

ELEVATION CERTIFICATE

OMB No. 1660-0008
 Expires February 28, 2009

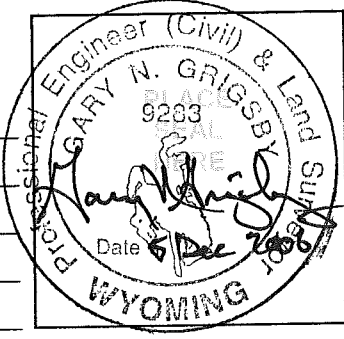
Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name <u>RICHARD MALLEY</u>		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>919 EAST PROSSER ROAD</u>		Company NAIC Number
City <u>CHEYENNE</u> State <u>WY</u> ZIP Code <u>82007</u>		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 3 BLOCK 4, CLARA SUBDIVISION</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RES.</u>		
A5. Latitude/Longitude: Lat. <u>41-06-20</u> Long. <u>104-49-19</u>		Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> 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 <u>8</u>		
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 <u>4</u>		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 <u>683</u> sq in		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 <u>560029 0655E</u>		B2. County Name <u>LARAMIE</u>		B3. State <u>WYOMING</u>	
B4. Map/Panel Number <u>655 OF 750</u>	B5. Suffix <u>E</u>	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date <u>MARCH 2, 1994</u>	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>5989.7</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item 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)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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 <u>ALLISON</u> Vertical Datum <u>5993.36</u> Conversion/Comments _____	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>5992.7</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>N/A</u> <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)	<u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>5990.3</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>5990.3</u> <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.	
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.	
Certifier's Name <u>GARY N. GRIGSBY</u>	License Number <u>PELS 9283</u>
Title <u>PRESIDENT</u>	Company Name <u>WESTERN RESEARCH & DEVELOPMENT</u>
Address <u>5908 YELLOWSTONE RD.</u>	City <u>CHEYENNE</u> State <u>WY</u> ZIP Code <u>82009</u>
Signature <u>[Signature]</u>	Date <u>12/05/06</u> Telephone <u>(307) 632-5656</u>



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. 919 EAST PROSSER ROAD	Policy Number
City CHEYENNE State WY ZIP Code 92007	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 144+00 OF TABLE 2-4, PAGE 2-8 OF THE DRAINAGE MASTER PLAN OF ALLISON CREEK DATED NOVEMBER 1988 WAS USED TO DETERMINE THE BASE FLOOD ELEVATION. STATION LOCATION WAS DETERMINED FROM FIGURE 7-1, PAGE 7-16.

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 _____

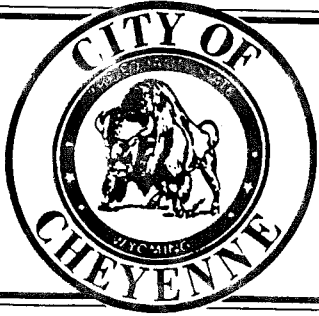
Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

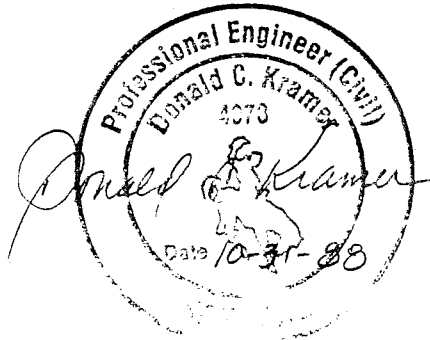
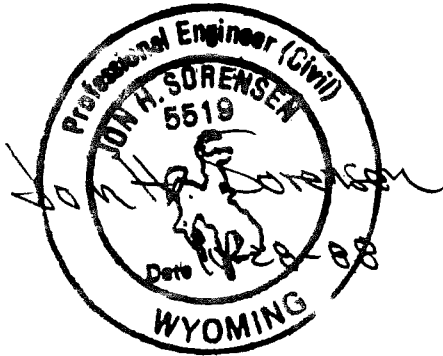
Comments _____

Check here if attachments



Drainage Master Plan
Allison Creek

November 1988



- States West Water Resources
- Eagle Consultants
- Intermountain Professional Services



000040

Table 2-4
(Continued)

Design Point	Location	Section	100-Year	
			Discharge (cfs)	Water Surface Elevation (ft)
E7	E. College Drive	34+20	1,880	5,996.4
		40+00	1,800	5,997.4
		48+00	1,800	5,997.8
		51+50	1,800	5,998.2
E6	Murray Road	52+50	1,800	5,998.5
		54+00	1,200	6,000.0
		58+00	1,200	6,001.9
		62+50	1,200	6,004.3
		Artesian Road	67+00	1,200
E3	Abandoned Railroad Grade	75+30	1,120	6,008.8
		75+50	1,120	6,010.2
E1	Upstream of Abandoned Railroad Grade	80+00	1,120	6,012.9
		84+00	1,120	6,015.6
<u>Artesian Road Tributary</u>				
E5	Murray Road	0+00	650	5,998.2
		1+00	650	5,998.5
		5+00	650	6,000.0
		8+00	650	6,001.5
		11+00	650	6,002.5
		14+50	650	6,003.5

RECEIVED

MAY 16 2005

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.

BUILDING DEPARTMENT

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME RICHARD MALEY

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 919 E. PROSSER

CITY CHEYENNE STATE WY. ZIP CODE 82007

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 3 BLOCK 4 CLARA SUBDIVISION

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc.) Use a Comments area, if necessary RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##" or ##°##'##") 41° 08.21' 104° 49.18'

HORIZONTAL DATUM NAD 1927 NAD 1983 SOURCE GPS (Type) MAGELAN GPS 2000
 USGS Quad Map Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1 NFIP COMMUNITY NAME & COMMUNITY NUMBER <u># 560029 0655</u>		B2 COUNTY NAME <u>LARAMIE</u>		B3 STATE <u>WYOMING</u>	
B4 MAP AND PANEL NUMBER <u>560029 0655</u>	B5 SUFFIX <u>E</u>	B6 FIRM INDEX DATE <u>MARCH 2, 1994</u>	B7 FIRM PANEL EFFECTIVE/REVISED DATE <u>MARCH 2, 1994</u>	B8 FLOOD ZONE(S)	B9 BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)

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)

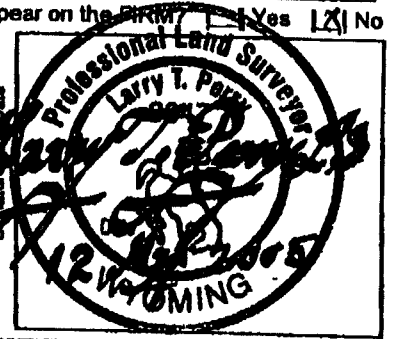
C1 Building elevations are based on Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

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, ARIA/E, ARIA1-A30, ARIA/H, ARIA/O
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 29 Conversion/Comments NONE

Elevation reference mark used CP COLLEGE 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>5993</u>	<u>00</u> ft (m)
<input type="checkbox"/> b) Top of next higher floor	<u>-</u>	<u>-</u> ft (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>-</u>	<u>-</u> ft (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>-</u>	<u>-</u> ft (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>5993</u>	<u>00</u> ft (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>5990</u>	<u>3</u> ft (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>5990</u>	<u>3</u> 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>432</u>	<u>sq in. (sq cm)</u>



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 _____ LICENSE NUMBER _____

TITLE _____ COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____ TELEPHONE _____

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg No.) OR P O ROUTE AND BOX NO

919 E. PROSSER

CITY

CHEYENNE

STATE

WY

ZIP CODE

82007

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

THE 100 YEAR FLOOD ELEVATION IS 5591.5 AS DETERMINED FROM

THE ALLISON CREEK DRAINAGE MASTER PLAN BY THE CITY OF

CHEYENNE, WY, DATED NOVEMBER 1988 STOWN ON PAGE #7-21 FIGURE 6-7

ADJ. STA. 140+60.

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
------------------	-----------------------	--

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

County

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 **05-500 341**

RECEIVED BY ZF	DATE 5-16-05	PLAN REVIEW	CHECK # 2084	CASH	PERMIT	CHECK#	CASH
--------------------------	------------------------	-------------	------------------------	------	--------	--------	------

VALUATION OF WORK 8200.01-	INVESTIGATION FEE
--------------------------------------	-------------------

PLAN REVIEW FEE 38.45	OTHER FEES
---------------------------------	------------

PERMIT FEE 136.08 ✓	TOTAL FEES
-------------------------------	------------

JOB ADDRESS 919 E Prosser	TRACT SIZE
-------------------------------------	------------

SUBDIVISION Clara Subdivision 03	BLOCK NUMBER 4	LOT NUMBER 3
--	--------------------------	------------------------

OWNER Richard Maloy	MAILING ADDRESS 919 E Prosser	ZIP CODE 82007	PHONE NUMBER
-------------------------------	---	--------------------------	--------------

CONTRACTOR DAY Mobile Homes	MAILING ADDRESS 3016 S GRANTWAY HWY	ZIP CODE 82007
---------------------------------------	---	--------------------------

PHONE 637-5521	LICENSE #	CLASS
--------------------------	-----------	-------

ARCHITECT ENGINEER Joe Kub	MAILING ADDRESS	PHONE NUMBER
--------------------------------------	-----------------	--------------

USE OF BUILDING Residential	CHANGE OF USE FROM	TO
---------------------------------------	--------------------	----

Class of Work: New Addition Alteration Remodel Repair Move Installation Remove Demolish

DETAILED DESCRIPTION OF WORK

Manufactured home on foundation of 4x4 posts CITY drawings to be used

Lawn Sprinklers Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>	Temporary Power Pole <input type="checkbox"/> Additional Fee \$30.00	Permit/Plan Review Conditions elec cert attached.
Vented Gas Log One 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 MK2	Number of Dwelling Units
Size of Building Sq Ft	First Story 1506	Basement	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 HEREBIN 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 W.M. JR.	PLUMBING D+K	LICENSE #
CONTRACTOR Signature	ELECTRICAL Collins	LICENSE #
OTHER	MECHANICAL	LICENSE #

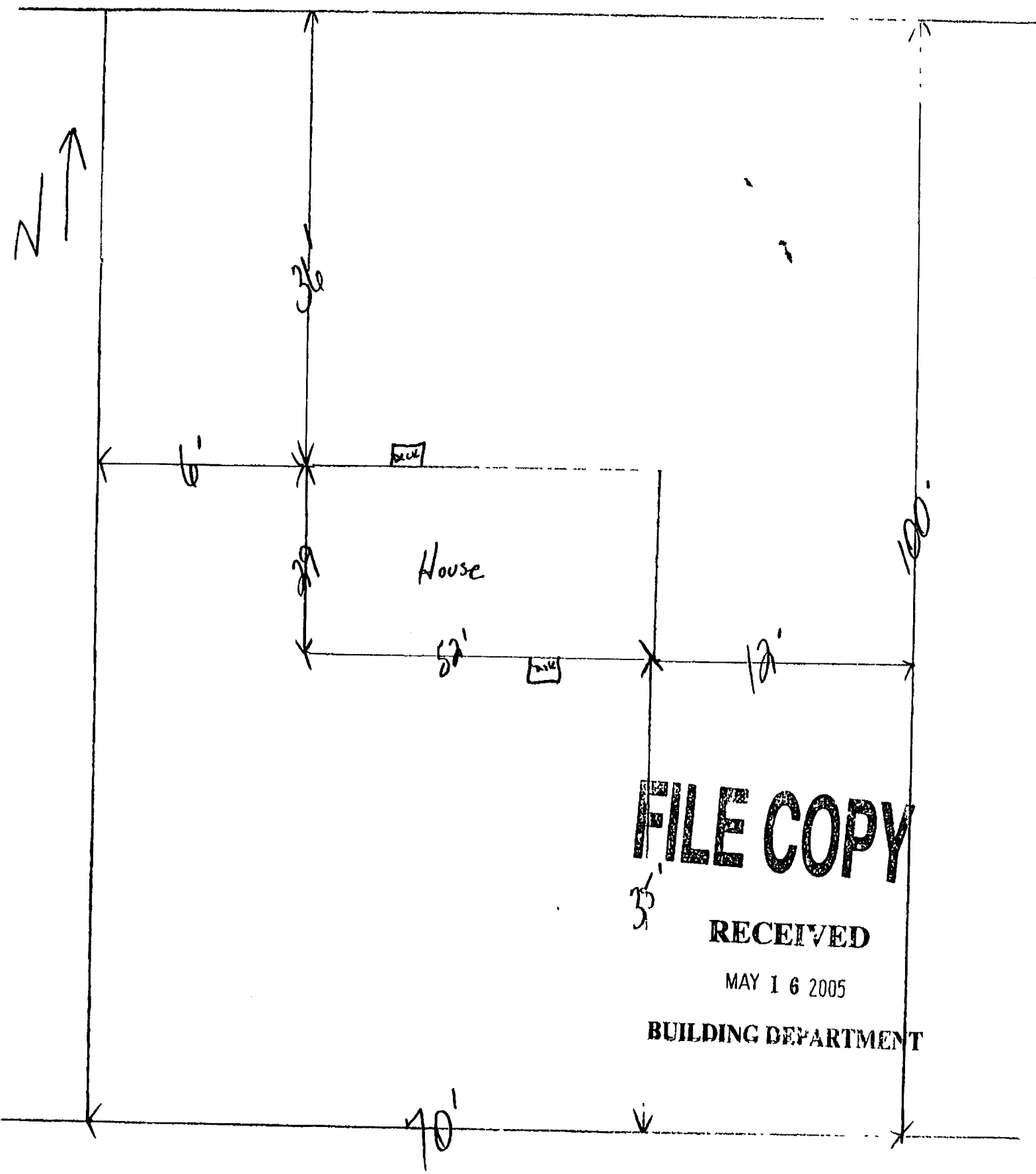
FOR OFFICE USE ONLY

Special Flood Hazard Area Approved By AK	Date 655	County Only Board of County Commissioners Approved By [Signature]	Date 5-18-05
Address Assigned By	Date	Plans Approved By	Date
Development/Zoning Approved By AK	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?

pc
Elec Cert for finished const is attached
Dial

919 E Prosser



FILE COPY

RECEIVED

MAY 16 2005

BUILDING DEPARTMENT