

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.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>			For Insurance Company Use:	
BUILDING OWNER'S NAME Donald D. Schumacker			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 807 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.) Tax ID No. 11083008600011				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##" or ##.####") N41°06'34" W104°47'24"		HORIZONTAL DATUM: X NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

**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 2MAR94	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 \_\_\_\_\_

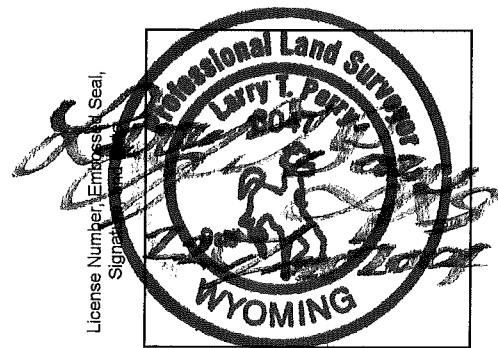
**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

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 NAVD1929 Conversion/Comments NONE  
 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) 5996.2 ft.(m)
- ▶ b) Top of next higher floor 5996.2 ft.(m)
- ▶ c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- ▶ d) Attached garage (top of slab) N/A ft.(m)
- ▶ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) N/A ft.(m)
- ▶ f) Lowest adjacent (finished) grade (LAG) 5993.7 ft.(m)
- ▶ g) Highest adjacent (finished) grade (HAG) 5994.25 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 <u>Larry T. Perry L.S.</u>		LICENSE NUMBER <u>LS 3047</u>	
TITLE <u>Land Surveyor</u>	COMPANY NAME <u>Terrestrial Surveying &amp; Mapping Co.</u>		
ADDRESS <u>1127 Terry Ranch Road</u>	CITY <u>Cheyenne</u>	STATE <u>Wyoming</u>	ZIP CODE <u>82007</u>
SIGNATURE <u>Larry T. Perry</u>	DATE <u>16 June 2004</u>	TELEPHONE <u>307 634 9360</u>	

<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. 807 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 was determined from "Allison Draw Master Drainage Plan" Nov. 1988 page 2-8, Table 2-4

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. 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

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <b>DONALD D. SCHUMACHER</b>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <b>807 East Allison 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>Tax I.D. No. 11093 008600011</b>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments area if necessary.) <b>RESIDENTIAL</b>		
LATITUDE/LONGITUDE (OPTIONAL) (###° ##' ##" or ###.####°)	HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____
<b>N 41° 06' 34" W 107° 47' 24"</b>		

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <b>560029 0655E</b>		B2. COUNTY NAME <b>LARAMIE</b>		B3. STATE <b>WYOMING</b>	
B4. MAP AND PANEL NUMBER <b>0655</b>	B5. SUFFIX <b>E</b>	B6. FIRM INDEX DATE <b>1994</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>2 MAR 94</b>	B8. FLOOD ZONES <b>A</b>	B9. BASE FLOOD ELEVATION(S) <b>5996±</b>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <span style="float: right;"><b>1988</b></span>					
<input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): <b>DRAINAGE MASTER PLAN, ALLISON DRAIN</b>					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" 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 checked="" type="checkbox"/> 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.

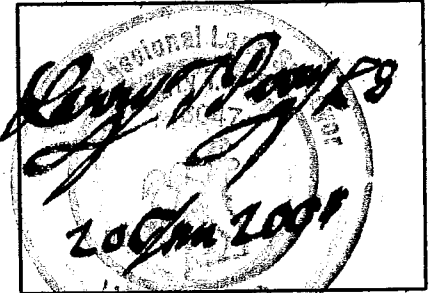
C2. Building Diagram Number **8** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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 **NAVD 1929** Conversion/Comments **None**

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 _____ ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) <b>N/A</b> _____ ft.(m)	<input type="checkbox"/> d) Attached garage (top of slab) <b>N/A</b> _____ ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) <b>N/A</b> _____ ft.(m)	<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) <b>5993</b> _____ 70 ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG) <b>5994</b> _____ 25 ft.(m)	<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <b>4</b>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <b>720</b> _____ 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>LARRY T. PERRY L.S.</b>	LICENSE NUMBER <b>LS 3047</b>
TITLE <b>TORRESTRAL SURVEYING &amp; MAPPING CO.</b>	
ADDRESS <b>1127 Terry Ranch Rd.</b>	CITY <b>Cheyenne</b>
	STATE <b>WYOMING</b>
	ZIP CODE <b>82007</b>
SIGNATURE <i>Larry T. Perry L.S.</i>	DATE <b>2004/Jan 2004</b>
	TELEPHONE <b>307 634 ~ 9360</b>

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>For Insurance Company Use:</b>	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <b>807 EAST ALLISON ROAD</b>			Policy Number	
CITY <b>CHEYENNE</b>	STATE <b>WYOMING</b>	ZIP CODE <b>82007</b>	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 WAS DETERMINED FROM "ALLISON DRAW MASTER DRAINAGE PLAN" NOV 1988 PG 2~8 TABLE 2~4**

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.
- 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
-------------------	------------------------	---

- 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

### BUILDING PERMIT APPLICATION

City      County

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

PLAN REVIEW NUMBER:				PERMIT & ZONING CERTIFICATE NUMBER: <b>04-500059</b>							
RECEIVED BY <b>BB</b>	DATE <b>1-29-04</b>	PLAN REVIEW	CHECK #	CASH	PERMIT	CHECK# <b>1841</b>	CASH				
VALUATION OF WORK <b>6500.01-</b>				INVESTIGATION FEE							
PLAN REVIEW FEE <b>73.71</b>				OTHER FEES <b>50.00</b>							
PERMIT FEE <b>113.40</b>				TOTAL FEES <b>237.11</b>							
JOB ADDRESS <b>807 E Allison Rd.</b>				TRACT SIZE <b>(.59 Acres) (26,578 SQ. FT.)</b>							
SUBDIVISION <b>Allison Tracts 03</b>		BLOCK NUMBER <b>T86 Parts 9</b>		LOT NUMBER <b>86</b>							
OWNER <b>Donald Schumacker</b>	MAILING ADDRESS <b>807 E Allison</b>			ZIP CODE <b>82007</b>		PHONE NUMBER					
CONTRACTOR <b>DAY Mobile Homes</b>	MAILING ADDRESS <b>3016 S Grandway West</b>		ZIP CODE <b>82007</b>		PHONE <b>637-5521</b>		LICENSE # CLASS				
ARCHITECT/DESIGNER	MAILING ADDRESS			ZIP CODE		PHONE					
ENGINEER <b>Joe Kub</b>	MAILING ADDRESS			ZIP CODE		PHONE					
USE OF BUILDING <b>Residential</b>				CHANGE OF USE FROM		TO					
Class of Work	New	Addition	Alteration	Remodel	Repair	Move	Installation	Remove	Demolish		
DETAILED DESCRIPTION OF WORK <b>Modular on Foundation</b>											
Special Conditions	Temporary Power Pole	Additional Fee \$30.00	Jetted Hot Tub Tee.	Permit/Plan Review Conditions <b>Flood Hazard Area</b>							
Vented Gas Log One	1.	2.	3.	Other Which Level							
Lawn Sprinklers	Front	Back	Both	Backflow							
Type of Construction	Occupancy Group/Division			Number of Stories <b>LIVING</b>	Use Zone <b>MU2</b>	Number of Dwelling Units					
Size of Building Sq. Ft. First Story	Second Story			Basement <b>LIVING</b>	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 <b>Donald Schumacker</b>				PLUMBING <b>Curtright</b>		LICENSE #					
CONTRACTOR <b>DAY Mobile Homes</b>				ELECTRICAL <b>Collins</b>		LICENSE #					
OTHER				MECHANICAL		LICENSE #					
FOR OFFICE USE ONLY											
Special Flood Hazard Area Approved By <b>CH</b>			Date			County Only Board of County Commissioners Approved By <b>Curry Walker</b>			Date <b>2-4-04</b>		
Address Assigned By			Date			Plans Approved By			Date		
Development/Zoning Approved By <b>CH</b>			Date			Card Issued By			Date		
Fire Department Approved By			Date			Date Tap Fees Paid			Date		
Approved For Issue By			Date			Date Permit Issued			Date		

Do you need a Quick Start Foundation Permit? **01196**

