

ELEVATION CERTIFICATE

OMB No. 1660-0008
 Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name MIKE SCHUMM		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 809 ARTESIAN ROAD		Company NAIC Number
City CHEYENNE State WY ZIP Code 82007		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TRACT 17 OF ARTESIAN TRACTS		

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RES.**

A5. Latitude/Longitude: Lat. **41-05-41** Long. **104-47-28** 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 **B**

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s)	_____ sq ft	A9. For a building with an attached garage, provide:	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	3	a) Square footage of attached garage	_____ sq ft
c) Total net area of flood openings in A8.b	512 sq in	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 LARAMIE COUNTY 58 0029 0655E		B2. County Name LARAMIE		B3. State WYOMING	
B4. Map/Panel Number 655 OF 750	B5. Suffix E	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date MARCH 2, 1994	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 6006.9

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** Vertical Datum **5993.36'**

Conversion/Comments _____

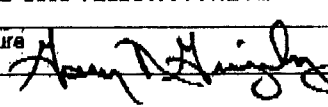
Check the measurement used.

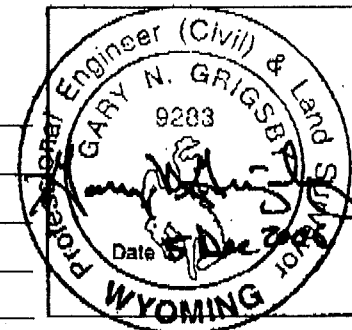
a) Top of bottom floor (including basement, crawl space, or enclosure floor).	6011.30	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	6007.7	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	6008.0	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> 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 GARY N. GRIGSBY	License Number PELS 9283
Title PRESIDENT	Company Name WESTERN RESEARCH&DEVELOPMENT
Address 5908 YELLOWSTONE RD.	City CHEYENNE State WY ZIP Code 82009
Signature 	Date DEC.5 2006 Telephone (307) 632-5656



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. 809 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 STATION 67+00 OF TABLE 2-4, PAGE 2-10 OF THE DRAINAGE MASTER PLAN OF ALLISON CREEK DATED NOVEMBER 1988 WAS USED TO DETERMINE THE BASE FLOOD ELEVATION.

Signature  Date 12/05/2006 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

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

OMB 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 MIKE SCHUMM		For Insurance Company Use Policy Number	
BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg No) OR PO ROUTE AND BOX NO ARTESIAN ROAD		Company NAIC Number	
CITY CHEYENNA	STATE WYOMING	ZIP CODE 82002	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc) TRACT 17 of ARTESIAN TRACT			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc Use Comments area if necessary) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (## - ##' - ##" or ##" ##")		HORIZONTAL DATUM	
N 41° 05.69' W 104° 17.48'		<input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
		SOURCE <input checked="" 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 LARAMIE COUNTY 560029 0655E		B2 COUNTY NAME LARAMIE		B3 STATE WYOMING	
B4 MAP AND PANEL NUMBER 655 OF 750	B5 SUFFIX E	B6 FIRM INDEX DATE	B7 FIRM PANEL EFFECTIVE/REVISED DATE 2 MAR 1994	B8 FLOOD ZONES	B9 BASE FLOOD ELEVATION(S) 6006.9

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)

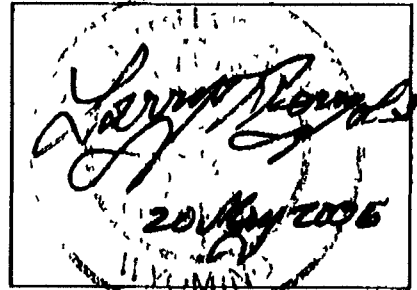
C1 Building elevations are based on Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete

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 **NAVD 89** Conversion/Comments _____
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)	<u>6000</u>	ft (m)
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</u>	ft (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u>	ft (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>N/A</u>	ft (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>N/A</u>	ft (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>6007</u>	ft (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>6008</u>	ft (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>512</u>	sq in (sq cm)
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3 h	<u>512</u>	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 LARRY T. PERRY L.S.		LICENSE NUMBER WYO. L S 3047	
TITLE LAND SURVEYOR	COMPANY NAME CHEYENNA	STATE WYOMING	ZIP CODE 82002
ADDRESS 1127 Terry Ranch Rd	CITY Cheyenne	STATE WYOMING	ZIP CODE 82002
SIGNATURE <i>Larry T. Perry L.S.</i>	DATE 20 May 2005	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 PO ROUTE AND BOX NO			Policy Number
CITY	STATE	ZIP CODE	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 STA. 67+00 Table 2-4 page 2-10 DRAINAGE MASTERS PLAN
ALLISON DRAW Nov. 1998

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

LARAMIE COUNTY/CHEYENNE REGIONAL BUILDING DEPARTMENT - PERMIT APPLICATION

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

PLAN REVIEW NUMBER				PERMIT & ZONING CERTIFICATE NUMBER 05-500402			
APPROVED BY [Signature]	DATE 10/2/05	PLAN REVIEW	CHECK #	CASH	PERMIT	CHECK# 2095	CASH
VALUATION OF WORK 8800⁻¹⁻			INVESTIGATION FEE ZC 50⁰⁰				
PLAN REVIEW FEE			OTHER FEES				
PERMIT FEE 136.081			TOTAL FEES 224.53 + 50 = 274.53				
JOB ADDRESS					TRACT SIZE 25' x 17'		
SUBDIVISION Artesian Tracts				BLOCK NUMBER	LOT NUMBER		
OWNER Mike Schumm		MAILING ADDRESS		ZIP CODE	PHONE NUMBER		
CONTRACTOR DAY Mobile Homes		MAILING ADDRESS 3016 S Grand St		ZIP CODE 82007			
PHONE 637-5521		LICENSE #		CLASS			
ARCHITECT ENGINEER Chuck Robinson		MAILING ADDRESS		PHONE NUMBER 970 493 01 78			
USE OF BUILDING				CHANGE OF USE FROM	TO		
Class of Work: New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Installation <input type="checkbox"/> Remove <input type="checkbox"/> Demolish <input type="checkbox"/>							

DETAILED DESCRIPTION OF WORK
Modular on Foundation w/docks per CITY Specs 24x16

Lawn Sprinklers Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>		Temporary Power Pole <input type="checkbox"/> Additional Fee \$50.00		Permit/Plan Review Conditions	
Vented Gas Log On's 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		Jetted Hot Tub 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			

Type of Construction	Occupancy Group/Division	Number of Stories	Use Zone RMUR	Number of Dwelling Units
Size of Building Sq Ft	First Story 384	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.

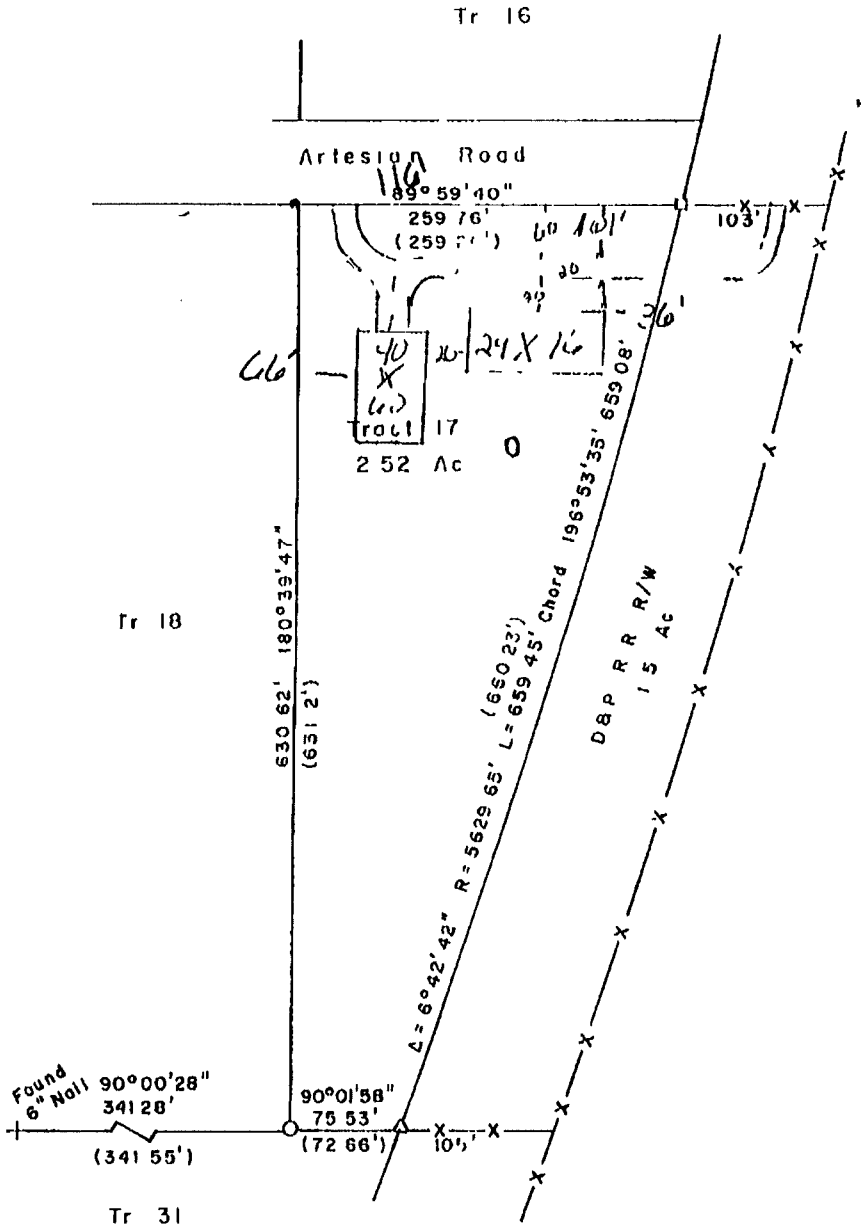
OWNER Signature	PLUMBING D+K	LICENSE #
CONTRACTOR Signature [Signature]	ELECTRICAL Collins	LICENSE #
OTHER	MECHANICAL	LICENSE #

FOR OFFICE USE ONLY			
Special Flood Hazard Area Approved By [Signature]	Date 10-2-05	County/Only Board of County Commissioners Approved By [Signature]	Date 10-2-05
Address Assigned By 809 Artesian Rd	Date	Plans Approved By [Signature]	Date
Development/Zoning Approved By [Signature]	Date	Card Issued By	Date
Fire Department Approved By	Date	Date Tap Fees Paid	
Approved For Issue By	Date	Date Permit Issued	

Do you need a Quick Start Foundation Permit?

01330

SURVEY PLAT
 Tract 17, Artesian Tracts Laramie Co.,
 Wyoming



LEGEND

- Found rebar/Aluminum I D Cap L S 2500'
- Found 6" Nail accepted as original monument
Replaced Nail with No 5 Rebar/Aluminum I D C
- △ Found 6" Nail accepted as original closing corner
Set No 5 Rebar/Aluminum I D Cap 1 Lot Corner
2.85' East of closing corner
- No monument Found - Set No 5 Rebar/I D Cap
- X — X — Existing Fence East of Tract Line
Owner stated that this fence has been in place
for more than 15 years
- () Indicates record data
All other data this survey

N

Scale 1" = 100'

CERTIFICATE OF SURVEYOR

I, Edward C Fry, a registered Professional Engineer and Land Surveyor, hereby certify that the above map was made from notes made during an actual survey made by me during October 1980 and that said map accurately represents the results of that survey

Edward C Fry
 Wyo Registration PE / L S No 612