

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0877
 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: LYN ROGERS

BUILDING STREET ADDRESS (including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 1006 CHRISTINE CIRCLE

CITY: CHEYENNE STATE: WYOMING ZIP CODE: 82007

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 9, BLOCK 2, "CLARA SUBDIVISION, SECOND FILING" AMENDED

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

LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM SOURCE: GPS (Type: _____)
 NAD 1927 NAD 1983 USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIP COMMUNITY NAME & COMMUNITY NUMBER CHEYENNE 560029		B2. COUNTY NAME LARAMIE	B3. STATE WY
B4. MAP AND PANEL NUMBER 560029 0655E	B5. SUFFIX 0655E	B6. FIRM INDEX DATE 9/30/1977	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3/02/1994
B8. FLOOD ZONE(S) A		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 5991.0	

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 Resource System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: N/A

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: 6 (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, AR1, ARNE, AR1A-A30, ARIAH, ARIAG
 Complete items C3.a-h 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: Elevation extended from Cheyenne Datum Point "ALLISON" (NGVD 29)
 Elevation reference mark used: BM "ALLISON" Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) 5993.5 ft.(m)
 b) Top of next higher floor _____ ft.(m)
 c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
 d) Attached garage (top of slab) _____ ft.(m)
 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) _____ ft.(m)
 f) Lowest adjacent (finished) grade (LAG) 5990.4 ft.(m)
 g) Highest adjacent (finished) grade (HAG) 5990.6 ft.(m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
 i) Total area of all permanent openings (flood vents) in C3.h _____ 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: 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: [Signature] DATE: 3/25/2004 TELEPHONE: (307) 637-4177

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.
1000 CHRISTINE CIRCLE

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

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. Complete items C3.h and C3.i on front of form.

E4. 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 G 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

Call
Lyn W-10315127
C-1030-7153

LARAMIE COUNTY/CHEYENNE REGIONAL BUILDING DEPARTMENT - PERMIT APPLICATION

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

PLAN REVIEW NUMBER:				PERMIT & ZONING CERTIFICATE NUMBER: 010-300143					
RECEIVED BY: <i>M</i>	DATE: 3-13-06	PLAN REVIEW	CHECK # 3592	CASH	PERMIT	CHECK#	CASH		
VALUATION OF WORK: 1500.00				INVESTIGATION FEE					
PLAN REVIEW FEE				OTHER FEES					
PERMIT FEE: \$44.10				TOTAL FEES					
JOB ADDRESS: 1008 CHRISTINE CIRCLE					TRACT SIZE				
SUBDIVISION: <i>Clara Subdivision 02</i>				BLOCK NUMBER: 2	LOT NUMBER: 9				
OWNER: JLR RANCH LYN ROGERS		MAILING ADDRESS: 1215 HAPPY JACK CHEYENNE RD		ZIP CODE: 82009	PHONE NUMBER: 638 8046				
CONTRACTOR: LEMON TRUCKING		MAILING ADDRESS:		ZIP CODE:					
PHONE: 6388046		LICENSE #		CLASS					
ARCHITECT ENGINEER		MAILING ADDRESS		PHONE NUMBER					
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									
MOVE - MOBILE HOME TO PRIVATE LAND									
Lawn Sprinklers		Temporary Power Pole		Permit/Plan Review Conditions					
Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>		<input type="checkbox"/> Additional Fee \$30.00		See Attached Elev Cut: finished const elev cut need					
Vented Gas Log One		Jetted Hot Tub							
1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>		1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>							
Type of Construction		Occupancy Group/Division		Number of Stories		Use Zone: MR-2		Number of Dwelling Units	
Size of Building Sq. Ft.		First Story		Second Story		Basement		Garage	
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	<i>JLR Ranch Lyn Rogers</i>			PLUMBING	<input checked="" type="checkbox"/> OWNER	LICENSE #			
CONTRACTOR Signature				ELECTRICAL	<input checked="" type="checkbox"/> OWNER	LICENSE #			
OTHER				MECHANICAL	<input type="checkbox"/> NO	LICENSE #			
FOR OFFICE USE ONLY									
Special Flood Hazard Area Approved By: <i>ck</i>				Date		County Only: Board of County Commissioners Approved By: <i>ck</i>		Date: 4-26-06	
Address Assigned By				Date		Plans Approved By: <i>ck</i>		Date	
Development/Zoning Approved By: <i>ck</i>				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?

D120C

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