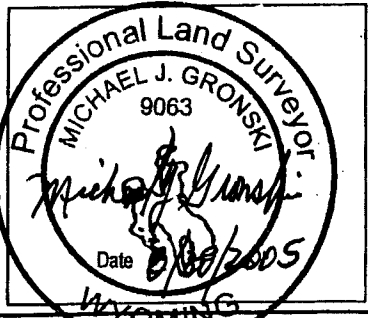


# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>		For Insurance Company Use
BUILDING OWNER'S NAME <b>MARY WININGER</b>	Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <b>708 ARTESIAN ROAD</b>		Company NAIC Number
CITY <b>CHEYENNE</b>	STATE <b>WYOMING</b>	ZIP CODE <b>82007</b>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 2, BLOCK 1 "E.W.H. SUBDIVISION"</b>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <b>RESIDENTIAL</b>		
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): _____ (##°-##'-###.##" or ##.####") <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____		
<b>CITY OF CHEYENNE DATUM CHEYENNE</b>		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <b>LARAMIE COUNTY 560029</b>		B2. COUNTY NAME <b>LARAMIE</b>		B3. STATE <b>WYOMING</b>	
B4. MAP AND PANEL NUMBER <b>560029 0655E</b>	B5. SUFFIX <b>0655E</b>	B6. FIRM INDEX DATE <b>9/30/1977</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>3/2/1994</b>	B8. FLOOD ZONE(S) <b>A</b>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <b>6008.0</b>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input 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 type="checkbox"/> No Designation Date: <u>N/A</u>					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number <u>6</u> (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 <u>(NGVD 29)</u> Conversion/Comments <u>ELEVATION EXTENDED FROM CHEYENNE DATUM POINT "GREELEY" (NGVD 29)</u>	
Elevation reference mark used <u>BM "GREELEY"</u> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) _____ ft.(m) <input checked="" type="checkbox"/> b) Top of next higher floor _____ 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.) _____ ft.(m) <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) <u>6006.0</u> ft.(m) <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG) <u>6007.2</u> ft.(m) <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____ <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)	License Number, Embossed Seal, Signature, and Date 

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 <b>MICHAEL J. GRONSKI</b>		LICENSE NUMBER <b>WY L.S. 9063</b>	
TITLE <b>SURVEY MANAGER</b>	COMPANY NAME <b>G&amp;S SURVEYS</b>		
ADDRESS <b>5211 OGDEN ROAD</b>	CITY <b>CHEYENNE</b>	STATE <b>WY</b>	ZIP CODE <b>82009</b>
SIGNATURE	DATE <b>8-29-2005</b>	TELEPHONE <b>(307) 637-6127</b>	

<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. 708 ARTESIAN 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

Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1. through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_\_\_\_ (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_\_\_ ft.(m) \_\_\_\_\_ in.(cm) \_\_\_\_\_ above or \_\_\_\_\_ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_\_\_ ft.(m) \_\_\_\_\_ in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. For 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, C (Items C3.h and C3.i only), 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, C, 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.

- G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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 is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

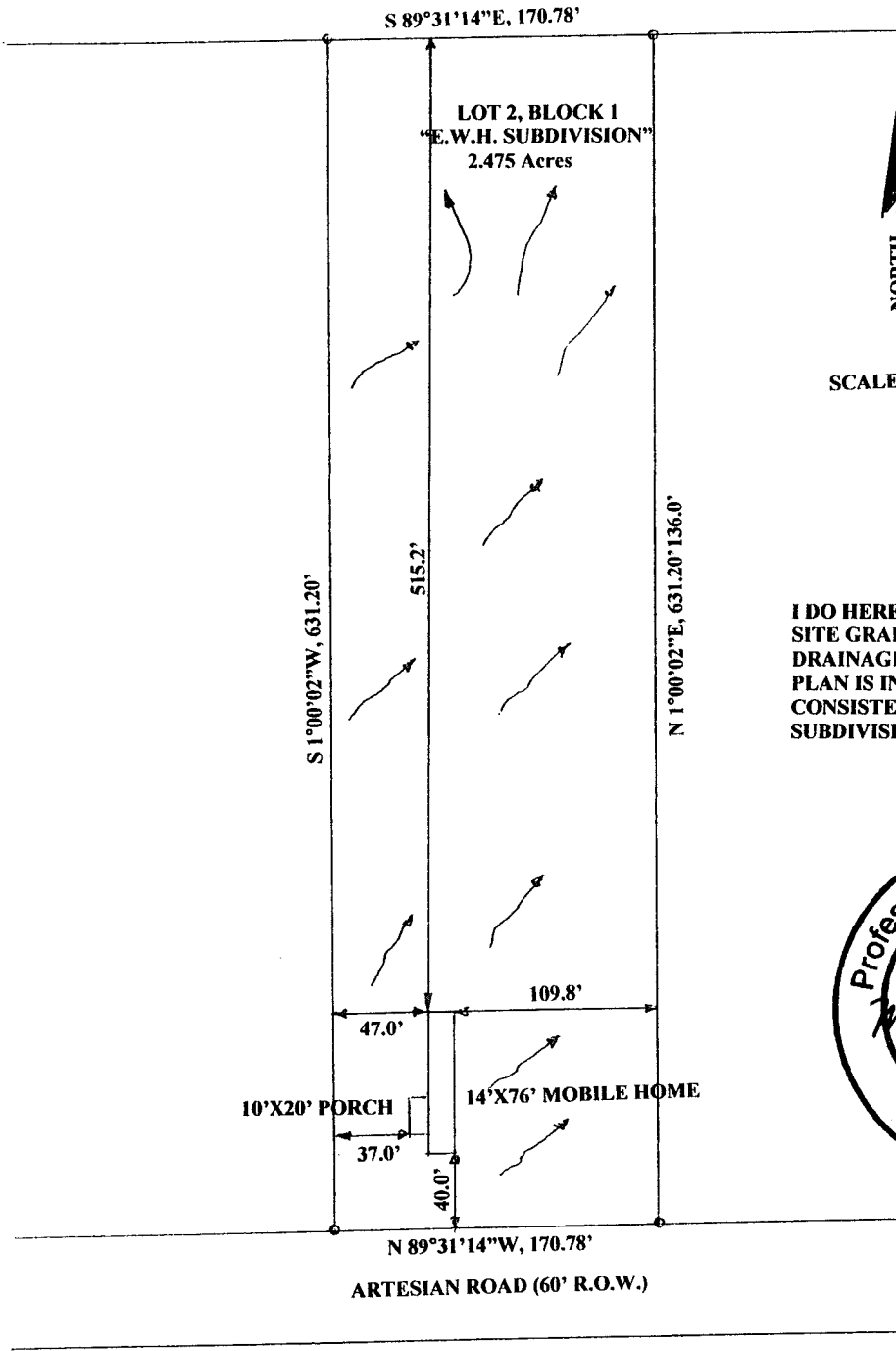
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments



FLOOR ELEVATION = 6009.4'  
BASE FLOOD ELEVATION = 6008.0'

**PLOT PLAN**  
**708 ARTESIAN ROAD**  
**LOT 2, BLOCK 1**  
**"E.W.H. SUBDIVISION"**  
**LARAMIE COUNTY, WYOMING**  
**August 28, 2005**

F. Glaze Wininger - Owner

Call Carol

**LARAMIE COUNTY/CHEYENNE REGIONAL BUILDING DEPARTMENT - PERMIT APPLICATION**  
 CALL BEFORE YOU DIG! 1-800-348-1830 IT'S THE LAW!

City  County

PLAN REVIEW NUMBER: \_\_\_\_\_ PERMIT & ZONING CERTIFICATE NUMBER: **05-500694**

RECEIVED BY: **RC** DATE: **9.29.05** PLAN REVIEW CHECK: **5153** CASH PERMIT CHECK# CASH

VALUATION OF WORK: **2500** INVESTIGATION FEE: \_\_\_\_\_

PLAN REVIEW FEE: \_\_\_\_\_ OTHER FEES: \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_ TOTAL FEES: **108.04**

JOB ADDRESS: **708 Artesian Road** TRACT SIZE: **1/2**

SUBDIVISION: **W.E. Harrison Artesian tracts** BLOCK NUMBER: **T15** LOT NUMBER: \_\_\_\_\_

OWNER: **Renter Golda Hermreck** MAILING ADDRESS: **708 Artesian Rd** ZIP CODE: **82007** PHONE NUMBER: **307-740-3147**

CONTRACTOR: **self** MAILING ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ LICENSE #: \_\_\_\_\_ CLASS: \_\_\_\_\_

ARCHITECT/ENGINEER: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

USE OF BUILDING: **Home** CHANGE OF USE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Class of Work: New  Addition  Alteration  Remodel  Repair  Move  Installation  Remove  Demolish

DETAILED DESCRIPTION OF WORK:  
**Move old mobile home;  
 Move in setup mobile home as private residence**

Lava Sprinklers:  NO  YES Temporary Power Pole:  NO  YES Additional Fee \$30.00

Vented Gas Log One:  NO  YES Jetted Hot Tub:  NO  YES

Permit/Plan Review Conditions: **elev cut Rec'd for finished coast**

Type of Construction: \_\_\_\_\_ Occupancy Group/Division: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Use Zone: **MUR** Number of Dwelling Units: \_\_\_\_\_

Size of Building Sq. Ft.: \_\_\_\_\_ First Story: \_\_\_\_\_ Second Story: \_\_\_\_\_ Basement: \_\_\_\_\_ 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 Signature: **Golda C Hermreck** PLUMBING: **homeowner** LICENSE #: \_\_\_\_\_

CONTRACTOR Signature: \_\_\_\_\_ CLASS: \_\_\_\_\_ ELECTRICAL: **homeowner** LICENSE #: \_\_\_\_\_

OTHER: \_\_\_\_\_ CLASS: \_\_\_\_\_ MECHANICAL: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Special Flood Hazard Area Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ County Board of County Commissioners Approved By: \_\_\_\_\_ Date: **9-30-05**

Address Assigned By: \_\_\_\_\_ Date: \_\_\_\_\_ Plans Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Development/Zoning Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Card Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Date Tap Fees Paid: \_\_\_\_\_

Approved For Issue By: \_\_\_\_\_ Date: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_

temporary daughter (Carol)  
634-6290 daughter (Smita)  
214-5540 daughter (Mary)

Do you need a Quick Start Foundation Permit?

Scanned RC 8/30/05

D1339

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