

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 WALTER F. LAVERAU		For Insurance Company Use	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 710 EAST ALLISON ROAD		Policy Number	
CITY CHEYENNE	STATE WYOMING	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 23 BLOCK 1 SUNPIDGE SOUTH 2nd FILING		ZIP CODE 82007	
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 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 560029 0655 E		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) 599.4				

- 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)

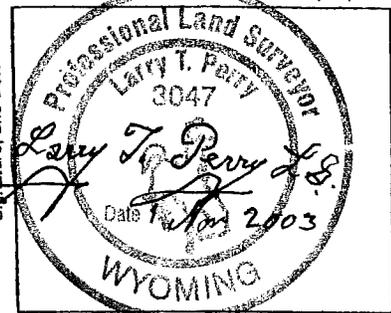
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

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 **No conversion**

Elevation reference mark used **cp "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)	5998.4 ft. (m)
<input 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.)	5998.4 ft. (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	5995.8 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 _____	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h _____ 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 LS 3047
TITLE OWNER	COMPANY NAME TERRESTRIAL SURVEYING & MAPPING
ADDRESS 1127 TERRY RANCH RD CHEYENNE,	CITY WYOMING
SIGNATURE Larry T. Perry L.S.	DATE 2 Nov 2007
	STATE 82007
	TELEPHONE 307 634-9360

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. 710 EAST ALLISON ROAD			Policy Number
CITY CHEYENNE	STATE WYOMING	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 FLOOD PLAIN ELEVATION WAS DETERMINED FROM "ALLISON DRAIN MASTER DRAINAGE PLAN" NOV. 1988 PAGE 20 TABLE 2-4 STA 160 + 00.

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 E5. 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 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.)
- 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. The top of the platform of machinery and/or equipment servicing the building is ft. (m) in. (cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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

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		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	ZIP CODE	
CHEYENNE	WYOMING	82007	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)			
LOT 23 BLOCK 1 SUNRISE 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: SOURCE:	
		<input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	

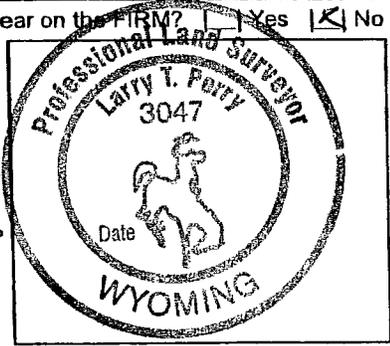
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME		B3. STATE	
560029 065 E		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 3 (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, ARIA, AR/AE, AR/A1-A30, AR/AH, ARIA/O
 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 NAVD1929 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
- a) Top of bottom floor (including basement or enclosure) _____ ft.(m)
 - b) Top of next higher floor 5997.0 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.) 5997.0 ft.(m)
 - f) Lowest adjacent (finished) grade (LAG) 5995.2 ft.(m)
 - g) Highest adjacent (finished) grade (HAG) _____ 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.

CERTIFICATEE NAME	LICENSE NUMBER
<u>Larry T. Perry L.S.</u>	<u>LS3047</u>
TITLE	COMPANY NAME
<u>Larry T. Perry L.S.</u>	<u>CHEYENNE,</u>
ADDRESS	CITY
<u>[Signature]</u>	<u>WYO.</u>
SIGNATURE	STATE
	<u>WYO.</u>
	CITY
	<u>CHEYENNE</u>
	STATE
	<u>WYO.</u>
	ZIP CODE
	<u>82007</u>
	TELEPHONE
	<u>307 634-9360</u>

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use	
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CITY <u>CHEYENNE</u>	STATE <u>WYOMING</u>	ZIP CODE <u>82007</u>	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

FLOOD PLANE ELEVATION WAS DETERMINED FROM "ALLISON DRAW MASTER DRAINAGE PLAN" NOV 1988 PAGE 2-8 TABLE 2-4 STA 166+00 VERIFICATION SHALL BE PERFORMED AT COMPLETION OF CONSTRUCTION

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 E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

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PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

Check here if attachments

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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

Elw Cert Done for final

BUILDING PERMIT APPLICATION									
<input type="checkbox"/> City <input checked="" type="checkbox"/> County					7-8-03				
CALL BEFORE YOU DIG! 1-800-348-1030 IT'S THE LAW!									
PLAN REVIEW NUMBER:					PERMIT & ZONING CERTIFICATE NUMBER: 03-500683				
RECEIVED BY	DATE	PLAN REVIEW	CHECK #	CASH	PERMIT	CHECK#	CASH		
<i>[Signature]</i>	6-19-03					1722			
VALUATION OF WORK 19,050. ⁰⁰					INVESTIGATION FEE 2C - 50. ⁰⁰				
PLAN REVIEW FEE 169.53					OTHER FEES TAP 30. ⁰⁰				
PERMIT FEE 260.82					TOTAL FEES 48 510.35				
JOB ADDRESS					TRACT SIZE 9435 sqft				
SUBDIVISION Sunridge South 2nd					BLOCK NUMBER 1		LOT NUMBER 23		
OWNER DAY Mobile Homes		MAILING ADDRESS 3016 S Glenway Hwy			ZIP CODE 80507		PHONE NUMBER 631-5521		
CONTRACTOR OWNER		MAILING ADDRESS			ZIP CODE		PHONE		CLASS
ARCHITECT/DESIGNER		MAILING ADDRESS			ZIP CODE		PHONE		
ENGINEER Chuck Robinson		MAILING ADDRESS 319 South Glont Ave			Fort Collins Colo 970 493 0178				
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 Garage, Foundation, ELEC. CULVERT, STEPS									
Special Conditions	Temporary Power Pole	Additional Fee \$30.00	Jetted Hot Tub Tec.	Permit/Plan Review Conditions					
Vented Gas Log One	2. Yes	3.	Other Which Level						
Lawn Sprinklers - Front	Back	Both	Backflow						
Type of Construction	Occupancy Group/Division	Number of Stories	Use Zone	Mk-2					
Size of Building Sq. Ft. First Story	1564	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		
OTHER				CLASS			MECHANICAL		
FOR OFFICE USE ONLY									
Special Flood Hazard Area Approved By <i>[Signature]</i>				Date		County Only: Board of County Commissioners Approved By <i>[Signature]</i>		Date 6-26-03	
Address Assigned By 710 E. Allison Rd				Date 6-26-03		Plans Approved By <i>[Signature]</i>		Date	
Development/Zoning Approved By <i>[Signature]</i>				Date		Card Issued By		Date	
Fire Department Approved By				Date		Date Tap Fees Paid			
Approved For Issue By				Date		Date Permit Issued			

D-119a

