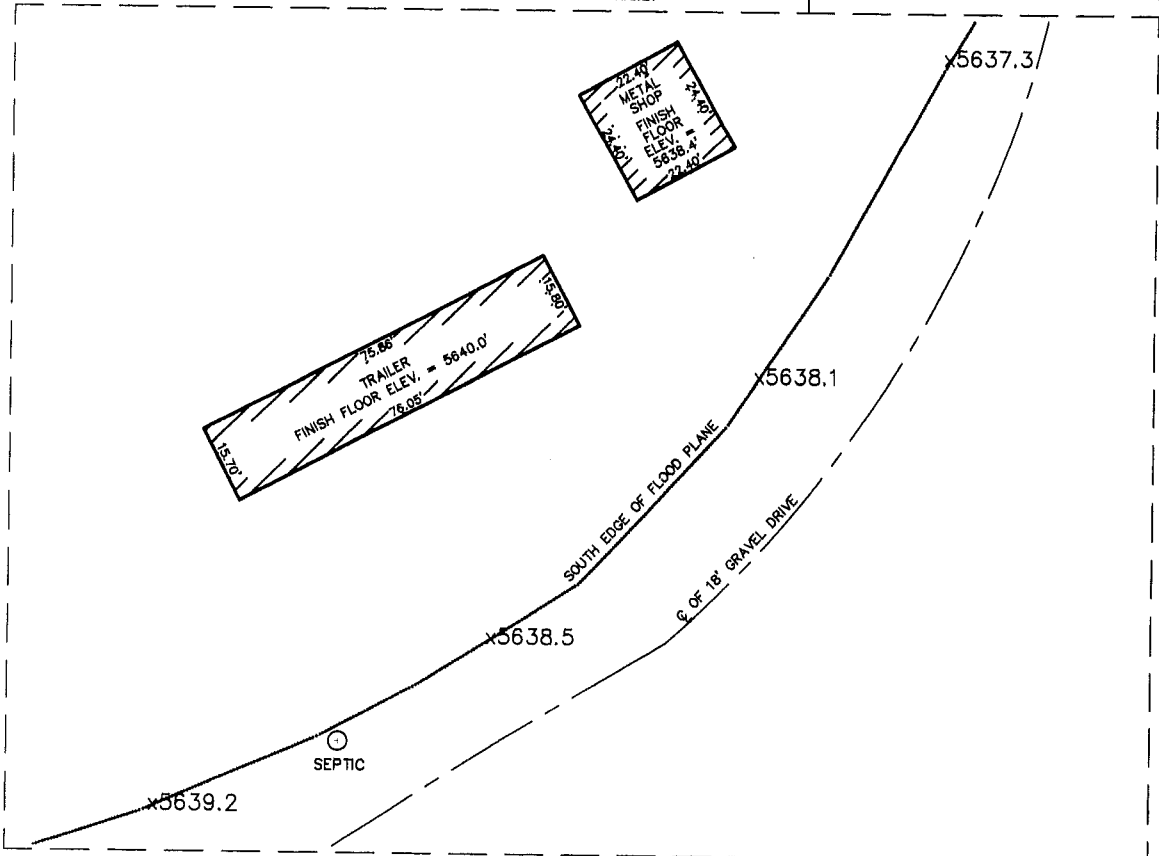
100 YEAR FEMA FLOOD  
PLANE ACCORDING TO  
FEMA MAP PANEL  
# 560029 0700 D

S.00°58'02"W. 2640.00'

SW CORNER  
SECTION 12

S.89°01'58"E. 2638.21'

S1/4 CORNER  
SECTION 12



0 30  
Scale: 1" = 30'



100 YEAR FEMA  
FLOOD PLANE DELINEATION  
FOR  
SW1/4 SEC 12, T.13N., R.64W.  
LARAMIE COUNTY, WYOMING.

Date prepared: 12-14-06



**STEEL SURVEYING SERVICES, LLC**  
REGISTERED LAND SURVEYORS  
1102 WEST 19th STREET P.O. BOX 2073  
CHEYENNE, WY. 82003 PH(307)634-7278