

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Sanchez Construction, LLC		For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Not assigned as of this date		Company NAIC Number
CITY Cheyenne	STATE	ZIP CODE
PROPERTY DESCRIPTION (1) of and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 5, Block 1, Carver Subdivision		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc.) Use a Comments area, if necessary.		
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##" or ##°##'##")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Cheyenne 560029		B2. COUNTY NAME Laramie	B3. STATE WY
B4. MAP AND PANEL NUMBER 0655	B5. SUFFIX E	B6. FIRM INDEX DATE 11-15-77	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3-2-94
B8. FLOOD ZONE(S) A & X		B9. BASE FLOOD ELEVATION(S) (Zone AO use depth of flooding) 6010.3	

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) Allison Creek Master Plan

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

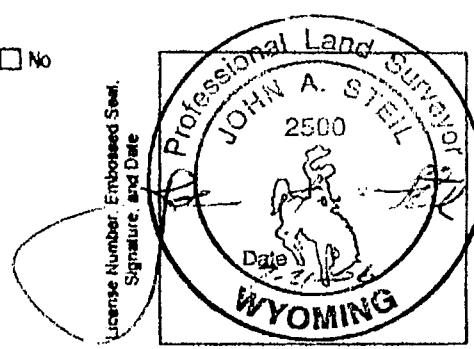
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 2 (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: _____ Conversion/Comments: City of Cheyenne Control Mon. "College"
 Elevation reference mark used: _____ Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 6011.92 ft.(m)
- b) Top of next higher floor 6019.59 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- d) Attached garage (top of slab) 6017.59 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) N/A ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 6017.59 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 6017.59 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade None
- i) Total area of all permanent openings (flood vents) in C3.h: 0 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: John A. Steil LICENSE NUMBER: WY PLS 2500

TITLE: Professional Land Surveyor COMPANY NAME: Steil Surveying Services, LLC

ADDRESS: P.O. Box 2073 CITY: Cheyenne STATE: WY ZIP CODE: 82003

SIGNATURE: [Signature] DATE: 7-21-06 TELEPHONE: 307-634-7273

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

For Insurance Company Use

Policy Number

Company NAIC Number

CITY

STATE

ZIP CODE

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

City of Cheyenne Control Monument "College" is a 3" brass cap in concrete located 0.2 miles East of LCCC in the southerly R/W of College Drive

Elevation 6001.75 NGVD 1929

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. 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

LARAMIE COUNTY/CHEYENNE REGIONAL BUILDING DEPARTMENT PERMIT APPLICATION

CALL BEFORE YOU DIG City County 300-348-1030 IT'S THE LAW

Im8

PLAN REVIEW NUMBER				PERMIT & ZONING CERTIFICATE NUMBER OL-500366			
RECEIVED BY <i>AD</i>	DATE 6/27/04	PLAN REVIEW	CHECK # 2527	CASH	PERMIT	CHECK	C SH
VALUATION OF WORK 159,339.00				INVESTIGATION FEE			
PLAN REVIEW FEE 15.00				OTHER FEES Zone Part 50			
PERMIT FEE 1070.37				TOTAL FEES 1135.37			
JOB ADDRESS						TRACT SIZE	
SUBDIVISION Carver Subdivision						BLOCK NUMBER	LOT NUMBER 5
OWNER Stephanie Court			MAILING ADDRESS 3721 Butch Cassidy			ZIP CODE 82009	PHONE NUMBER 634 2840
CONTRACTOR Sanchez Construction			MAILING ADDRESS 3721 Butch Cassidy			ZIP CODE 82009	
PHONE 634 2840			LICENSE #			CLASS	
ARCHITECT ENGINEER Hunter Engineering			MAILING ADDRESS 902 E 22nd			PHONE NUMBER	
Class of Work: New <input checked="" type="checkbox"/> Add on <input type="checkbox"/> Alter <input type="checkbox"/> Remodel <input type="checkbox"/> Repa <input type="checkbox"/> Move <input type="checkbox"/> Install <input type="checkbox"/> Remove <input type="checkbox"/> Demolish <input type="checkbox"/>							

DETAILED DESCRIPTION OF WORK

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/PI Rev C nd ons USE MP "stph 2" 05-500989
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 Constr Size of Bldg Sq Ft	Occ pancy Gro p/D Frs Story	Number of Stores Baseme
	Second S ry	Use Zone MR-2
		Number of Dw ll g U
		Garag
		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 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	PLUMBING Beck Solid	LICENSE #
CONTRACTOR Signature Pisha Gardner	ELECTRICAL PST	LICENSE #
OTHER	MECHANICAL Mister BS	LICENSE

FOR OFFICE USE ONLY			
Spec at Flood Hazard Area Appro ed By	Date	County Board Comm sioners Approved By	Date 7-21-06
Address Assigned By 1173 Stephanie Ct	Date	Plans Appro ed By	Date
Development/Zo ng Appro ed By	Date	Card Issued By	Date
Fire Department Appro ed By	Date	De Tap Fees P d	
Approved For Issue By	Date	De Perm Issued	

Do you need a Quick Start Foundation Permit?

D119e

new Firm mapping
effective 1-17-07 these
are not in the 100yr
Flood plain - see map
panel # 1356 F