

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME Sanchez Construction LLC			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 WY	ZIP CODE 82001		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 6, Block One, Carver Subdivision				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##"##" or ##.#####)		HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input 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)

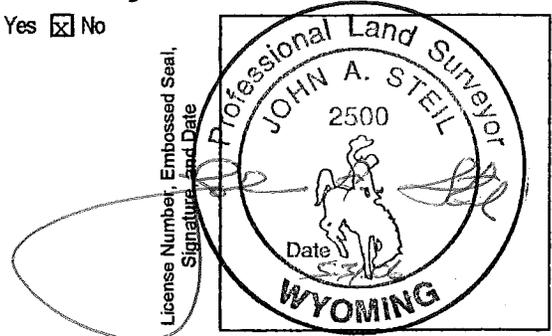
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

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, 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 _____ City of Cheyenne Control Mon. "College"

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

- o a) Top of bottom floor (including basement or enclosure) 6011.9 ft(m)
- o b) Top of next higher floor 6019.6 ft(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N/A ft(m)
- o d) Attached garage (top of slab) 6018.1 ft(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) N/A ft(m)
- o f) Lowest adjacent (finished) grade (LAG) 6017.5 ft(m)
- o g) Highest adjacent (finished) grade (HAG) 6017.5 ft(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade None
- o 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. Steil		LICENSE NUMBER WY PLS 2500	
TITLE Professional Land Surveyor		COMPANY NAME Steil Surveying Services LLC	
ADDRESS PO Box 2073	CITY Cheyenne	STATE WY	ZIP CODE 82003
SIGNATURE 	DATE 5-31-06	TELEPHONE 307-634-7273	

House

LARAMIE COUNTY/CHEYENNE REGIONAL BUILDING DEPARTMENT PERMIT APPLICATION

CALL BEFORE YOU DIG City County 360-348-1630 IT'S THE LAW

PLAN REVIEW NUMBER				PERMIT & ZONING CERTIFICATE NUMBER 06 500340			
RECEIVED NOV 1	DATE 6-16-06	PLAN REVIEW	CHECK	CASH	PERMIT	CHECK# 2517	CASH
VALUATION OF WORK \$159,339.00			INVESTIGATION FEE 20 \$150.00				
PLAN REVIEW FEE \$15.00			OTHER FEES \$30.00 TPP				
PERMIT FEE \$1070.37			TOTAL FEES \$1165.37				
JOB ADDRESS					TRACT SIZE 114250 5/4		
SUBDIVISION Carver				BLOCK NUMBER	1	LOT NUMBER	6
OWNER	Stephanie Courtice		MAILING ADDRESS	3721 Butch Cassidy Trail		ZIP CODE	82009
CONTRACTOR	Sanchez Construction		MAILING ADDRESS	3721 Butch Cassidy Tr		ZIP CODE	82009
PHONE	634 2840		LICENSE #		CLASS		
ARCHITECT ENGINEER	Hunter		MAILING ADDRESS			PHONE NUMBER	
USE OF BUILDING	Residential		CHANGE OF USE FROM		TO		
Class of Work	New <input checked="" type="checkbox"/>	Addn <input type="checkbox"/>	Alterat <input type="checkbox"/>	R model <input type="checkbox"/>	Repair <input type="checkbox"/>	Move <input type="checkbox"/>	Install on <input type="checkbox"/>
REMOVED <input type="checkbox"/>							
DETAILED DESCRIPTION OF WORK							
3bd, 2ba, 2 car att gar / Full w/ bath rough							
Lawn Sprinklers		Temporary Power Pole		Permit/Plan Review Conditions			
Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>		<input checked="" type="checkbox"/> Additional Fee \$30.00		MP# 05 500987			
Vented Gas Log One		Jetted Hot Tub		USE MP Name 'stph1'			
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
Type of Construction	New		Occupancy Group/Division	Number of Stories	Use Zone	Number of Dwelling U	
Size of Building Sq Ft	First Story	Second Story	Basement				
	1483		1483		MR-2		
					517		
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	S gauthier			PLUMBING	Rock Solid	LICENSE	
CONTRACTOR	S gauthier			ELECTRICAL	BAT	LICENSE	
OTHER				MECHANICAL	Mister B'S	LICENSE #	
FOR OFFICE USE ONLY							
Special Flood Hazard Are Approved By			Date	County Only Board of County Commissioners Approved By		Date	
Address Assigned By			Date	Plans Approved By		Date	
Developer / Zoning Approved By			Date	Card Issued By		Date	
OK			OP	6/20/06			
Fire Department Approved By			Date	Date Tap Fees Paid			
Approved For Issue By			Date	Date Permit Issued			

Do you need a Quick Start Foundation Permit?

D.119C

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