

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		For Insurance Company Use	
BUILDING OWNER'S NAME	REBECCA G. LOGSDON	Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	702 EAST ALLISON ROAD	Company NAIC Number	
CITY	CHEYENNE	STATE	WY
		ZIP CODE	82007
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	LOT 25, BLOCK 1 SUNRIDGE SOUTH 2 ND FILING		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)	RESIDENTIAL		
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	B2. COUNTY NAME	B3. STATE			
560029 0655 E	LARAMIE	WYOMING			
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0655	E	1994	2 MAR 1994	A	5996.4

- 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 B (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 NONE

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

a) Top of bottom floor (including basement or enclosure) 5999 . 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)

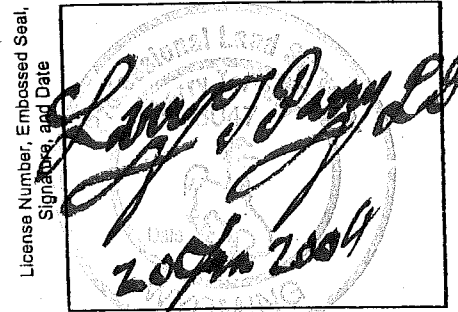
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) 5999 . 5 ft.(m)
5995 . 3 ft.(m)

f) Lowest adjacent (finished) grade (LAG) _____ . _____ ft.(m)

g) Highest adjacent (finished) grade (HAG) _____ . _____ ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4

i) Total area of all permanent openings (flood vents) in C3.h 720 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	LARRY T. PERRY L.S.	LICENSE NUMBER	LS 3097
TITLE	TERRESTRIAL SURVEYING & MAPPING CO	COMPANY NAME	
ADDRESS	1127 TERRY RANCH ROAD	CITY	CHEYENNE
		STATE	WYOMING
SIGNATURE	LARRY T. PERRY L.S.	DATE	2/09/04
		TELEPHONE	307 639 9360
		ZIP CODE	82007

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. 702 EAST ALLISON ROAD			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 PLAIN ELEVATION WAS DETERMINED FROM "ALLISON DRAW MASTER DRAINAGE PLAN" NOV. 1988 PG 2-8 TABLE 2-4

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
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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

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		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Company NAIC Number	
CITY CHEYENNE	STATE WYOMING	ZIP CODE 82007	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 25 BLOCK 1 SUNRIDGE SOUTH 2ND FILING			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (###-##-### or #####) 41°06'36.1" 104°47'26.8"		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	

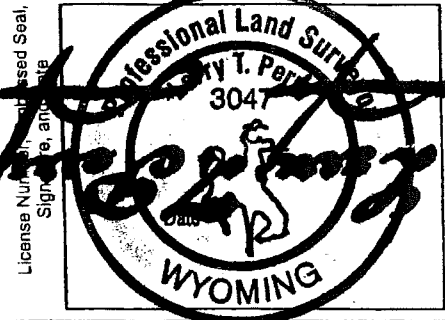
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 560029 0655 E		B2. COUNTY NAME LARAMIE - UNINCORPORATED		B3. STATE WYOMING	
B4. MAP AND PANEL NUMBER 0655	B5. SUFFIX E	B6. FIRM INDEX DATE 1994	B7. FIRM PANEL EFFECTIVE/REVISED DATE 2 MAR 1994	B8. FLOOD ZONE(S) A	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 5996.4

- 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, 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 _____
- 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) _____ 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) **5995** ft. (m)
- g) Highest adjacent (finished) grade (HAG) **5997** 1 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 NAME Terry T. Perry L.S.	LICENSE NUMBER 3047
TITLE Professional Land Surveyor	COMPANY NAME Terrestrial Surveying & Mapping Co
ADDRESS 15 May 2003	CITY CHEYENNE
SIGNATURE <i>[Signature]</i>	STATE WY
	ZIP CODE 82003
	TELEPHONE 307-634-9360

Call

BUILDING PERMIT APPLICATION
CALL BEFORE YOU DIG! 1-800-348-1030 IT'S THE LAW!

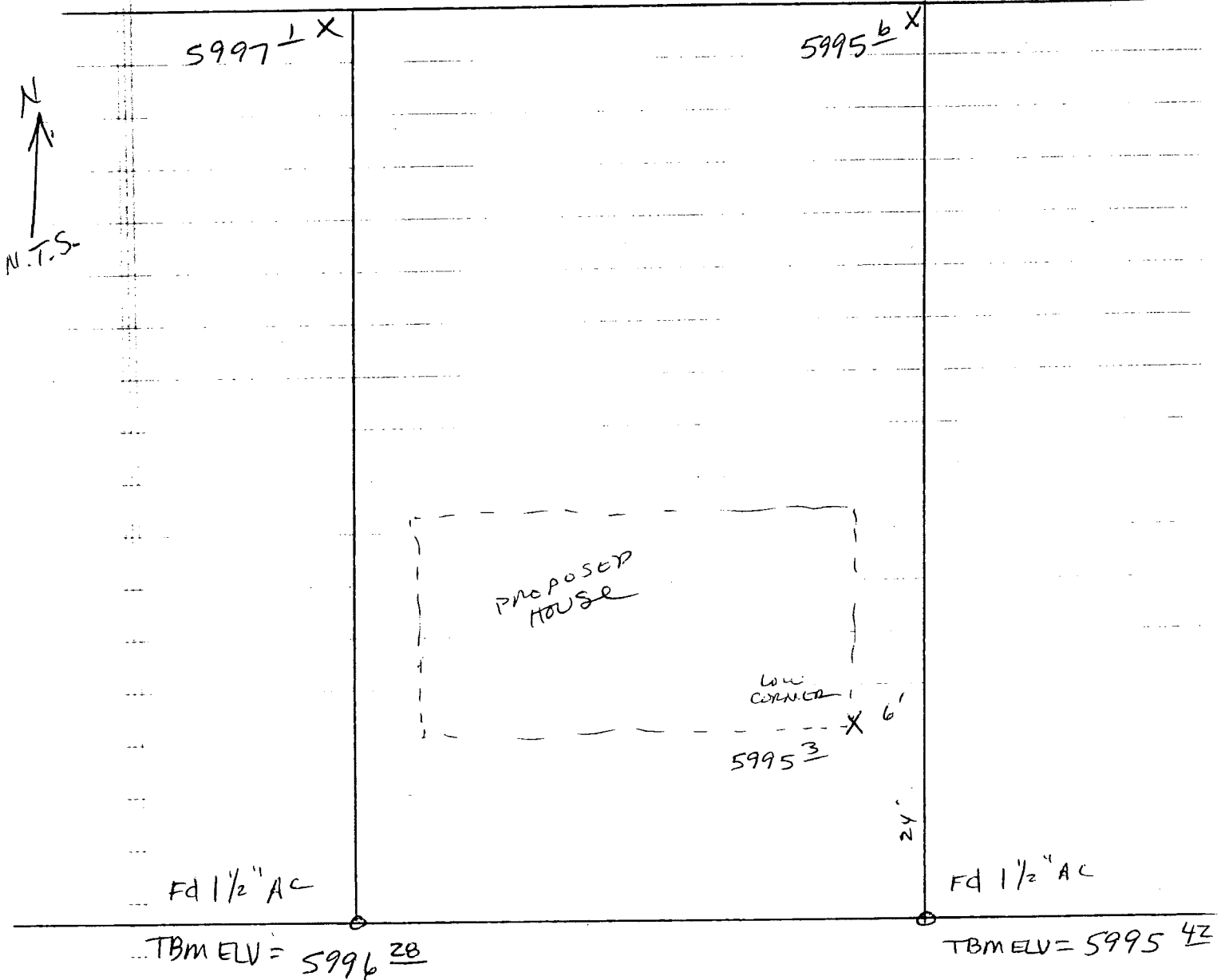
PLAN REVIEW NUMBER:				PERMIT & ZONING CERTIFICATE NUMBER: 03-500476			
RECEIVED BY	DATE	PLAN REVIEW	CHECK #	CASH	PERMIT	CHECK#	CASH
<i>[Signature]</i>	5-12-03						
VALUATION OF WORK 24,685.00				INVESTIGATION FEE TAA 30.00			
PLAN REVIEW FEE 254.31				OTHER FEES 7C 50.00			
PERMIT FEE 391.25				TOTAL FEES			
JOB ADDRESS				9440 24th			
SUBDIVISION Sunridge				LOT NUMBER 25			
OWNER DAY Mobile Homes		MAILING ADDRESS 3016 S Glenhurst Dr. Wyanne		ZIP CODE 82007		PHONE NUMBER 637-5521	
CONTRACTOR Dwight		MAILING ADDRESS		ZIP CODE		LICENSE #	
ARCHITECT/DESIGNER		MAILING ADDRESS		ZIP CODE		PHONE	
ENGINEER Joe Kub		MAILING ADDRESS 6231 Kent Hill Drive Wyanne WY 82009		ZIP CODE 82009		PHONE 637-7149	
USE OF BUILDING Residential				CHANGE OF USE FROM			
Class of Work	New <input checked="" type="checkbox"/>	Addition	Alteration	Remodel	Repair	Move	Installation
DETAILED DESCRIPTION OF WORK Manufactured Home on Foundation Foundation, ELEC, Garage, Water + Sewer Tops + Labor							
Special Conditions	Temporary Power Pole	Additional Fee \$30.00	Jetted Hot Tub Top	Permit/Plan Review Conditions			
Vented Gas Log One	2. Yes	3.	Other Which Level				
Lawn Sprinklers	Back	Both	Backflow				
Type of Construction	Occupancy Group/Division	Number of Stories	Use Zone R5 MR-2	Number of Dwelling Units 1			
Size of Building Sq. Ft. First Story 1601	Second Story	Garage 492.80	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 DAY Mobile Homes		PLUMBING		LICENSE #			
CONTRACTOR		LICENSE #		CLASS ELECTRICAL Collins ELEC		LICENSE #	
OTHER Budd		LICENSE #		CLASS		LICENSE #	
FOR OFFICE USE ONLY							
Special Flood Hazard Area Approved By Panel 655		Date 5-13-03		County Only: Board of County Commissioners Approved By Cathy Deatherington		Date 5-13-03	
Elev. Cont. Rapid		Date 5-13-03		Plans Approved By		Date	
Address Assigned By 702 E Allison Rd		Date 5-13-03		Card Issued By		Date	
Development/Zoning Approved By CA		Date		Date Tap Fees Paid		Date	
Fire Department Approved By		Date		Date Permit Issued		Date	
Approved For Issue By		Date		Date Permit Issued		Date	

0119a



LOT 25 BLOCK 1

SUNRIDGE SOUTH 2nd FILING



* LEVEL LOOP RAN FROM CITY OF CHEYENNE
CONTROL MONUMENT "ALLISON" ELV = 5993 36

NGVD 29

05/14/03 D.H. Jones