

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
 Expires December 31, 2006

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>SUNRIDGE ESTATES</u>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>706 EAST ALLISON ROAD</u>		Policy Number	
CITY <u>CHEYENNE</u>		STATE <u>WY</u>	ZIP CODE <u>82007</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 24 BLOCK 1, SUNRIDGE SOUTH 2ND FILING</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>RESIDENTIAL</u>			
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 <u>560029 0655 E</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 <u>1994</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>2 MAR 1994</u>	B8. FLOOD ZONE(S) <u>A</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>5996.4</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: _____

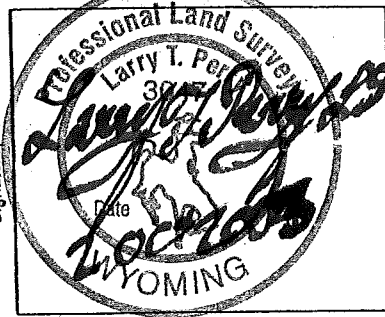
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 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 1929 Conversion/Comments NO CONVERSION
 Elevation reference mark used C.P. ALLISON Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>5998</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____ ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>5998</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>5995</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	_____ ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>4</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>720</u> 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 Section B, and C on this certificate represents my best efforts to interpret the data available. I understand that falsifying this information may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Larry T. Perry LICENSE NUMBER 53047
 TITLE Professional Land Surveyor COMPANY NAME Cheyenne
 ADDRESS 1127 TERRY RANCH Road CITY Cheyenne STATE Wyo ZIP CODE 82007
 SIGNATURE _____ DATE 2 Oct 2003 TELEPHONE 307 634-9360

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. 706 EAST ALLISON ROAD			Policy Number	
CITY CITY	STATE WV	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 PLANE ELEVATION WAS DETERMINED FROM "ALLISON DRAWL MASTER DRAINAGE PLAN" NOV. 1988 PAGE 2-8 TABLE 2-4 STA 166+02.

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 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.)
- 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

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
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Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

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BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Policy Number	
CITY	STATE	Company NAIC Number	
CHEYENNE	Wyoming		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		ZIP CODE	
LOT 24 BLOCK 1 SUNRISE SOUTH 2nd FILING		82007	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)			
RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##-##-##.## or ##.#####)		HORIZONTAL DATUM:	
		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 0655E		LARAMIE - UNINCORPORATED		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)

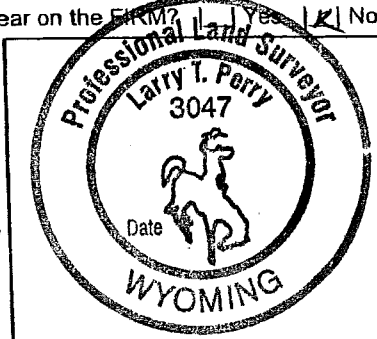
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C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIA/E, 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 NAVD 1929 Conversion/Comments CITY OF CHEYENNE CONTROL NETWORK - NO CONVERSION
 Elevation reference mark used ALLISON Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____ ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>5997</u> . <u>0</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)
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License Number, Embossed Seal, Signature, and Date



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 LICENSE NUMBER LS3047

TITLE Professional Land Surveyor COMPANY NAME CHEYENNE, CITY WYO STATE 82007 ZIP CODE

ADDRESS _____ DATE JUNE 2003 TELEPHONE 307 6349360

SIGNATURE _____

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:	
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CITY <u>CHEYENNE</u>	STATE <u>WYOMING</u>	ZIP CODE <u>82007</u>	Company NAIC Number	

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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COMMENTS

FLOOD PLANE ELEVATION WAS DETERMINED FROM "ALLISON DRAW MASTER DRAINAGE PLAN" NOV 1988 PAGE 2-8 TABLE 2-4, STA 166+00. VERIFICATION SHALL BE PERFORMED AT COMPLETION OF CONSTRUCTION.

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

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SIGNATURE DATE TELEPHONE

COMMENTS

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- 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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LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments

BUILDING PERMIT APPLICATION

City County

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

2-8-03

PLAN REVIEW NUMBER: _____ PERMIT & ZONING CERTIFICATE NUMBER: **03-500684**

RECEIVED BY	DATE	PLAN REVIEW	CHECK #	CASH	PERMIT	CHECK#	CASH
<i>[Signature]</i>	6-19-03					122	

VALUATION OF WORK **9700.00** INVESTIGATION FEE **20 50.00**

PLAN REVIEW FEE **95.82** OTHER FEES **Tax 300**

PERMIT FEE **147.42** TOTAL FEES **323.24**

JOB ADDRESS _____ TRACT SIZE **9440 SQ. FT.**

SUBDIVISION **Sunridge Estates** BLOCK NUMBER **1** LOT NUMBER **24**

OWNER **DAY mobile Homes** MAILING ADDRESS **3016 S Graylock Hwy** ZIP CODE **82007** PHONE NUMBER **637-5521**

CONTRACTOR **Owner** MAILING ADDRESS _____ ZIP CODE _____ PHONE _____ LICENSE # _____ CLASS _____

ARCHITECT/DESIGNER _____ MAILING ADDRESS _____ ZIP CODE _____ PHONE _____

ENGINEER **Joe Hub** MAILING ADDRESS **6451 Kamp Hill Drive CHickenne 82009**

USE OF BUILDING **Residential** CHANGE OF USE FROM _____ TO _____

Class of Work	New	Addition	Alteration	Remodel	Repair	Move	Installation	Remove	Demolish
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DETAILED DESCRIPTION OF WORK
Foundation, Elec. Culvert, + ST+PS

Special Conditions	Temporary Power Pole	Additional Fee \$30.00	Jetted Hot Tub Tec.	Permit/Plan Review Conditions
Vented Gas Log One	2. Yes	3. Yes	Other Which Level	
Lawn Sprinklers Front	Back	Both	Backflow	

Type of Construction	Occupancy Group/Division	Number of Stories WASHING	Use Zone	Number of Dwelling Units
Size of Building Sq. Ft. First Story 1450	Second Story	LAPAVI	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 DAY mobile Homes	PLUMBING	LICENSE #
CONTRACTOR Owner	CLASS	ELECTRICAL Collins
OTHER	CLASS	MECHANICAL

FOR OFFICE USE ONLY

Special Flood Hazard Area Approved By [Signature]	Date	County Only Board of County Commissioners Approved By [Signature]	Date 6-26-03
Address Assigned By 706 E. Allison Rd	Date 6-26-03	Plans Approved By [Signature]	Date
Development/Zoning Approved By [Signature]	Date	Card Issued By	Date
Fire Department Approved By	Date	Date Tap Fees Paid	
Approved For Issue By	Date	Date Permit Issued	



10

LOT 24 BLOCK 1
SUNRISE SOUTH 2ND FILING
(VACANT)

N
N.T.S.
D. THOMAS
06/12/03

