

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

<b>SECTION A - PROPERTY INFORMATION</b>		For Insurance Company Use:	
A1. Building Owner's Name	MICHAEL SMITH	Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	903 MITCHELL PLACE	Company NAIC Number	
City	CHEYENNE	State	WY
		ZIP Code	82007
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1, BLOCK 3 "MITCHELL SUBDIVISION, 2 <sup>ND</sup> FILING"			
RESIDENTIAL			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> GPS		
A5. Latitude/Longitude: Lat. 41°06.549' N Long. 104°47.787' W			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number	5		
A8. For a building with a crawl space or enclosure(s), provide:	A9. For a building with an attached garage, provide:		
a) Square footage of crawl space or enclosure(s) _____ sq ft	a) Square footage of attached garage _____ sq ft		
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____	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 A8.b _____ sq in	c) Total net area of flood openings in A9.b _____ sq ft		

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

B1. NFIP Community Name & Community Number LARAMIE COUNTY, WYOMING 56021C1356F	B2. County Name LARAMIE COUNTY	B3. State WYOMING
B4. Map/Panel Number 56021C1356F	B5. Suffix F	B6. FIRM Index Date 1/17/2007
B7. FIRM Panel Effective/Revised Date N/A	B8. Flood Zone(s) AE X	B9. Base Flood Elevation(s) (Z AO, use base flood depth) 6005.1 6005.1

10. 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) \_\_\_\_\_

11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other (Describe) \_\_\_\_\_

12. 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)

1. 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.

2. 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 BM "ALLISON" Vertical Datum (NAVD 88)

Conversion/Comments Elevation extended from Cheyenne Datum Point "ALLISON"

Check the measurement used.

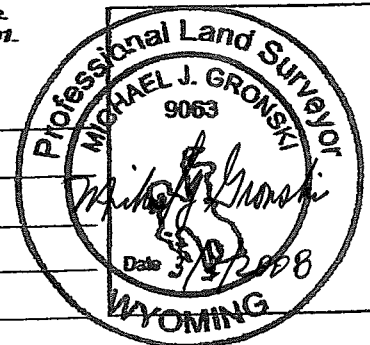
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	6005.3	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	_____	<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)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	6002.5	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	6003.0	<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	MICHAEL J. GRONSKI	License Number	WY. L.S. 9063
Title	SURVEY MANAGER	Company Name	G&S SURVEYS
Address	5211 OGDEN ROAD	City	CHEYENNE
		State	WY
		ZIP Code	82009
Signature	<i>Michael J. Gronski</i>	Date	3/3/2008
		Telephone	(307) 637-6127







Complete



# Residential Building Permit Application

Laramie County Planning and Development Office  
310 W 19th ST Room 400  
Cheyenne, WY 82001

Phone: 307-633-4303  
Fax: 307-633-4519  
planning@laramiecounty.com

**Incomplete Applications Can Not Be Accepted**

<b>For Office Use Only</b>	Received By: <u>CS</u>	Date:	Plan Review #	Permit # <u>08-0018</u>
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Valuation of Work: <u>\$1000</u>	Job Address: <u>903 Mitchell Pl</u>
Legal Description: Subdivision: <u>Mitchell Sub 2nd</u>	Lot: <u>1</u> Block: <u>3</u> # Acres: # Sq Ft:
Division:	Section: Township: Range:

Owner Name: <u>Smith Michael</u>	Phone:
Address: <u>903 Mitchell Pl</u>	City: State: Zip Code:

Contractor Name: <u>same</u>	Phone:
Address:	City: State: Zip Code:

Purpose of Permit    New     Addition     Remodel     Repair     Move     Demolish

Description of Work: *Complete description of the work done including any plumbing, mechanical (Heating, ventilation or air conditioning), electrical, fire sprinkler or alarm. (Work is not included in the permit unless described in this scope of work).*

Mobile Home Set up 16x80  
1999 Champion

Type of Construction:	Occupancy Group:	Manu Housing/Mobile Hom <input checked="" type="checkbox"/> Fire Sprinklers <input type="checkbox"/>
Bldg Area Exc/Basement:    Sq Ft	Finished Basement Area:    Sq Ft	Remodel Area:    Sq Ft
Number of Dwelling Units:	Number of Stories:	Height:
Foundation Type    Slab-on-grade foundation <input type="checkbox"/> Crawl Space <input type="checkbox"/>	Block/Piers <input checked="" type="checkbox"/> Basement <input type="checkbox"/>	

Proposed Use of Building: Single-Family

By my signature and under penalty of perjury, I hereby certify that I am the owner of the reference property, or the owner's authorized agent. 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 issuance of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction, or guarantee issuance of a well or septic permit, this permit becomes null and void if work or construction authorized is not commenced within 180 days, not withstanding unique circumstances. In any case, this permit expires one year after date of issue.

Inspections and a Certificate of Occupancy/Completion are required prior to any occupancy of this structure.

Signature: <u>RM Smith</u>	Date: <u>3-7-08</u>
Printed Signature:	Date:

<b>For Office Use Only</b>	Permit/Plan Review Conditions						
New Address? <u>NA</u>	Map Page: <u>D-1190</u>	Approved By: <u>CS</u>	Review Date: <u>3-7-08</u>	Building Permit Fee: <u>25</u>			
Zoning District: <u>MR-2</u>				Plan Review Fee:			
Flood Hazard Area?: <input checked="" type="checkbox"/>	Elevation Certificate?: <u>lylo</u>			Master Plan Fee:			
Flood Zone: <u>AE</u>	Panel Number: <u>1356F</u>	<u>CS</u>	<u>3-7-08</u>	Foundation Permit Fee:			
Address Assigned:				Zoning Certificate: <u>50-</u>			
Plan Review:				Total Fees Due: <u>75-</u>			
Board of Commissioners-approved for issuance: <u>CS</u>	<u>3-7-08</u>			Fees Paid: CK # <input checked="" type="checkbox"/> Cash <input type="checkbox"/>			
Certificate of Occupancy:				Receipt #: <u>26</u>			