

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 <u>Mirian H. Bennett</u> <u>616 E. Allison Road</u> City <u>Cheyenne</u> State <u>WY</u> ZIP Code <u>82009</u>	For Insurance Company Use:
	Policy Number
	Company NAIC Number

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 26, Blk 1, Sunridge South 2nd Filing

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

A5. Latitude/Longitude: Lat. 41°06'35"N Long. 104°47'36"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 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 <u>Laramie County WY.</u>		B2. County Name <u>Laramie</u>		B3. State <u>WY</u>	
B4. Map/Panel Number <u>56021C1356</u>	B5. Suffix <u>F</u>	B6. FIRM Index Date <u>Jan 17, 2007</u>	B7. FIRM Panel Effective/Revised Date <u>Jan 17, 2007</u>	B8. Flood Zone(s) <u>AO</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>6001.2/DEPTH 2'</u>

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 Allison (City of Chey) Elev 5993.36 Vertical Datum NGVD 29

Conversion/Comments Add 3.33' to NGVD29

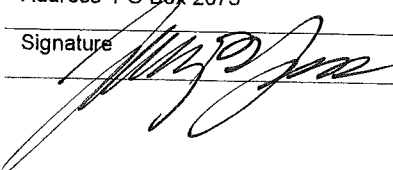
Check the measurement used.

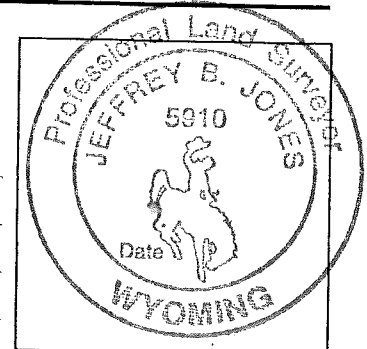
- a) Top of bottom floor (including basement, crawl space, or enclosure floor) 6002.0 feet meters (Puerto Rico only)
b) Top of the next higher floor _____ feet meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) _____ feet meters (Puerto Rico only)
d) Attached garage (top of slab) _____ feet meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) _____ feet meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG) 6001.1 feet meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG) 6001.5 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 <u>Jeffrey B. Jones</u>	License Number <u>PLS 5910</u>
Title <u>Professional Land Surveyor</u>	Company Name <u>Steil Surveying Services, LLC. (job 08167)</u>
Address <u>PO Box 2073</u>	City <u>Cheyenne</u> State <u>WY</u> ZIP Code <u>82003</u>
Signature 	Date <u>12/8/08</u> Telephone <u>307-634-7273</u>




Revised


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. 616 E. Allison Road	Policy Number
City Cheyenne State WY ZIP Code 82001	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  _____

Check here if attachments

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 _____

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. 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 who 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
-------------------	------------------------	---

- 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 attachments

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

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616 E. Allison Road

City Cheyenne State WY ZIP Code 82009

For Insurance Company Use:

Policy Number

Company NAIC Number

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Horizontal Datum: NAD 1927 NAD 1983

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B2. County Name
Laramie

B3. State
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B8. Flood Zone(s)
AC

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
6001.2

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
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Conversion/Comments Add 3.33' to NGVD29

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Check here if comments are provided on back of form.

Certifier's Name Jeffrey B. Jones

License Number PLS 5910

Title Professional Land Surveyor

Company Name Steil Surveying Services, LLC.

Address PO Box 2073

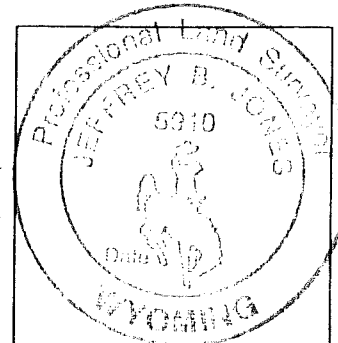
City Cheyenne

State WY ZIP Code 82003

Signature [Signature]

Date 4/17/08

Telephone 307-634-7273

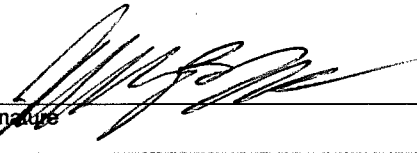


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Comments Benchmark for construction set at 5998.0 (NGVD29) = 6001.33 (NAVD88)

Signature  Date 3/13/08

Check here if attachments

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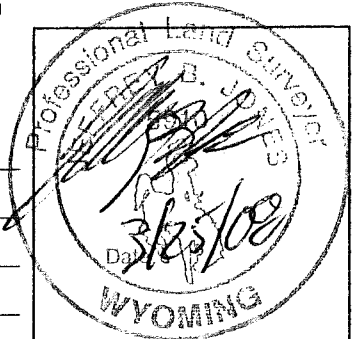
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Certifier's Name <u>Jeffrey B. Jones</u>	License Number <u>PLS 5910</u>
Title <u>Professional Land Surveyor</u>	Company Name <u>Steil Surveying Services, LLC.</u>
Address <u>PO Box 2073</u>	City <u>Cheyenne</u> State <u>WY</u> ZIP Code <u>82003</u>
Signature _____	Date _____ Telephone <u>307-634-7273</u>



Complete



Zoning Certificate Application

Laramie County Planning and Development Office
310 W 19th ST Room 400
Cheyenne, WY 82001

Phone: 307-633-4303
Fax: 307-633-4519
planning@laramiecounty.com

Incomplete Applications Can Not Be Accepted

ATTACH COPY OF PROPERTY DEED AND PLOT PLAN DRAWN TO SCALE OF STRUCTURE AND SITE INCLUDING:
() Property lines () Surrounding roads () Well and Septic location () Location of structure on property
() Setback distances () Exterior dimensions () Driveway location () Other existing structures () North arrow

For Office Use Only Received By: RChubb Date: 3-21-08 Certificate # 08-0043

Valuation of Work: \$20,000 Job Address: 616 E Allison Rd

Legal Description: Subdivision: Sunridge South (2) Lot: 26 Block: # Acres: # Sq Ft:

Division: Section: 8 Township: 13N Range: 66W

Owner Name: Miriam H. Bennett Phone: 3076301262

Address: 616 E Allison Rd City: Cheyenne State: WY Zip Code: 82007

Applicant Name: Same Phone: 630-3512

Address: City: State: Zip Code:

Purpose of Permit New Addition Placement: Place Build Proposed Use of Building: Garage

Structure Type: Shop Pole Barn Detached Garage Other

Will this structure have water and/or sewer services? Yes No Structure Size: 816 Sq Ft

Description of Work: Complete description of the work done (Work is not included in the certificate unless described in this scope of work).
24x34' Detached Garage With Concrete Floor

FOR ACCESSORY STRUCTURE WITHOUT PRINCIPAL DWELLING UNIT ON PROPERTY ONLY:
Will you need an address to obtain the following?: Septic Permit Electrical Service Other None

A building permit is required prior to any residential or commercial construction. Address is subject to change at time of application for building permit. This certificate is issued subject to full compliance with the terms of the application and the zoning regulations and/or addressing. 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.

By my signature and under penalty of perjury, I hereby certify that I am the owner of the reference 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 certificate 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: Miriam H. Bennett

Printed Signature: Miriam H. Bennett Date: 3-21-08

For Office Use Only Certificate Conditions:
Applicant will apply for electric permit later.

New Address? Map Page: D-119 Approved By: Review Date:

Zoning District: MR-2

Flood Hazard Area?: Elevation Certificate?:

Flood Zone: A0 Panel Number: 56021C1356F Zoning Certificate: \$35.00

Address Assigned: Total Fees Due: \$35.00

Board of Commissioners-approved for issuance: [Signature] 3/26/08 Fees Paid: CK # Cash

Receipt #: 57

GJS-15-08