

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 <u>SUNRIDGE ESTATE</u>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>814 EAST ALLISON ROAD</u>		Policy Number	
CITY <u>CHEYENNE</u>		STATE <u>WY</u>	ZIP CODE <u>82007</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 17 EXCEPT E 29' BLOCK 1 SUNRIDGE SOUTH 2nd FILING</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>RESIDENTIAL</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	
		<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	

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

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>560029 0655 E</u>		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>5996.4</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 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, ARIA, AR/AE, ARIA1-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 29 Conversion/Comments NONE  
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)	<u>5996</u> . <u>1</u> 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.)	<u>5996</u> . <u>1</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>5992</u> . <u>2</u> 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	<u>4</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>720</u> sq. in. (sq. cm)

Signature and Date  
Larry T. Perry  
2/20/2004

**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 \_\_\_\_\_ COMPANY NAME Terrestrial Surveying & Mapping Co.

ADDRESS 1127 Tenner Ranch Road CITY CHEYENNE STATE WYOMING ZIP CODE 82007

SIGNATURE Larry T. Perry DATE \_\_\_\_\_ TELEPHONE 307-634-9360

<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. 814 EAST ALLISON 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 FLOOD PLAIN 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 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

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 <u>CHEYENNE</u>	STATE <u>WYOMING</u>	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>WEST PORTION OF LOT 17 BLOCK 1 SURBLOKE SOUTH 2d FILING CALL OF Ltr. 17 EXCEPT</u>		ZIP CODE <u>82007</u>	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>RESIDENTIAL</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	
<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>560029 06SSE</u>		B2. COUNTY NAME <u>LARAMIE - UNINCORPORATED</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>5996.4</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: \_\_\_\_\_

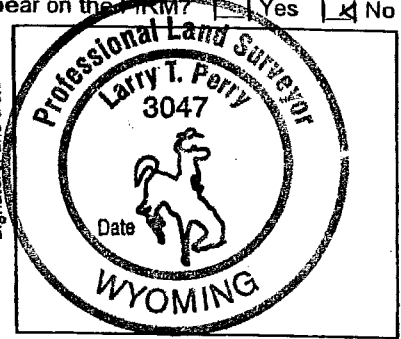
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 0 (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 CITY OF CHEYENNE CONTROL NETWORK - NO CONVERSION  
 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	<u>5997</u> <u>0</u> 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.)	<u>5997</u> <u>0</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>5992</u> <u>2</u> 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	<u>4</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>720</u> 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>Professional Land Surveyor</u>	COMPANY NAME <u>CHEYENNE</u>
ADDRESS <u>Ar Ar</u>	CITY <u>CHEYENNE</u>
SIGNATURE <u>[Signature]</u>	DATE <u>JUNE 2003</u>
	STATE <u>WY</u>
	ZIP CODE <u>82007</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.		Policy Number	
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" DATED NOV. 1988 PAGE 2-8 TABLE 2-4 STA 1667+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.

- E1. Building Diagram Number 5 (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 _____
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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

**BUILDING PERMIT APPLICATION**  
 CALL BEFORE YOU DIG! 1-800-348-1030 IT'S THE LAW!

PLAN REVIEW NUMBER:				PERMIT & ZONING CERTIFICATE NUMBER: <b>03-50577</b>			
RECEIVED BY	DATE	PLAN REVIEW	CHECK #	CASH	PERMIT	CHECK #	CASH
<i>[Signature]</i>	<b>10-3-03</b>					<b>2287</b>	
VALUATION OF WORK <b>10,000.00</b>				INVESTIGATION FEE <b>50.00</b>			
PLAN REVIEW FEE <b>117.81</b>				OTHER FEES <b>TPP 30.00</b>			
PERMIT FEE <b>181.25</b>				TOTAL FEES <b>2</b>			
JOB ADDRESS							
SUBDIVISION <b>Sunridge Estates</b> BLOCK NUMBER <b>6320 1462</b> LOT NUMBER <b>17</b>							
OWNER <b>Day Mobile</b>		MAILING ADDRESS <b>3016 S. COMBINE HWY</b>		ZIP CODE <b>82007</b>		PHONE NUMBER <b>637-5521</b>	
CONTRACTOR		MAILING ADDRESS		ZIP CODE		LICENSE #	
ARCHITECT/DESIGNER		MAILING ADDRESS		ZIP CODE		PHONE	
ENGINEER <b>JOE KUB</b>		MAILING ADDRESS <b>6231 KIMMICK DR BETHANNE</b>		ZIP CODE <b>82009</b>			
USE OF BUILDING <b>Residential</b> CHANGE OF USE FROM TO							
Class of Work	New <input checked="" type="checkbox"/>	Addition	Alteration	Remodel	Repair	Move	Installation
							Remove
							Demolish
DETAILED DESCRIPTION OF WORK							
<b>Foundation, Elec. Culvert + STAB Manufactured Home</b>							
Special Conditions	Temporary Power Pole	Additional Fee \$30.00	Jetted Hot-Tub Fee	Permit/Plan Review Conditions			
Vented Gas Log One	2. <input checked="" type="checkbox"/>	3.	Other Which Level	<b>Need Elev Cert.</b>			
Lawn Sprinklers Front	Back	Both	Backflow				
Type of Construction	Occupancy Group/Division	Number of Stories	Use Zone <b>MR-2</b>	Number of Dwelling Units <b>1</b>			
Size of Building Sq. Ft. First Story <b>1394</b>	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 <b>Day Mobile Homes</b>				PLUMBING		LICENSE #	
CONTRACTOR		LICENSE #		CLASS		ELECTRICAL <b>Collins Elec.</b>	
OTHER		LICENSE #		CLASS		MECHANICAL	
FOR OFFICE USE ONLY							
Special Flood Hazard Area Approved By	Date	County Only: Board of County Commissioners Approved By <i>[Signature]</i>				Date	
Address Assigned By <b>814 Allison Rd</b>	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					

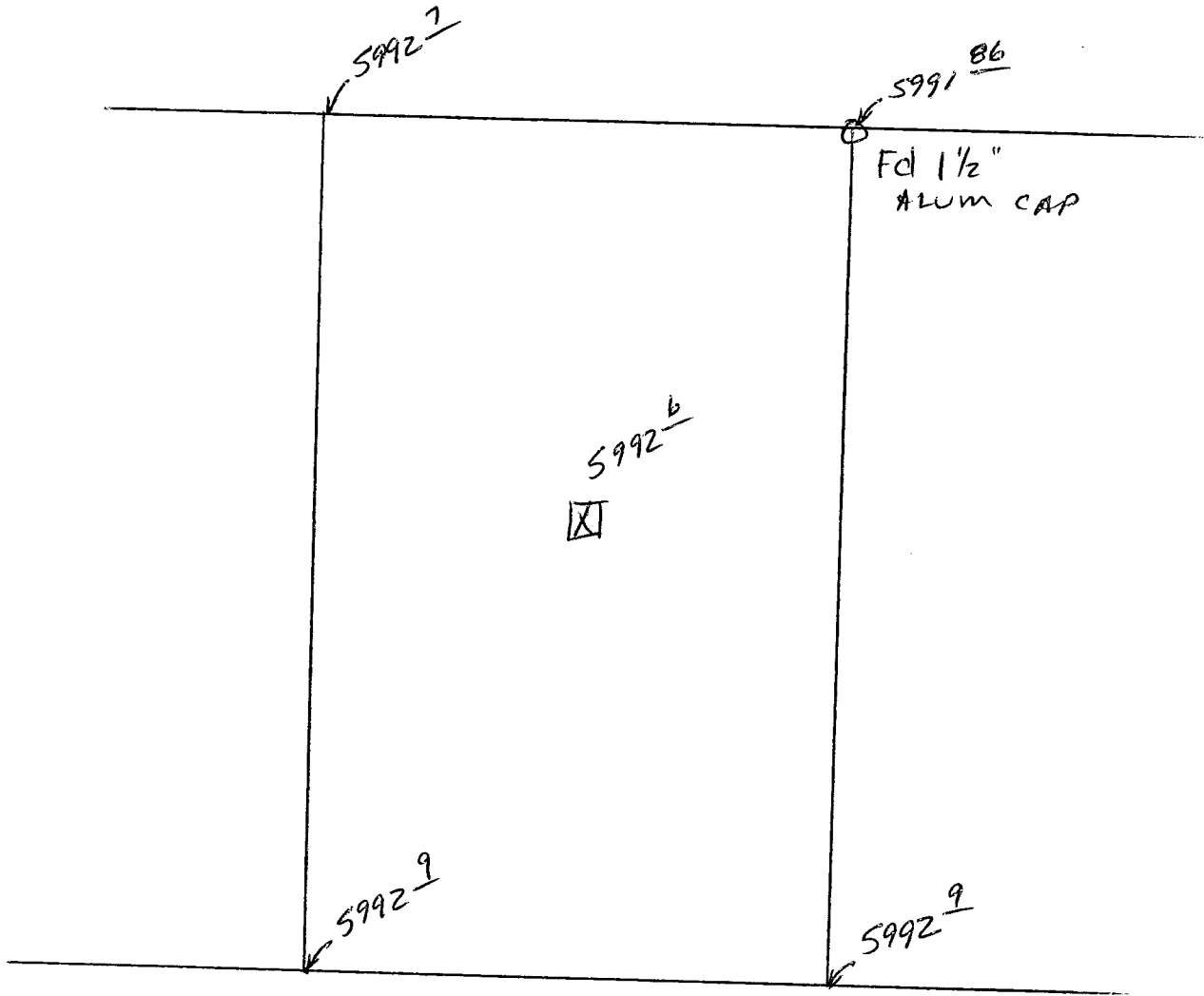


D-119a

60

WEST PORTION OF LOT 17 BLOCK 1  
SUNRISE SOUTH 2<sup>ND</sup> FILING  
(VACANT)

N  
↑  
N.T.S.  
D. HOLMES  
06/12/03



E. ALLISON ROAD