

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 <u>WALTER F. LAVEAU</u> | | Policy Number | |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>710 EAST ALLISON ROAD</u> | | Company NAIC 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 23 BLOCK 1, SUMMIT RIDGE 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 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 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) 5998.4 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)

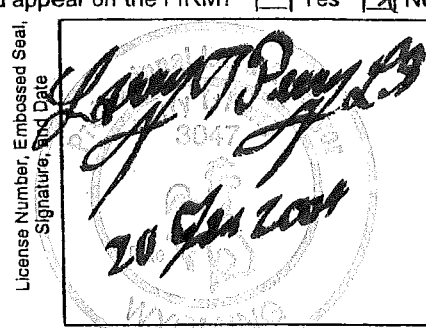
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) 5998.4 ft.(m)

f) Lowest adjacent (finished) grade (LAG) 5994.4 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 3047

TITLE
TERRESTRIAL SURVEYING & MAPPING CO

COMPANY NAME
TERRESTRIAL SURVEYING & MAPPING CO

ADDRESS
1127 TERRY RANCH ROAD

CITY
CHEYENNE

STATE
WYOMING

ZIP CODE
82007

SIGNATURE
Larry T. Perry L.S. 20 Dec 2004

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. 710 EAST ALLISON ROAD | | | Policy Number | |
| CITY CITYENNE | 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 PLANE 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 |
|-------------------|------------------------|---|

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 <u>WALTER F. LAVEAU</u> | | For Insurance Company Use |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>710 EAST ALLISON ROAD</u> | | Policy Number |
| CITY <u>CHEYENNE</u> | STATE <u>WY</u> | Company NAIC Number |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 23 BLOCK 1 SUNRIDGE SOUTH 2ND FILING</u> | | ZIP CODE <u>82007</u> |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>ACCESSORY - STORAGE STED IN BACKYARD</u> | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####") | | |
| HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other | | |
| <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | | |

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)

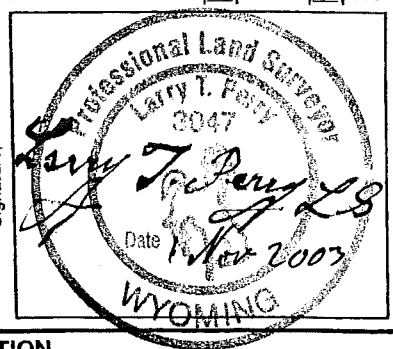
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
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C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - 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
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 Datum NGVD 1929 Conversion/Comments NO CONVERSION

Elevation reference mark used CP "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>5995.5</u> ft.(m) | License Number, Embossed Seal, Signature, and Date |
| <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.) | _____ ft.(m) | |
| <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) | <u>5994.4</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 | _____ | |
| <input type="checkbox"/> 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 <u>LARRY T. PERRY LS</u> | LICENSE NUMBER <u>853047</u> |
| TITLE <u>OWNER</u> | COMPANY NAME <u>TERRESTRIAL SURVEYORS & MAPPING S.</u> |
| ADDRESS <u>1127 TERRY Ranch Rd</u> | CITY <u>Cheyenne</u> |
| SIGNATURE <u>Larry T. Perry LS</u> | DATE <u>2 Nov 2003</u> |
| | TELEPHONE <u>307 634-9360</u> |
| | STATE <u>WYO.</u> |
| | ZIP CODE <u>82007</u> |

| | | | |
|--|------------------|-------------------|----------------------------|
| 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. 710 EAST ALLISON ROAD | | | Policy Number |
| CITY CHEYENNE | STATE Wyoming | 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 DRAIN MASTER DRAINAGE PLAN" NOV. 1988 PAGE 2-8 TABLE 2-4 STA 166+00

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 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.)
- 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



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 (Outside Zoned Area)

Application Date 10-29-03

Certificate No. 03-50205

Applicant WALTER F. LAKEAU Telephone 307-634-1649

Mailing Address 710 E Allison Rd Cheyenne WY 82007

Owner (if different from Applicant) _____

Application to: Place: HUD _____ UBC _____ OTHER _____ Build Residential Accessory Commercial

Structure Type Skid. Skid Structure Size 192 Sq. Ft. *See Site plan requirements for commercial

Will this structure have water and sewer services? Yes No

Lot Size _____ Acres _____ Sq. Ft. Estimated Cost of Structure \$ 1300

Estimated Completion Date _____ Location of Structure Staked: Yes [] No-Call When Location Is Staked.

Legal Description

Lot Split _____ Lot 23 Block/Tract 1 Subdivision SunRidge South 2nd

Division _____ Section _____ Township _____ Range _____

[Signature]

Signature of Applicant

10-29-03

Date

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

Zoning District M-2 Map Page # 0119a Floodplain Development Permit yes Firm Map 655

Notes/Conditions elec int req'd

Site Address 710 E Allison Rd 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 Gethy Neatherton

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 10-29-03 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

