

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

BUILDING OWNER'S NAME Robert Snyder		For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 608 East Allison Road		Company NAIC Number
CITY Cheyenne	STATE Wyoming	ZIP CODE 82007
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 28 Block 1 Sunridge South 2nd filing		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential		
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or ###.###")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input checked="" type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other
N41°06'34" W104°47'36"		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 560029 0655E	B2. COUNTY NAME Laramie	B3. STATE Wyoming
B4. MAP AND PANEL NUMBER 0655	B5. SUFFIX E	B6. FIRM INDEX DATE 1994
B7. FIRM PANEL EFFECTIVE/REVISED DATE 2 MAR 1994	B8. FLOOD ZONE(S) A	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 5996.4

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

B11. Indicate the elevation datum used for the BFE in 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:

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. Building Diagram Number **8** (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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
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 **NGVD** Conversion/Comments

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

a) Top of bottom floor (including basement or enclosure) **5999.0** ft.(m)
 b) Top of next higher floor **NA 5999.0** ft.(m)
 c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
 d) Attached garage (top of slab) _____ ft.(m)
 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) **5999.0** ft.(m)
 f) Lowest adjacent (finished) grade (LAG) **5997.3** ft.(m)
 g) Highest adjacent (finished) grade (HAG) **5998.0** ft.(m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **4**
 i) Total area of all permanent openings (flood vents) in C3.h **720** 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: **Larry T. Perry L.S.** LICENSE NUMBER: **WYOMING L.S. 3047**
TITLE: **OWNER** COMPANY NAME: **Terrestrial Surveying & Mapping Co.**
ADDRESS: **1127 Terry Ranch Rd.** CITY: **Cheyenne** STATE: **Wyoming** ZIP CODE: **82007**
SIGNATURE: *[Signature]* DATE: _____ TELEPHONE: **307-634-9360**

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
 Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.
SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME		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	Company NAIC Number	
CHEYENNE	WYOMING		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		ZIP CODE	82007
LOT 28 BLOCK 1 SUNRISE SOUTH 28 FILING			
BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)			
RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##-##-### or ##.####)		HORIZONTAL DATUM:	SOURCE:
		<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	<input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other

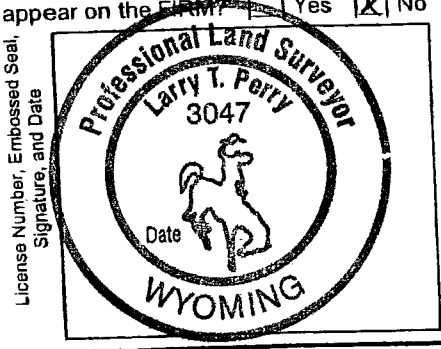
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME		B3. STATE	
560029 0655E		LARAMIE UNINCORPORATED		WYOMING	
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0655	E	1994	2 MAR. 1994	A	5996.4

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____
- B11. Indicate the elevation datum used for the BFE in 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: _____

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. Building Diagram Number 8 (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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 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 NGVD 1929 Conversion/Comments CITY OF CHEYENNE CONTROL NETWORK - NO CONVERSION
 Elevation reference mark used ALLISON Does the elevation reference mark used appear on the FIRM? Yes No
- | | |
|--|-------------------------------|
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | _____ ft.(m) |
| <input type="checkbox"/> b) Top of next higher floor | <u>5999</u> . <u>0</u> ft.(m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | _____ ft.(m) |
| <input type="checkbox"/> d) Attached garage (top of slab) | _____ ft.(m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) | <u>5999</u> . <u>0</u> ft.(m) |
| <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) | <u>5997</u> . <u>3</u> ft.(m) |
| <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG) | _____ ft.(m) |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>4</u> | |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>720</u> 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.

CERTIFICATEE: Larry T. Perry L.S. LICENSE NUMBER _____

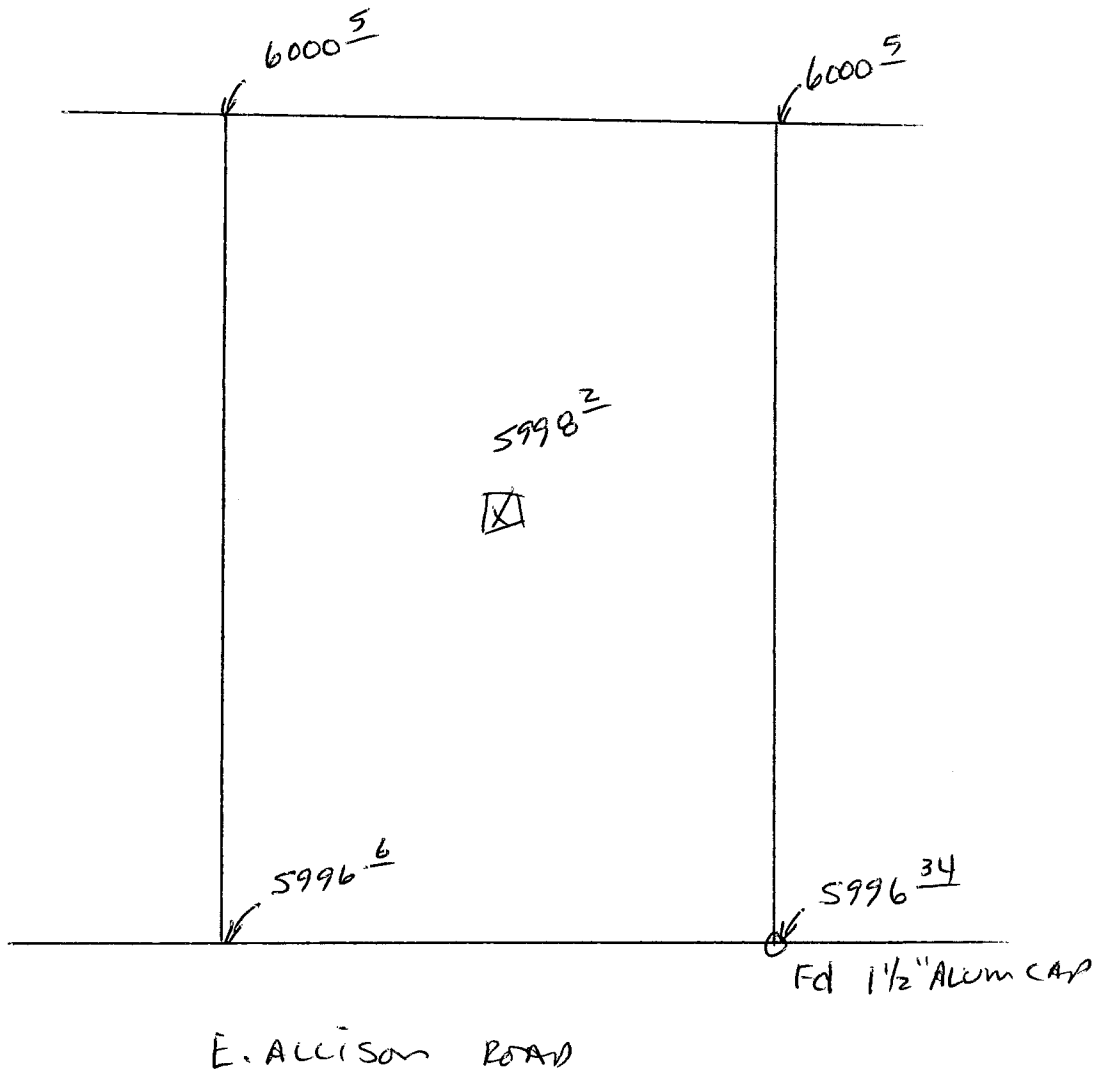
TITLE: _____ COMPANY NAME: CHEYENNE

ADDRESS: _____ CITY: CHEYENNE STATE: WYO. ZIP CODE: 82007

SIGNATURE: _____ DATE: JUNE 2003 TELEPHONE: 307 634-9360

LOT 28 BLOCK 1
SUN RIDGE SOUTH 2ND FILING
(VACANT)

N
↑
N.T.S.
D. HOLMES
06/12/03



BUILDING PERMIT APPLICATION

City County

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

PLAN REVIEW NUMBER:				PERMIT & ZONING CERTIFICATE NUMBER: 03-501265			
RECEIVED BY <i>SS</i>	DATE 11-20-03	PLAN REVIEW	CHECK #	CASH	PERMIT	CHECK # 2365	CASH
VALUATION OF WORK 7600.00				INVESTIGATION FEE FPP 30.00			
PLAN REVIEW FEE 81.08				OTHER FEES ZC 50.00			
PERMIT FEE 124.74				TOTAL FEES \$285.82			
JOB ADDRESS				TRACT SIZE 9440 SQ FT			
SUBDIVISION Sunridge South 2		BLOCK NUMBER 1		LOT NUMBER 28			
OWNER Day Mobile Homes		MAILING ADDRESS 3016 S Colorado Hwy		ZIP CODE 82007		PHONE NUMBER 637-5321	
CONTRACTOR Owner		MAILING ADDRESS		ZIP CODE		PHONE	
ARCHITECT/DESIGNER		MAILING ADDRESS		ZIP CODE		PHONE	
ENGINEER Joe Kub		MAILING ADDRESS		ZIP CODE		PHONE	
USE OF BUILDING Residential				CHANGE OF USE FROM TO			
Class of Work	New	Addition	Alteration	Remodel	Repair	Move	Installation
Remove	Demolish						
DETAILED DESCRIPTION OF WORK Modular on Foundation							
Special Conditions	Temporary Power Pole	Additional Fee \$30.00	Jetted Hot Tub Tec.	Permit/Plan Review Conditions			
Vented Gas Log One	1.	2. Yes	3.	Other Which Level	Deal on file		
Lawn Sprinklers Front	Back	Both	Backflow				
Type of Construction	Occupancy Group/Division	Number of Stories WAVE	Use Zone MR-2	Number of Dwelling Units			
Size of Building Sq. Ft. First Story	1456	Second Story	Garage	Other			
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 Day Mobile Homes		PLUMBING		LICENSE #			
CONTRACTOR Owner		CLASS		ELECTRICAL Collins		LICENSE #	
OTHER		CLASS		MECHANICAL		LICENSE #	
FOR OFFICE USE ONLY							
Special Flood Hazard Area Approved By CA - SW	Date 12-4-03	County Only: Board of County Commissioners, Approved By Cathy Weathering			Date 12-4-03		
Address Assigned By 608 E Allison	Date	Plans Approved By			Date		
Development/Zoning Approved By CA	Date	Card Issued By			Date		
Fire Department Approved By	Date	Date Tap Fees Paid					
Approved For Issue By	Date	Date Permit Issued					

Please post address for Inspectors to find job site. **0-119A**



LS