

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name MIKE SCHUMM	For Insurance Company Use:
	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 809 ARTESIAN ROAD	Company NAIC Number

City **CHEYENNE** State **WY** ZIP Code **82007**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TRACT 17 OF ARTESIAN TRACTS

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RES. GARAGE**

A5. Latitude/Longitude: Lat. **41-05-41** Long. **104-47-28**

Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number **1**

A8. For a building with a crawl space or enclosure(s), provide

- a) Square footage of crawl space or enclosure(s) _____ sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade **0**
c) Total net area of flood openings in A8.b **0** sq in

A9. For a building with an attached garage, provide:

- a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number LARAMIE COUNTY 56 0029 0655E		B2. County Name LARAMIE		B3. State WYOMING	
B4. Map/Panel Number 655 OF 750	B5. Suffix E	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date MARCH 2, 1994	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 6006.9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

- FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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 _____ CBRS OPA

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. 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 C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized **ALLISON Vertical Datum 5993.36'**

Conversion/Comments _____

Check the measurement used.

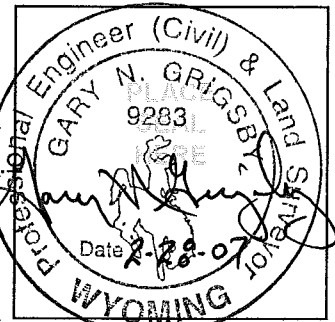
- a) Top of bottom floor (including basement, crawl space, or enclosure floor) **6011.4** feet meters (Puerto Rico only)
b) Top of the next higher floor **N/A** feet meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) **N/A** feet meters (Puerto Rico only)
d) Attached garage (top of slab) **N/A** feet meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) **N/A** feet meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG) **6007.7** feet meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG) **6008.0** feet meters (Puerto Rico only)

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 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.

Check here if comments are provided on back of form.

Certifier's Name **GARY N. GRIGSBY** License Number **PELS 9283**
Title **PRESIDENT** Company Name **WESTERN RESEARCH&DEVELOPMENT**
Address **5908 YELLOWSTONE RD.** City **CHEYENNE** State **WY** ZIP Code **82009**
Signature *Gary N. Grigsby* Date **FEB 28, 2007** Telephone **(307) 632-5656**

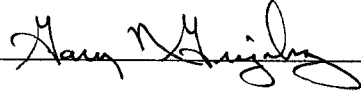


IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 809 ARTESIAN ROAD	Policy Number
City CHEYENNE State WY ZIP Code 82007	Company NAIC Number

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 THIS CERTIFICATE IS FOR THE DETACHED GARAGE AT 809 ARTESIAN ROAD. STATION 67+00 OF TABLE 2-4. PAGE 2-10 OF THE DRAINAGE MASTER PLAN OF ALLISON CREEK DATED NOVEMBER 1988 WAS USED TO DETERMINE THE BASE FLOOD ELEVATION.

Signature  Date 2/28/2007 Check here if attachments

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

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. 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, 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, 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. Check the measurement used in Items G8. and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

Check here if attachments

RECEIVED

MAY 24 2005

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

BUILDING DEPARTMENT Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use

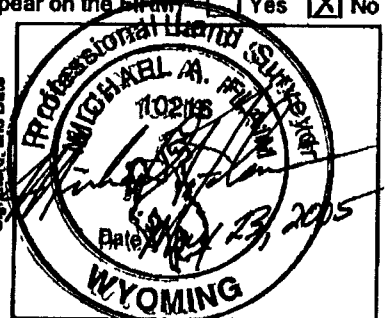
BUILDING OWNER'S NAME: MIKE & CINDY SCHUMM
 BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg No) OR P O ROUTE AND BOX NO: 809 ARTESIAN ROAD
 CITY: CHEYENNE STATE: WY ZIP CODE: 82007
 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc): TRACT 17, ARTESIAN TRACTS, LARAMIE CO, WYOMING
 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc) Use a Comments area, if necessary: RESIDENTIAL
 LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##° ###' ###"): 41° 05' 41.71" N / 104° 47' 26.46" W
 HORIZONTAL DATUM: NAD 1927 NAD 1983 SOURCE: GPS (Type) TRIMBLE 5700 & 5800
 USGS Quad Map Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1 NFIP COMMUNITY NAME & COMMUNITY NUMBER: LARAMIE CO. 560029 B2 COUNTY NAME: LARAMIE B3 STATE: WY
 B4 MAP AND PANEL NUMBER: 560029 0655E B5 SUFFIX: H-J-3 B6 FIRM INDEX DATE: 1980, MAY 1 B7 FIRM PANEL EFFECTIVE/REVISED DATE: 1994, MARCH 2 B8 FLOOD ZONE(S): A B9 BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): 6014.6
 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): ANALYSIS OF COMMUNITY DATA
 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, ARIA, ARI/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 NGVD 1929 Conversion/Comments WGS 84, GEOID03 -> WY S.P., E. ZONE @ GROUND S.F. 1.00033571
 Elevation reference mark used N45° Y.344" (MOD 94) Does the elevation reference mark used appear on the FIRM? Yes No
 a) Top of bottom floor (including basement or enclosure) 6011.30(m)
 b) Top of next higher floor 6015.40(m)
 N/A c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
 d) Attached garage (top of slab) (DETACHED) 6015.40(m)
 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 6015.40(m)
 f) Lowest adjacent (finished) grade (LAG) 6011.30(m)
 g) Highest adjacent (finished) grade (HAG) 6011.90(m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 3
 i) Total area of all permanent openings (flood vents) in C3 h 980 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: MICHAEL A. FLAIM LICENSE NUMBER: WY PLS # 10216
 TITLE: REGISTERED LAND SURVEYOR COMPANY NAME: SHORT ELLIOTT HENRICKSON, INC.
 ADDRESS: 1000 YELLOWTAIL RD, SUITE 230 CITY: CHEYENNE STATE: WY ZIP CODE: 82009
 SIGNATURE: [Signature] DATE: 2005, May 23 TELEPHONE: 307-633-6449

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 <u>809 ARTESIAN ROAD</u>			Policy Number	
CITY <u>CHEYENNE</u>	STATE <u>WY</u>	ZIP CODE <u>82007</u>	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
THE BASE FLOOD ELEVATION (BFE) WAS DETERMINED FROM FLOW DISCHARGE OF 1200 CFS PER THE "CITY OF CHEYENNE DRAINAGE MASTER PLAN- ALLISON CREEK," NOV. 1988 (TABLE 2-4, SECTION 674.00 "ARTESIAN ROAD"). WATER SURFACE ELEVATION WAS DETERMINED BY SURVEYED CROSS SECTIONS AND HEC-RAS RIVER ANALYSIS.

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

Map



ZONING/ADDRESS APPLICATION



LARAMIE COUNTY PLANNING DEPARTMENT
310 W 19TH STREET SUITE 400
CHEYENNE, WY 82001 (307) 633-4303 FAX (307) 633-4519

35.00

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 4/19/05 Certificate No. 05500251

Applicant Mike + Cindy Schuman Telephone 307-637-5000
307-631-8850

Mailing Address 806 Artesian Rd Cheyenne WY 82007

Owner (if different from Applicant) _____

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

Structure Type Pole Barn Structure Size 2400 Sq. Ft. *See Site plan requirements for commercial

Will this structure have water and sewer services? Yes [] No

Lot Size 2.52 Acres _____ Sq. Ft. Estimated Cost of Structure \$ 12,000.00

Estimated Completion Date 5/20/05 Location of Structure Staked: Yes [] No-Call When Location Is Staked.

Legal Description
Lot Split _____ Lot _____ Block/Tract T17 Subdivision Artesian Tracts

Division _____ Section _____ Township _____ Range _____

Cindy Schuman 4/19/05
Signature of Applicant Date

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

Zoning District MUC Map Page # D1330 Floodplain Development Permit YES Firm Map 695

Notes/Conditions _____

Site Address 809 Artesian New? _____

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 Cathy H

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 5-25-05 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

PV