

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 Christopher Lucero		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. 515 W. College		Company NAIC Number
City Cheyenne State WY ZIP Code 82007		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 2, Block 1, Country Homes Subdivision		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Garage</u>		
A5. Latitude/Longitude: Lat. _____ Long. _____		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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 <u>1</u>		
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) <u>0</u> sq ft	a) Square footage of attached garage <u>N/A</u> sq ft	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>N/A</u>	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>N/A</u>	
c) Total net area of flood openings in A8.b <u>N/A</u> sq in	c) Total net area of flood openings in A9.b <u>N/A</u> sq in	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Cheyenne 560021		B2. County Name Laramie		B3. State Wyoming	
B4. Map/Panel Number 1356	B5. Suffix C	B6. FIRM Index Date 11-30-77	B7. FIRM Panel Effective/Revised Date 1-17-07	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 6018.0
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 type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other (Describe) <u>Allison Basin Study</u>					
B11. Indicate elevation datum used for BFE in Item 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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> 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 City of Chey Greley Vertical Datum NAVD 1929
Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor) 6019.0 feet meters (Puerto Rico only)

b) Top of the next higher floor N/A feet meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) N/A feet meters (Puerto Rico only)

d) Attached garage (top of slab) N/A feet meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) N/A feet meters (Puerto Rico only)

f) Lowest adjacent (finished) grade (LAG) 6018.5 feet meters (Puerto Rico only)

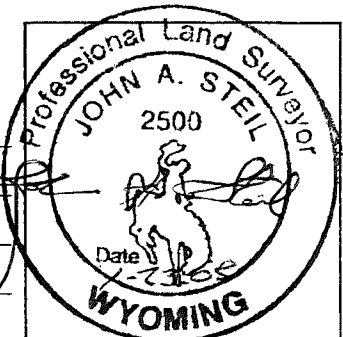
g) Highest adjacent (finished) grade (HAG) 6018.5 feet meters (Puerto Rico only)

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 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 *John A. Steil* Date 1-23-08 Telephone 307-634-7273



Pool finished



call Chris Lucero 634-3947

ADDRESS APPLICATION



LARAMIE COUNTY PLANNING DEPARTMENT
310 W 19TH STREET SUITE 400
CHEYENNE WY 82001 (307) 633 4303 FAX (307) 633-4511

7-31-07 called John left message

Not total finished yet sides are

ATTACH COPY OF PROPERTY DEED AND PLOT PLAN OF STRUCTURE AND:
() Property lines (lot size) () Surrounding roads () Well and Septic location () Location
() Setback distances () Exterior dimensions () Driveway location () Other existing

Application For Zoning Certificate Rural Address

Application Date 11-19-07

Certificate No 07-500551

✓ Applicant Christopher S Lucero

Telephone 307-634-3947

Mailing Address PO BOX 20756

Owner (if different from Applicant) _____

Application to Place HUD _____ UBC _____ OTHER _____ Build Residential Accessory Commercial

Structure Type Garage Structure Size 40 by 10 Sq Ft See Site plan requirements for commercial

Will this structure have water and sewer services? Yes No

Lot Size _____ Acres _____ Sq Ft Estimated Cost of Structure \$ 10,000

Address for Existing Structure Temporary Address (Septic Power Other _____)

Date of Estimated Start of Residential Construction _____

Legal Description

Lot Split _____ Lot 2 Block/Tract 1 Subdivision Country Homes Subd
Division _____ Section _____ Township _____ Range _____

Christopher S Lucero
Signature of Applicant

Date: _____

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

Zoning District MUB Map Page # D-133B Floodplain Development Permit yes Firm Map 1356F

Notes/Conditions _____

✓ Site Address 515 West College Drive

New?

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

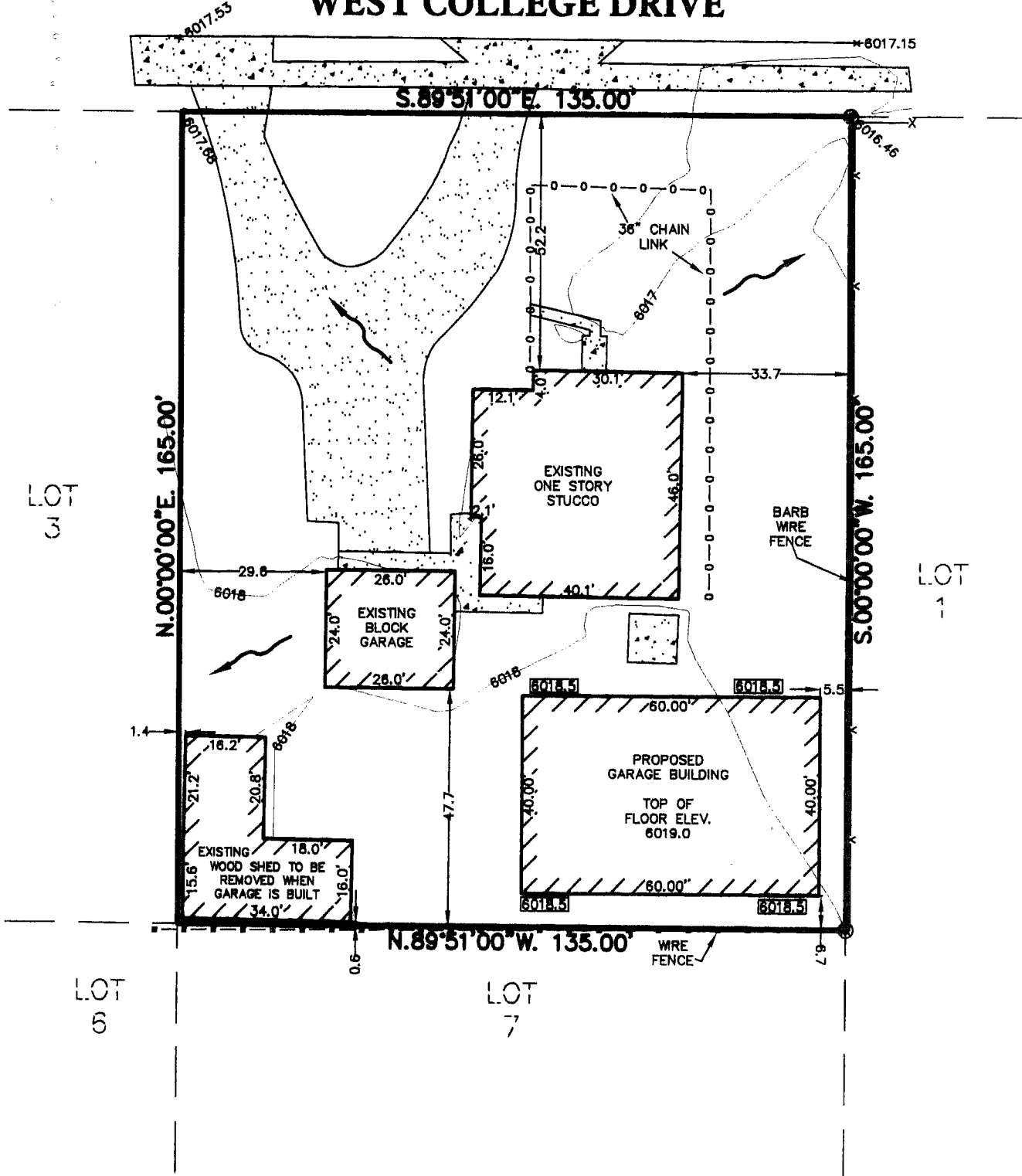
Status app BOARD OF COUNTY COMMISSIONERS by Calley A

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

Issue Date 2-5-08 Expiration date _____ Certificate must be renewed if construction is not started by this date

Receipt No _____ Amount \$ _____ GIS Entry _____ Final Inspection _____
appl call on 02/27/02

WEST COLLEGE DRIVE



LOT 3

LOT 1

LOT 6

LOT 7

NOTE:

ACCORDING TO FEMA MAP PANEL 56021C 1356F DATED 1-17-07 THIS PROPERTY FALLS WITHIN THE 100 YEAR FLOODPLANE. ACCORDING TO FIGURE 7-3 OF THE ALLISON BASIN STUDY THE FLOOD ELEVATION WOULD BE AT ELEVATION 6019.0