

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 Cherie Conrad

BUILDING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1112 Lake Place

CITY Chenenne STATE WY ZIP CODE 82007

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) North (No) and South (So) Proposed Garages

LATITUDE/LONGITUDE (OPTIONAL) (##-##-## or ##.#####)

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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>Unincorporated 560029</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	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>3-2-94</u>	B8. FLOOD ZONE(S) <u>X</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>N/A</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 1 (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 29 Conversion/Comments

Elevation reference mark used ALLISON Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) (No) 5993.33 ft. (m)

b) Top of next higher floor a) (So) 5992.42 ft. (m)

c) Bottom of lowest horizontal structural member (V zones only) _____ ft. (m)

d) Attached garage (top of slab) _____ ft. (m)

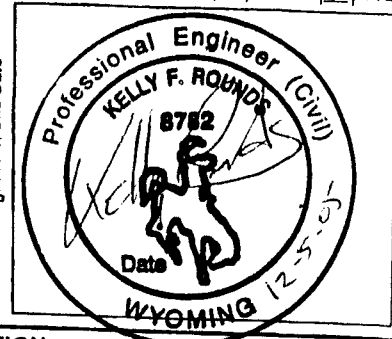
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) _____ ft. (m)

f) Lowest adjacent (finished) grade (LAG) (No) 5992.73 (So) 5991.97 ft. (m)

g) Highest adjacent (finished) grade (HAG) (No) 5993.26 (So) 5992.21 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 Kelly F. Rounds LICENSE NUMBER 8782

TITLE P.E. (Civil) COMPANY NAME

ADDRESS 1901 East 22nd CITY Chenenne STATE WY ZIP CODE 82001

SIGNATURE Kelly Rounds DATE 12-5-05 TELEPHONE 640-1754

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. 1112 Lake Place			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 Insurance Rate Map indicates site to be outside 500-year flood plain. City Drainage Master Plan - Allison Draw indicates site outside 100-year Flood Plain - proposed, (BFE 5991.9) ft. 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 1112	G5. DATE PERMIT ISSUED 11/11/03	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 11/11/03
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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



ZONING/ADDRESS APPLICATION



LARAMIE COUNTY PLANNING DEPARTMENT
310 W 19TH STREET SUITE 400
CHEYENNE, WY 82001 (307) 633-4303 FAX (307)633-4519

ATTACH COPY OF PROPERTY DEED AND PLOT PLAN OF STRUCTURE AND SITE INCLUDING:

- () Property lines (lot size) () Surrounding roads () Well and Septic location () Location of structure on property
- () Setback distances () Exterior dimensions () Driveway location () Other existing structures () North arrow

Application For: Zoning Certificate Rural Address

Application Date 11-17-05 Certificate No 05-500926

Applicant Cherie Conrad Telephone 638-6843

Mailing Address 801 E Jefferson

Owner (if different from Applicant) SAME

Application to Place HUD UBC OTHER Build Residential Accessory Commercial

Structure Type Pole BARN Structure Size 11,664 Sq Ft *See Site plan requirements for commercial

Will this structure have water and sewer services? Yes No 1,664

Lot Size 14.243 Acres .33 Sq Ft Estimated Cost of Structure \$ 12,000 Both

Address for Existing Structure Temporary Address (Septic, Power, Other _____)

Date of Estimated Start of Residential Construction 1-1-06

Legal Description

Lot Split _____ Lot 11 Block/Tract 1 Subdivision Drew Sub 2nd filing

Division _____ Section _____ Township _____ Range _____
Cherie Conrad 11-17-05
Signature of Applicant Date

Applicant certifies that the above information is true and correct to the best of his/her knowledge.

Zoning District M-2 Map Page # D19d Floodplain Development Permit yes Firm Map _____

Notes/Conditions see 2c 05-500926 - finished const elev cert

Site Address 1112 Lake Place New? No

Applicant shall place house number on the structure and/or at driveway. Numbers shall be a minimum of 6" high and shall be of a reflective material. Contact U S Post Office for mailbox location.

Status Approved BOARD OF COUNTY COMMISSIONERS by Cathy A

This certificate is issued subject to full compliance with the terms of the application and the zoning regulations and/or addressing. The issuance of this certificate/address does not guarantee issuance of a well or a small wastewater permit.

Issue Date 12-20-05 Expiration date _____ *Certificate must be renewed if construction is not started by this date.*

Receipt No _____ Amount \$ _____ GIS Entry _____ Final Inspection _____
application/02/27/02

Lead:

ct

11/11/05



ZONING/ADDRESS APPLICATION

LARAMIE COUNTY PLANNING DEPARTMENT

310 W 19TH STREET SUITE 400

CHEYENNE, WY 82001 (307) 633-4303 FAX (307) 633-4519



ATTACH COPY OF PROPERTY DEED AND PLOT PLAN OF STRUCTURE AND SITE INCLUDING:

- () Property lines (lot size) () Surrounding roads () Well and Septic location () Location of structure on property
- () Setback distances () Exterior dimensions () Driveway location () Other existing structures () North arrow

Application For: Zoning Certificate County [] Rural Address

Application Date 12-7-05 Certificate No 05-500965

Applicant Cherie Conrad Telephone 638 6843

Mailing Address 801 East Jefferson

Owner (if different from Applicant) SAME

Application to Place HUD UBC OTHER Build Residential Accessory Commercial

Structure Type Garage Structure Size 832 Sq Ft *See Site plan requirements for commercial

Will this structure have water and sewer services? [] Yes No

Lot Size 14,243^{sq ft} Acres .33 Sq Ft Estimated Cost of Structure \$ 8,000

Address for [] Existing Structure [] Temporary Address (Septic, Power, Other _____)

Date of Estimated Start of Residential Construction 1-15-06

Legal Description

Lot Split _____ Lot _____ Block/Tract T4 Subdivision Richardson Tracts 01

Division _____ Section _____ Township _____ Range _____

Cherie Conrad 12/7/05
Signature of Applicant Date

Applicant certifies that the above information is true and correct to the best of his/her knowledge.

Zoning District M-2 Map Page # 019d Floodplain Development Permit yes Firm Map _____

Notes/Conditions See Z.C. 05-500926

Site Address 112 Lake Place New? no

Applicant shall place house number on the structure and/or at driveway. Numbers shall be a minimum of 6" high and shall be of a reflective material. Contact U S Post Office for mailbox location.

Status approved BOARD OF COUNTY COMMISSIONERS by Cathy H

This certificate is issued subject to full compliance with the terms of the application and the zoning regulations and/or addressing. The issuance of this certificate/address does not guarantee issuance of a well or a small wastewater permit.

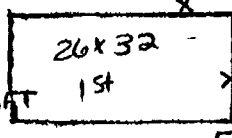
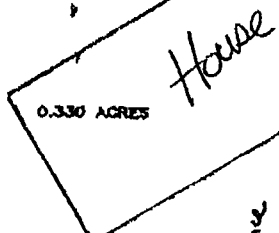
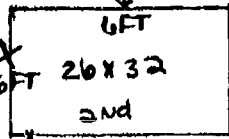
Issue Date 12-20-05 Expiration date _____ Certificate must be renewed if construction is not started by this date.

Receipt No _____ Amount \$ _____ GIS Entry _____ Final Inspection _____

application 02/27/02

GARFIELD PLACE (60' R/W)

16' ALLEY 48.56 wide
 N.89°22'30"W. 48.48' (P)
 N.89°40'39"W. 48.56' (M)

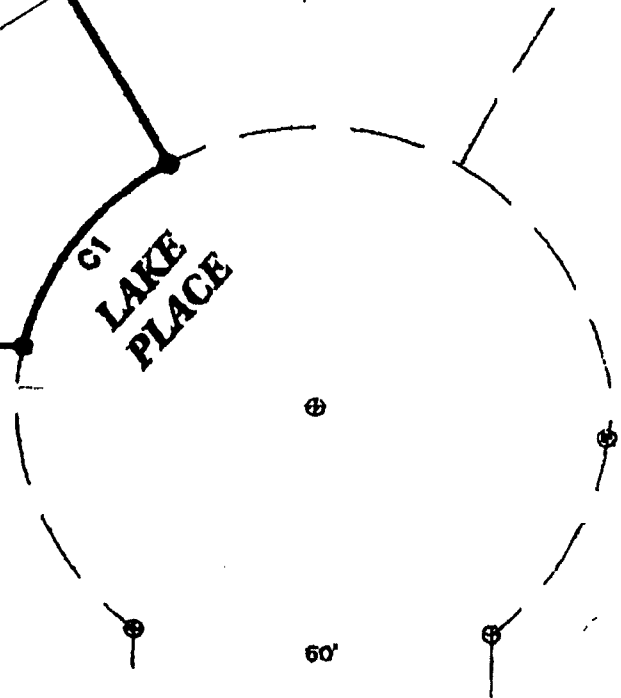


S.88°28'54"E. 98.69' (M)
 S.89°22'30"E. 86.71' (P)

Cherie Conner
 1112 Lake Place
 Cheyenne WY
 82007

LOT 12
 638.6843
 775.6652

LOT 10



LEGEND

- LOT = 14,243 SQ. FT
- SET 3/8" X 24" LONG REBAR WITH 1 1/2" ALUMINUM CAP STAMPED "SSS P L S 2500"
- ⊕ FOUND 3/4" IRON PIPE
- ⊙ FOUND 3/4" IRON PIPE
- (M) DENOTES MEASURED DATA THIS SURVEY
- (P) DENOTES PLAT ONLY DATA

CURVE DATA TABLE

NUMBER	DELTA ANGLE	CHORD DIRECTION	RADIUS	ARC LENGTH	CHORD LENGTH
G1 (M)	47.891°	S.89°28'54"W	60.00	41.88	40.85
G1 (P)	47.891°	S.89°28'54"W	60.00	41.88	40.75

FILE COPY RECEIVED

NOV 17 2005

CITY OF CHEYENNE
 BUILDING DEPARTMENT