

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		For Insurance Company Use
BUILDING OWNER'S NAME <u>NORMAN D. AND MARY ANN MULLIKIN</u>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>802 EAST ALLISON ROAD.</u>		Company NAIC Number
CITY <u>CHEYENNE</u>	STATE <u>WYO</u>	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
ACCESSORY - SHOP BUILDING AT RESIDENCE

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or #####°) HORIZONTAL DATUM: SOURCE: GPS (Type): USGS Quad Map Other

NAD 1927 NAD 1983

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME <u>LARAMIE</u>	B3. STATE <u>WYOMING</u>
B4. MAP AND PANEL NUMBER <u>0655</u>	B5. SUFFIX <u>E</u>	B6. FIRM INDEX DATE <u>1994</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>2 MAR 1994</u>
B8. FLOOD ZONE(S) <u>A</u>		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>5996.1</u>	

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: _____

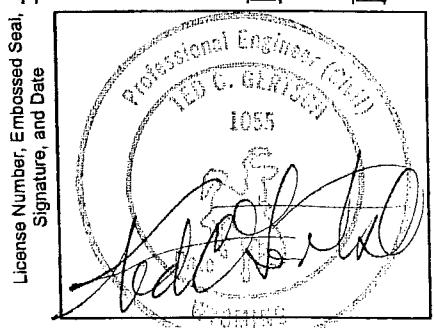
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 1 (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 _____ Conversion/Comments CITY OF CHEYENNE CONTROL NETWORK NOODUM
 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 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.) 5995.75 ft. (m)
 f) Lowest adjacent (finished) grade (LAG) 5993.3 ft. (m)
 g) Highest adjacent (finished) grade (HAG) _____ ft. (m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
 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 TED C GERTSCH, P.E. LICENSE NUMBER 1055 (WY)

TITLE ARCH/ENGINEER COMPANY NAME GERTSCH/BAKER & ASSOC

ADDRESS 215 S 3RD #110 CITY LARAMIE STATE WY ZIP CODE 82070

SIGNATURE [Signature] DATE 10/27/03 TELEPHONE 307-742-6116

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.			Policy Number	
CITY	STATE	ZIP CODE	Company NAIC Number	
CHEYENNE	WYO	82007		

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 information taken from Elevation Certificate by Larry Perry L.S. 3047

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 _____ (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



ZONING/ADDRESS APPLICATION

LARAMIE COUNTY PLANNING DEPARTMENT
310 W 19TH STREET SUITE 400
CHEYENNE, WY 82001 (307) 633-4303 FAX (307)633-4519



ATTACH COPY OF PROPERTY DEED AND PLOT PLAN OF STRUCTURE AND SITE INCLUDING:

- () Property lines (lot size) () Surrounding roads () Well and Septic location () Location of structure on property
- () Setback distances () Exterior dimensions () Driveway location () Other existing structures () North arrow

Application For: Zoning Certificate [] Rural Address (Outside Zoned Area)

Application Date 8-26-03 Certificate No. 03-500935

Applicant NORMAN D. MULLIKIN Telephone 631-0349

Mailing Address 802 E. Allison Rd. Chey, Wyo 82007

Owner (if different from Applicant) _____

Application to: Place: HUD ___ UBC ___ OTHER ___ Build Residential [] Accessory Commercial []*

Structure Type Pole BARN Structure Size 960 Sq. Ft. *See Site plan requirements for commercial

Will this structure have water and sewer services? [] Yes No

Lot Size 160x140 Acres 18500 ¹⁸⁵⁰⁰ ~~18500~~ ^{gone} Sq. Ft. Estimated Cost of Structure \$ 6,000.00 materials

Estimated Completion Date 9-9-03 Location of Structure Staked: Yes [] No-Call When Location Is Staked.

Legal Description 22221

Lot Split _____ Lot 22221 Block/Tract 2 Subdivision Sundridge S. Addition

Division _____ Section _____ Township _____ Range _____

Norman D. Mullikin 8-26-03
Signature of Applicant Date

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

Zoning District D19A Map Page # M2 Floodplain Development Permit Yes Firm Map _____

Notes/Conditions elec cert req'd
sure 03-50600 + 508907

Site Address 802 E Allison 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 Approved BOARD OF COUNTY COMMISSIONERS by Cathy Deatherford

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

Issue Date 10-31-03 Expiration date _____ Certificate must be renewed if construction is not started by this date.

Receipt No. _____ Amount \$ _____ GIS Entry _____ Final Inspection _____

application/02/2702



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