

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 (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 4, 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 checked="" type="checkbox"/> NAD 1983
SOURCE: <input checked="" 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)

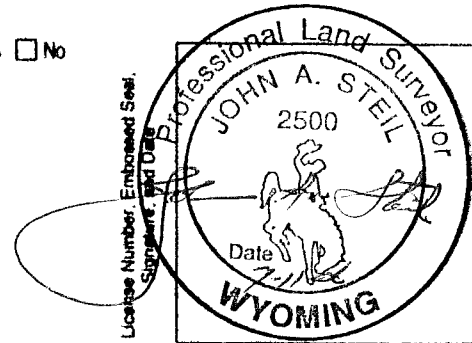
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

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, ARIA, AR/AE, 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: _____ 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. Stell	LICENSE NUMBER WY PLS 2500		
TITLE Professional Land Surveyor	COMPANY NAME Stell Surveying Services, LLC		
ADDRESS P.O. Box 2073	CITY Cheyenne	STATE WY	ZIP CODE 82003
SIGNATURE <i>John A. Stell</i>	DATE 7-11-06	TELEPHONE 307-634-7273	

IN 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.

For Insurance Company Use:

Policy Number

CITY STATE ZIP CODE

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

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.

Table with 3 columns: 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

PLAN REVIEW NUMBER		PERMIT & ZONING CERTIFICATE NUMBER 06-500367	
RECEIVED BY <i>for</i>	DATE 6/27/09	PLAN REVIEW	CHECK # 2527
VALUATION OF WORK 1167,714.00		INVESTIGATION FEE 2000	CEPT 50.00
PLAN REVIEW FEE 15.00		OTHER FEES	
PERMIT FEE 1105.65		TOTAL FEES 1170.65	

JOB ADDRESS	SUBDIVISION Curver		BLOCK NUMBER	TRACT SIZE	LOT NUMBER 4
OWNER Stephanie Court	MAILING ADDRESS 3721 BATH CRES	ZIP CODE 82091	PHONE NUMBER 634-2810		
CONTRACTOR Sanchez Construction	MAILING ADDRESS same	ZIP CODE same			
PHONE same	LICENSE #	CLASS A			
ARCHITECT ENGINEER Hunter	MAILING ADDRESS 908 E 22ND	PHONE NUMBER			

Class of Work: New Addition Alteration Remodel R.P. Move Install R move Demolish

DETAILED DESCRIPTION OF WORK

Lawn Sprinklers: Front Back Both Temporary Power Pole Additional Fee \$30.00

Vented Gas Log On: 1 2 3 J-tub Hot Tub: 1 2 3

Permit/Plan Review Conditions: **use MP "STEP 4" see elev cut 06-0295 Parcel #655**

Type of Construction	Occupancy Group/D	Number of Stories	Use Zone M2	Number of Dwelling Units
Size of Building Sq Ft	First Story	Second Story	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 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

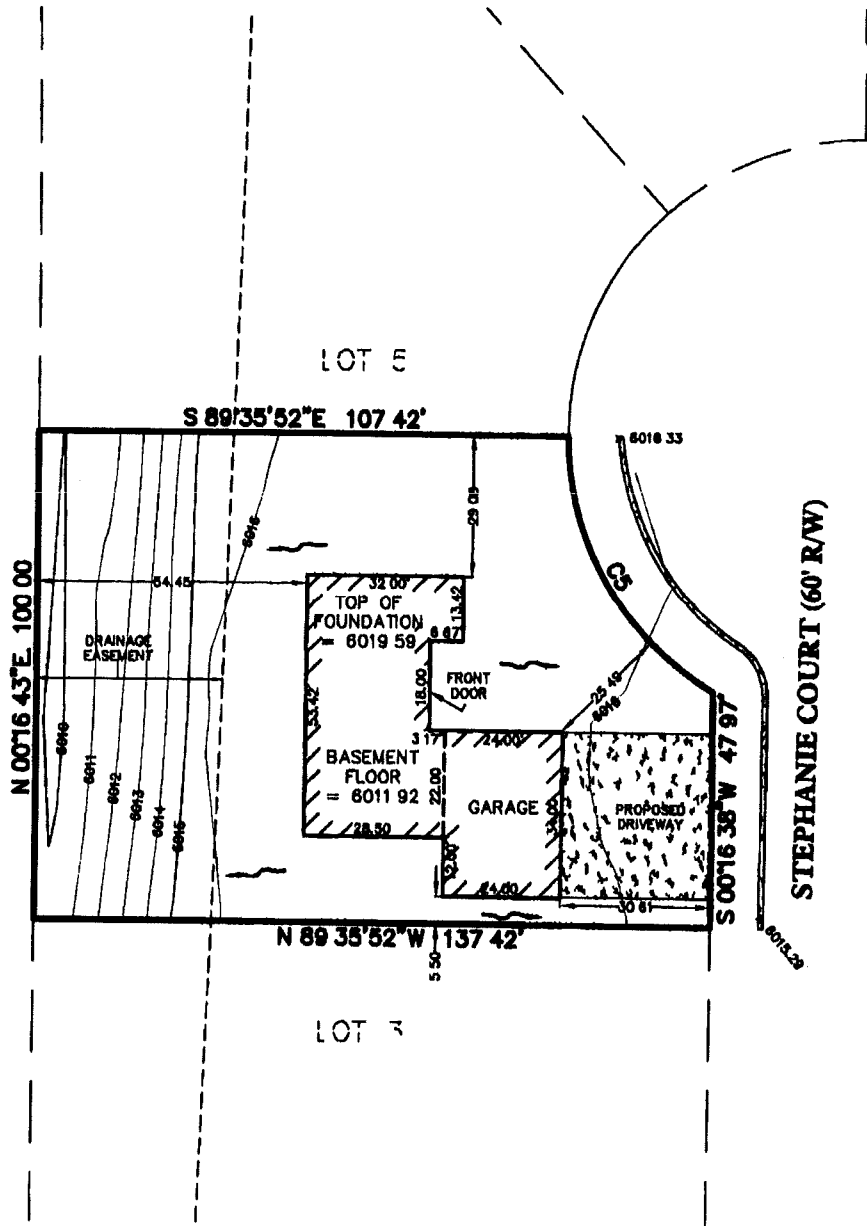
OWNER Signature	PLUMBING Boke Solid	LICENSE #
CONTRACTOR Signature	ELECTRICAL BSI	LICENSE #
OTHER	MECHANICAL Hester BS	LICENSE #

FOR OFFICE USE ONLY

Spec Flood Hazard Area Approved By <i>cb</i>	Date	City/County Commission Approved By <i>Cathy A</i>	Date 7-13-06
Address Assigned By 1180 Stephanie Ct	Date 7/14/09	Plans Approved By	Date
Development/Zoning Approved By <i>cb</i>	Date	Card Issued By	Date
Fire Department Approved By	Date	Date of Fee Paid	
Approved For Issue By	Date	Date Permit Issued	

Do you need a Quick Start Foundation Permit?

Dupe



CURVE TABLE

NUMBER	DELTA ANGLE	CHORD DIRECTION	TANGENT	RADIUS	ARC LENGTH	CHORD LENGTH
C5	60°07'36"	S 29°39'25"E	34.73	60.00	62.98	60.11

NOTE
 SITE GRADING AND DRAINAGE IS IN CONFORMANCE
 WITH THE APPROVED GRADING OR DRAINAGE
 PLAN FOR THE SUBJECT SUBDIVISION IF SAID PLAN IS EXISTING

RECEIVED

JUN 27 2006

TBM = TOP OF CURB BETWEEN LOTS 4 & 5
 ASSUMED ELEV = 6016 33
 ZONED MR-2
 LOT = 12 634 SQ FT

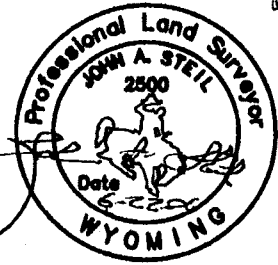
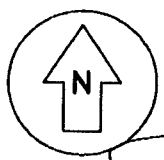
Drainage arrow
 00 0 Existing elevation
 00.00 Proposed elevation

BUILDING DEPARTMENT

PLOT PLAN
 FOR
 LOT 4, BLOCK ONE
 CARVER SUBDIVISION
 LARAMIE COUNTY WYOMING

APPLICANT'S COPY

Date prepared 06-07-06



0 30
 Scale 1 = 30

STEIL SURVEYING SERVICES, LLC
 REGISTERED LAND SURVEYORS
 1108 WEST 10th STREET P.O. BOX 8073
 CHEYENNE, WY 82003 PH(307)484-7873

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