i i I.S. DEPARTMENT OF HOMELAND SECURITY

ederal Emergency Management Agency

Intional Floor Insurance Program

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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:
	Policy Number
A1. Building Owner's Name MICHAEL SMITH	Company NAIC Number
A2. Building Street Address (including Apt., Unit, Suite, antifor Bidg. No.) or P.O. Route and Box No. 903 MITCHELL PLACE	P Code 82007
City CHEYENNE State WY	82007
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1, BLOCK 3 "MITCHELL SUBDIVISION, 2 ND FILING"	
RESIDENTIAL	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Horizontal Date 41°06.549' N Long. 104°47.787' W Horizontal Date	
A5. Latitude/Longitude: Lat. 41/06.549/14 Long. 104 47.607 44 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.	GPS
A7. Building Diagram Number_3	ed garage, provide:
A8. For a building with a craw space of electricity, in other N/A >1 Smare fortune of allach	edigarage SQ II
b) No of normanon) finni operations in the cram share u	penings in the attached garage re adiacent grade
endosure(s) walls within 1.0 foot above adjacent grade	penings in A9.b sq ir
c) Total net area or moor openings in racio	an a
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1. NFIP Community Name & Community Number B2. County Name LARAMIE COUNTY WYOMING 56021C1356F B2. County Name	3. State WYOMING
B7_FIRM Panel B8_Flood	B9. Base Flood Elevation(s) (Zr
B4. Mappenater Normal Date EffectiveRevised Date 2016(5)	AO, use base flood depth) 6005.1 6005.1
56021C1356F F 1/17/2007 N/A AE X 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) Other (Describe) Indicate elevation datum used for BFE in Item 89: NGVD 1929 NAVD 1988 Other (Describe) Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date OPA	Yes No
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRE	D)
Building Under Construction	Finished Construction
 Building elevations are based unit. [] contributed when construction of the building is complete. A new Elevation Certificate will be required when construction of the building is complete. 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, 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, 	ARIAO. Complete Items C2.a-g
below according to the building diagram spectrum of this . At . (NAVD 88)	
Beinder Grozer	
Conversion/CommentsElevation extended non Check the measureme	ent used.
	rs (Puerto Rico only)
	rs (Puerto Rico only)
Contrast the lower how and sinch and the member (V Lones (189))	rs (Puerto Rico anly) rs (Puerto Rico anly)
d) Attached garage (top of stab)	rs (Puerto Rico only) rs (Puerto Rico only)
 a) i owest elevation of machinery or equipment servicing the building 	
(Describe type of equipment in Comments) 6002.5	rs (Puerlo Rico only)
f) Lowest adjacent (finished) grade (LAG) 6003.0 feet meter	rs (Puerto Rico only)
g) Highest adjacent (linished) grade (HAG)	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	
SEC IN IN D = SOLVEL FOR, Exceeding and solve by law to certify elevation This certification is to be signed and sealed by a tand surveyor, engineer, or architect authorized by law to certify elevation nformation. 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.	SALAEL J. GROUNZ
Certifier's Name MICHAEL J. GRONSKI License Number Q	5 6 9063 10 AV
Tille SLIDVEV MANAGER Company Name G&S SURVEYS	Mikey Khaspi
Address 5211 OGDEN RQAD City CHEYENNE State WY 21P Code 82009	000 312 2008
Signature Michael J. M. Mushi Date 3/3/2008 Tetephone (307) 637-6127	Kroming

IMPORTANT: In these spaces, o	opy the corresponding info	mation from	Section A.		For Insurance Company Use: Policy Number
Building Street Address (including Apt.	Unit, Suite, and/or Bldg. No.) or	P.O. Route and	Box No.		Poscy Number
903 City CHEYENNE	MITCHELL PLACE State	WY		IP Code 82007	Company NAIC Number
	D - SURVEYOR, ENGINEE	R. OR ARCHI	TECT CERTIFIC	ATION (CON	TINUED)
Copy both sides of this Elevation Certi		2) insurance and	ent/company, and (3) building own	ier.
	ICale for (1) community onicial, (4				
Comments PROPERTY FLOOD ZONE PROPERTY FLOOD ZONE	AE X- 100 YEAR SHEET FLOODIN(G OF LESS THA	N ONE FOOT.		
Signature Mil. M.	amaki	Date	3/3/200	в	Check here if attach
SECTION E - BUILDING ELE	VATION INFORMATION (SU	RVEY NOT R	EQUIRÉD) FOR	ZONE AO A	ND ZONE A (WITHOUT BFI
b) Top of bottom floor (including E2. For Building Diagrams 6-8 with (elevation C2.b in the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery an E5. Zone AO only: If no flood depth ordinance? Yes No SECTION The property owner or owner's author or Zone AO must sign here. The state Property Owner's or Owner's Authoriz Address 5211 OGDE	grade, if available. Check the inter- the following and check the appra- acent grade (LAG). basement, crawl space, or enclo basement, crawl space, or enclo be manent flood openings provide of the building is	ropriate boxes to sure) is ed in Section A I feet m ters above ding is f the bottom floor sust certify this in DR OWNER'S	show whether the	e elevation is at meters at meters at ee page 8 of In or below th HAG. meters at dance with the on G. IVE) CERTIF (without a FEM	bove or below the highest adjace bove or below the HAG. bove or below the LAG. structions), the next higher floor he HAG. bove or below the HAG. community's floodplain manage ICATION IA-issued or community-issued WY 82009
Signature Michael	1 Monshi		3/3/2000		
Comments					
					Check here if atta
			MATION (OPTH		
The local official who is authorized by k	SECTION G - COMM		adalain mananams	ant orrigination C	an complete Sections A, B, C (
G1. The information in Section C	was taken from other documental elevation information (Indicate)	tion that has be the source and c	en signed and seal jate of the elevatio	ed by a license n data in the C	omments area below.)
32. A community official complete	ed Section E for a building locate	d in Zone A (will	hout a FEMA-issue	d or community	y-issued BFE) or Zone AO.
G3. The following information (Ite	ms G4G9.) is provided for comr	nunity floodplain	management pur	JOSES.	
G4. Permit Number	G5. Date Pennit Issued	<u> </u>	G6. Date Cert	ificate Of Comp	bliance/Occupancy Issued
an main and the base transformed from	New Construction	Substantial Impre	ovement		
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (ir			feet	meters (P	
G8. Elevation of as-built lowest libbl (in G9. BFE or (in Zone AO) depth of flood	ing at the building site:	· · · · · · · · · · · · · · · · · · ·	feet	🗌 meters (P	PR) Datum
			itto		
Local Official's Name	. –		itte		
Community Name		T	elephone		
Signature		D	ate		
Comments		<u></u>			
					Check here if atta



				Comple	ba
	Residential I Laramie Co Incomplete A	unty Planning and E 310 W 19th ST Ro Cheyenne, WY 8	Development Offi om 400 2001	çe	Phone: 307-633-4303 Fax: 307-633-4519 anning@laramiecounty.com
For Office Use Only	Received By:	Date:	Plan Review		ermit # 08-0018
Valuation of Work: 🕅	000	Job Address:	903 1	Witchell P	1
Legal Description: Subdivision		2nd	Lot:	Block: 3 # Acres:	# Sq Ft:
Division:			Section:	Township:	Range:
Owner Name:		0		Phone: `	
Address: 0, 2	Ma IV Charle	<u>X</u>	City:	State:	Zip Code:
	mot chall pr				•
	Gne			Phone:	
Address:			City:	State:	Zip Code:
Purpose of Permit New	Addition	Remodel	Repair	Move	Demolish
Mobile Home Set up 1/ex80 1999 Champion					
Type of Construction:	Occupancy G	roup:	Ma	nu Housing/Mobile Hom	Fire Sprinklers
Bldg Area Exc/Basement: *	Sq Ft Finished Base	ement Area:	Sq Ft Re	model Area:	Sq Ft
Number of Dwelling Units:	Number of Dwelling Units: Number of Stories: Height:				
Foundation Type Slab-o		vl Space	Block/F	Piers Ba	asement
Proposed Use of Building:	9. ingle-family				
and examined this application with, whether specified hereir The issuance of a permit does issuance of a well or septic per unique circumstances. In any	enalty of perjury, I hereby certify that I and know the same to be true and co or not. I not presume to give authority to viola rmit, this permit becomes null and voi case, this permit expires one year after equions and a Certificate of Occupancy,	rrect. All provisions te or cancel the pro d if work or constru r date of issue.	or laws and ordi wisions of any st ction authorized uired prior to an	nances governing this type ate or local law regulating is not commenced within :	e of work will be complied construction, or guarantee L80 days, not withstanding
	it/Plan Review Conditions				
New Address?	Map Page: D-1190	Approved By	Review Date	Building Permit Fee:	25
Zoning District: MR Flood Hazard Area?:			3-4-08	Plan Review Fee:	
		CB	3-7-02	Master Plan Fee: Foundation Permit Fe	A '
Address Assigned:	Panel Number (356F	UND .	5-1-01	Zoning Certificate:	50-
Plan Review:		∧ _		Total Fees Due:	75-
Board of Commissioners-app	roved for issuance:	the	3-2-06	Fees Paid: CK #	Cash
Certificate of Occupancy:				Receipt #:	