

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name <u>Ms. Lanae Koons</u>		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>2626 Ford Road</u>		Company NAIC Number
City <u>Cheyenne</u> State <u>WY</u> ZIP Code <u>82009</u>		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Tract 50 North Country Subdivision Section 21, Township 15 North, Range 66 West</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Horse Barn With Dirt Floor</u>		
A5. Latitude/Longitude: Lat. <u>N 41°15'03.6224</u> Long. <u>W 104°47'08.06650</u>		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>1 A</u>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>NA</u> sq ft		a) Square footage of attached garage <u>NA</u> sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>NA</u>		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>NA</u>
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b <u>NA</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name <u>Laramie County</u>		B3. State <u>WY</u>	
B4. Map/Panel Number <u>56021C0820F</u>	B5. Suffix <u>F</u>	B6. FIRM Index Date <u>1-17-07</u>	B7. FIRM Panel Effective/Revised Date <u>1-17-07</u>	B8. Flood Zone(s) <u>A</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>NA</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> 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-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
Benchmark Utilized NA Vertical Datum NA
Conversion/Comments NA

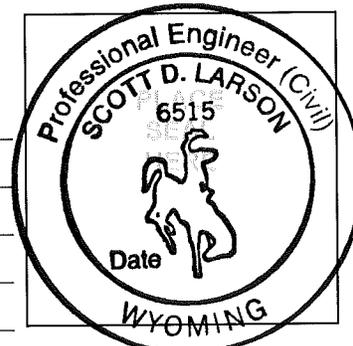
Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) <u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) <u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) <u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> 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. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name <u>Scott D. Larson, P.E.</u>		License Number <u>6515</u>	
Title <u>President</u>	Company Name <u>BenchMark Engineers, P.C.</u>		
Address <u>1920 Thomes Avenue, Suite 620</u>	City <u>Cheyenne</u>	State <u>WY</u>	ZIP Code <u>82001</u>
Signature 	Date <u>9/21/09</u>	Telephone <u>307-634-9064</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. 2626 Ford Road	Policy Number
City Cheyenne State WY ZIP Code 82009	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

Signature 

Date 9/21/09

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, crawlspace, or enclosure) is 1.11 feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is 12.91 feet meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 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

Ms. Lanae Koons

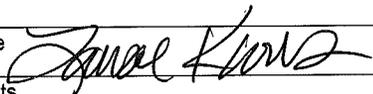
Address 2626 Ford Road

City Cheyenne

State WY

ZIP Code 82009

Signature



Date 9/21/09

Telephone 307-637-0322

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 _____

G10. Community's design flood elevation _____ feet meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

Check here if attachments

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Ms. Lanae Koons		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2626 Ford Road		Policy Number
City Cheyenne State WY ZIP Code 82009		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tract 50 North Country Subdivision Section 21, Township 15 North, Range 66 West		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Horse Barn With Dirt Floor</u>		
A5. Latitude/Longitude: Lat. <u>N 41°15'03.6224</u> Long. <u>W 104°47'08.06650</u>		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>1A</u>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>NA</u> sq ft		a) Square footage of attached garage <u>NA</u> sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>NA</u>		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>NA</u>
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b <u>NA</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name Laramie County		B3. State WY	
B4. Map/Panel Number 56021C0820F	B5. Suffix F	B6. FIRM Index Date 1-17-07	B7. FIRM Panel Effective/Revised Date 1-17-07	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) NA
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
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Benchmark Utilized NA Vertical Datum NA
Conversion/Comments NA

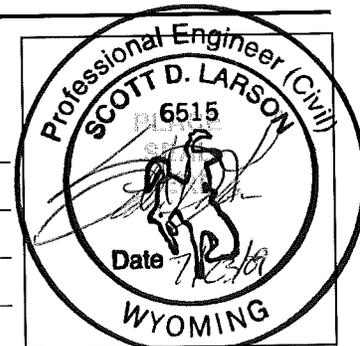
Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	<u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	<u>NA</u> _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
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Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name	Scott D. Larson, P.E.	License Number	6515
Title	President	Company Name	BenchMark Engineers, P.C.
Address	1920 Thomes Avenue, Suite 620	City	Cheyenne
		State	WY
		ZIP Code	82001
Signature		Date	7/23/09
		Telephone	307-634-9064



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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. 2626 Ford Road	Policy Number
City Cheyenne State WY ZIP Code 82009	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

Signature  Date 7/23/09 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.

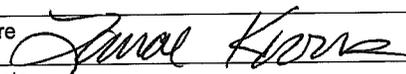
- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawlspace, or enclosure) is 0.70 feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is 12.50 feet meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 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
Ms. Lanae Koons

Address 2626 Ford Road City Cheyenne State WY ZIP Code 82009

Signature  Date 7/23/09 Telephone 307-637-0322

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 _____
- G10. Community's design flood elevation _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments

Check here if attachments

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Residential Building Permit Application

Laramie County Planning and Development Office
310 W 19th St Room 400
Cheyenne, WY 82001

Fax: 307-633-4519
Phone: 307-633-4303
Inspection: 307-633-4615
Website: laramiecounty.com
planning@laramiecounty.com

Incomplete Applications Can Not Be Accepted

Bldg Plmbg Mech Elctry Gas

BP-09-01121

For Office Use Only	Received By: CH	Date: 7-23-09	Plan Review #	Permit #
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Valuation of Work: 68,000	Job Address: 2626 Ford Rd.
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Legal Description: Subdivision North Country	Lot:	Block/Tract: T50#	Acres: 10.66	# Sq Ft:
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Division:	Section:	Township:	Range:
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Owner Name: Lanae Koons	Phone: 630-6131
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Address: 2626 Ford Rd.	City: Cheyenne	State: WY	Zip Code: 82009
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Contractor Name: R+S Building Systems	Phone:
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Address:	City: Rapid City	State: SD	Zip Code:
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Purpose of Permit	New <input type="checkbox"/>	Addition <input type="checkbox"/>	Renovation <input type="checkbox"/>	Accessory <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Demolish <input type="checkbox"/>
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Description of Work: Complete description of the work done including any plumbing, mechanical (Heating, ventilation or air conditioning), electrical, fire sprinkler or alarm. (Work is not included in the permit unless described in this scope of work)

54x80 Ceassions will be 8' apart 18" in diameter
4' in concrete (Includes Electrical)

Structure Use pole Barn	Manufactured Bldg <input type="checkbox"/>	20 yrs old <input type="checkbox"/>	Structurally Altered <input type="checkbox"/>	Fire Sprinklers <input type="checkbox"/>
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Bldg Area Exc/Basement: 4320 Sq FT	Basement Area:	Sq FT	Remodel Area:	Sq FT
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Number of Stories	Building Height	FT	Number of Dwelling Units
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Foundation Type	<input type="checkbox"/> Slab-on-grade	<input type="checkbox"/> Crawl space	<input checked="" type="checkbox"/> Block/Piers	<input type="checkbox"/> Basement
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By my signature and under penalty of perjury, I hereby certify that I am the owner of the reference property, or the owner's authorized agent. 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 issuance of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction, or guarantee issuance of a well or septic permit, this permit becomes null and void if work or construction authorized is not commenced within 180 days, unless prior authorization has been issued by this office. Failure to obtain inspection every 180 days will cause permit to expire.

I understand that occupying this structure prior to obtaining a Certificate of Occupancy/Completion is against the law. Failure to comply may result in a \$750 fine with each day of occupancy being a separate offence.

Signature of Owner/Agent: Lanae Koons

Printed Name: Lanae Koons	Date: 7-21-09
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For Office Use Only	Type of Construction:	Occupancy Group:	Elev. Cert. or Floodplain Dev. <input checked="" type="checkbox"/>	New Address <input type="checkbox"/>
Flood Hazard Area <input type="checkbox"/>	Flood Zone: A	Panel Number: 0820F	Zoning District: NA	Map Page:

Conditions:
An elev cert based on finished construction is Req'd prior to issuance of a CC

Approved By	Review Date	Building Fee	
			100.00
Floodplain Review:		Plan Review Fee	
Zoning Review:		Master Plan Fee	
Address Review/Assignment:		Zoning Certificate	
Plan Review:		Other Fee	
Board of Commissioners-approved for issuance:		Total Fees	100.00
		Fees Paid: CK# 1432 <input type="checkbox"/> Cash <input type="checkbox"/> Receipt #:	

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LARAMIE COUNTY PLANNING AND DEVELOPMENT OFFICE



310 WEST 19TH STREET, SUITE #400
CHEYENNE, WY 82001

PHONE (307) 633-4303 INSPECTIONS (307) 633-4615 FAX (307) 633-4519

* #BP-09-01121

JOB ADDRESS: 2626 FORD RD

PURPOSE: RESIDENTIAL ACCESSORY STRUCTURE

Approved application, building plans, foundation plans, specifications, plot plan and inspection card are required to be on site, and available for the inspector for each inspection. Approved construction documents and plan review comments shall not be changed, modified or altered without the approval of the Chief Building Official. All revised documents shall have the signature of the Chief Building Official stating approval.

- The assigned house number shall be displayed at the front property line in a conspicuous place during construction.
- ✗ Please request inspection for all temporary power poles prior to contacting the power company to have energized.
- The green building permit card shall be posted in such a position as to be plainly visible and legible from the main road at the access point.
- It is the responsibility of the Contractor/Owner to provide for adequate trash containment during construction.
- ✗ An open hole report, signed by a Wyoming Licensed Engineer, must be submitted prior to requesting Footer/Foundation inspection.

REVIEW COMMENTS

Plan Review:

* PLEASE CALL 307-633-4615 TO SCHEDULE THE REQUIRED INSPECTIONS.

* NO PLANS WERE SUBMITTED WITH THIS APPLICATION, THEREFORE OWNER IS NOTIFIED HERE THAT ALL BUILDING MUST COMPLY WITH THE LOCAL CODES AND ANY ITEMS FOUND DURING INSPECTION THAT VIOLATE THE CODES WILL BE REQUIRED TO BE CORRECTED.

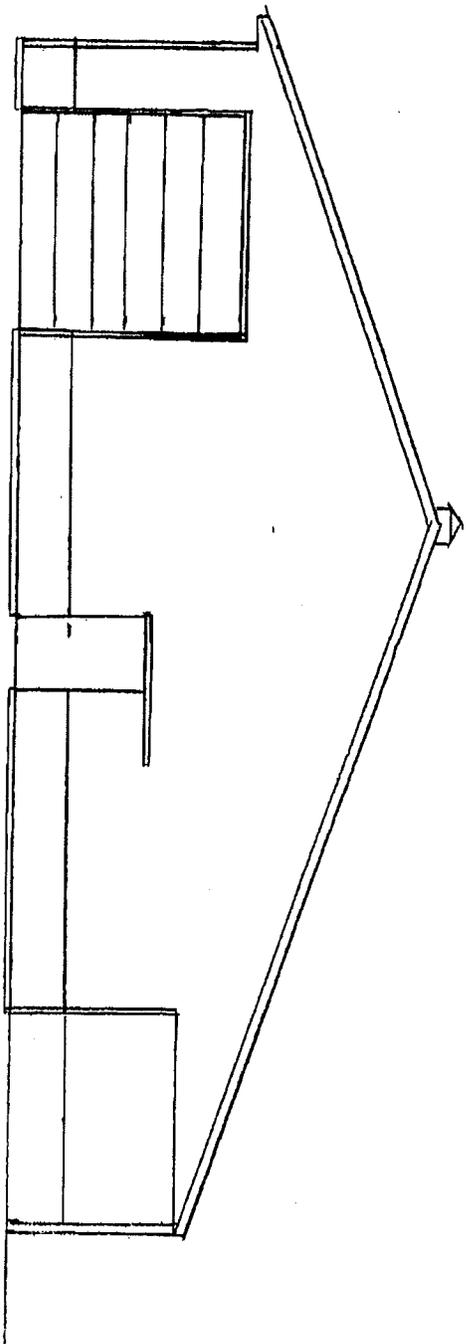
Floodplain/Zoning:

ELEVATION CERTIFICATE BASED ON FINISHED CONSTRUCTION SHALL BE REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY/COMPLETION.

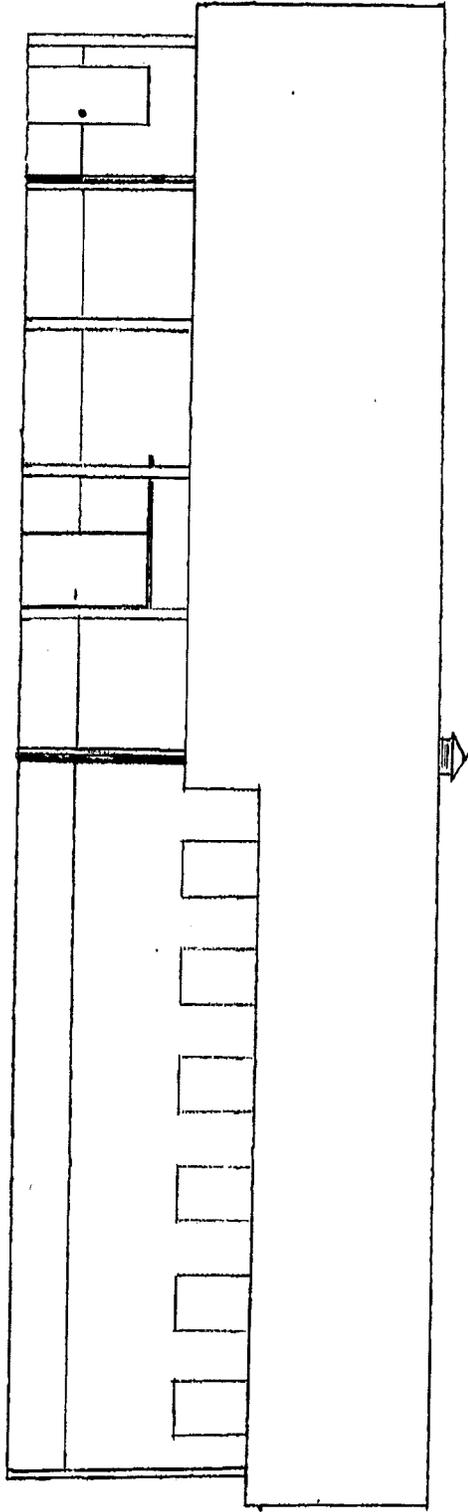
Addressing:

Permit and comments picked up by: Jamal Kord date 9-24-09

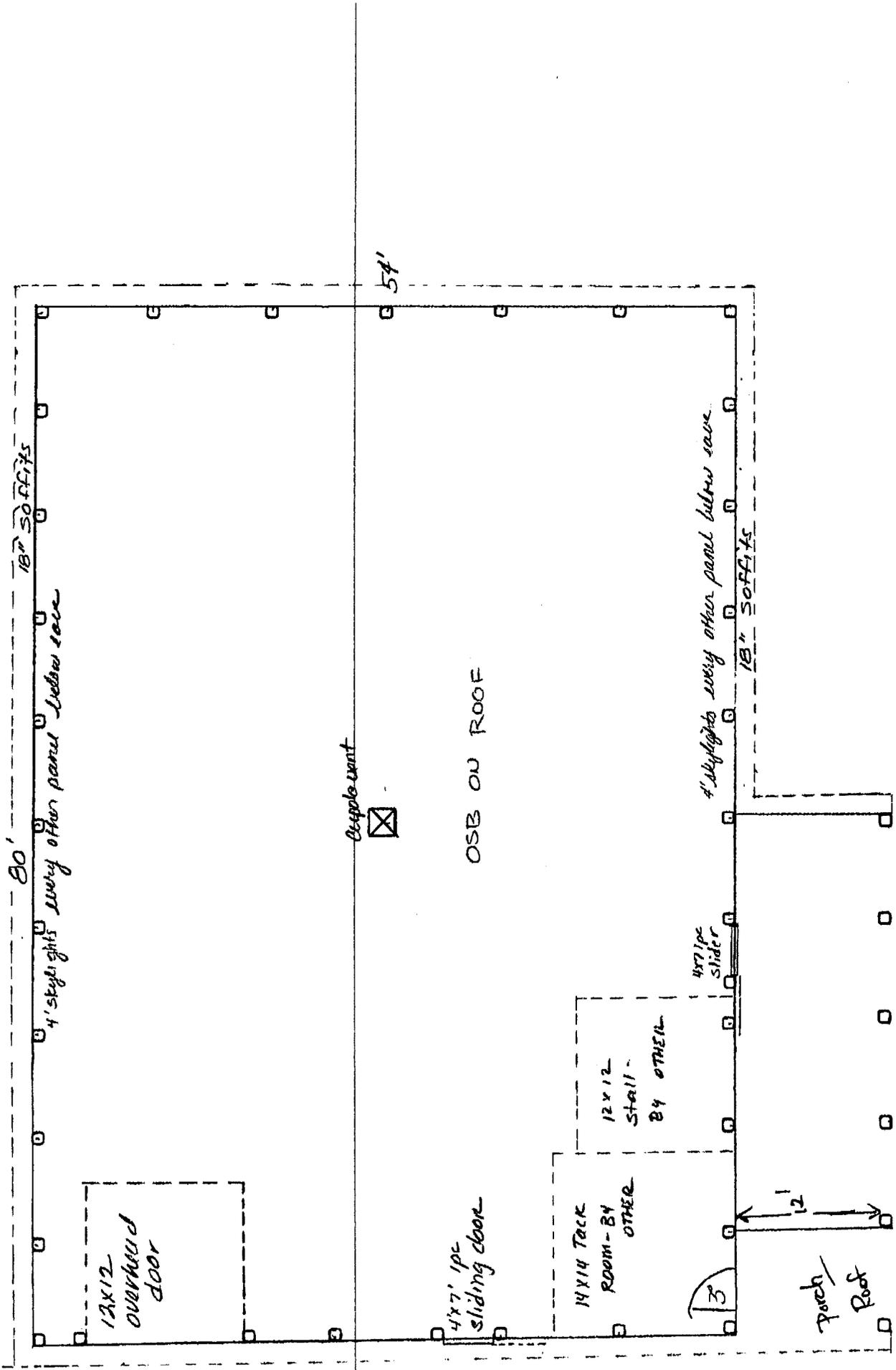
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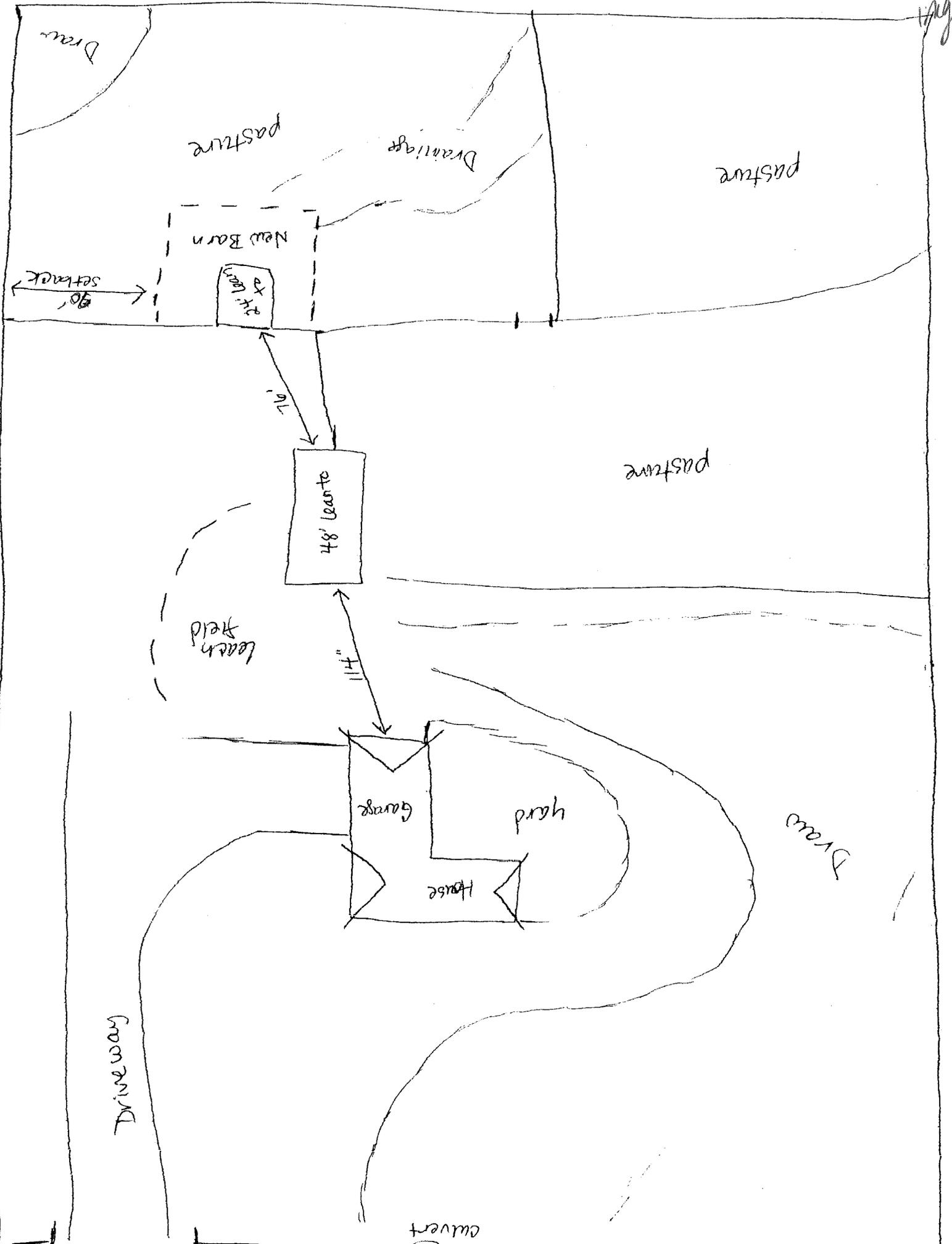


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Certificate of Completion

Laramie County Planning & Development Office

Permit #: BP-09-01121

Date of Certificate: 09/16/2009

Building Address: 2626 FORD RD

Legal Description: NORTH COUNTRY: TRACT 50

Description of Work: 54'X80' POLE BARN. CAISSONS WILL BE 8' APART, 18" DIAMETER, 4' IN CONCRETE. INCLUDES ELECTRICAL.

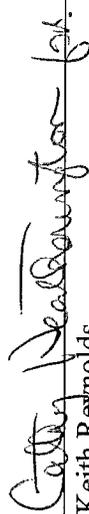
Occupancy Classification: U Type of Construction: V

Owner Name and Address: LANAE KOONS, 2626 FORD RD, CHEYENNE, WY 82009

Automatic Sprinkler System Required: NO Provided: NO

Special Stipulations and conditions:

This certificate issued pursuant to the requirements of Section 110 of the International Building Codes, 2003 edition, certifying that at the time of issuance this structure was inspected for compliance with the various resolutions of the County regulating building construction and use.


Cathy Reynolds

Keith Reynolds,

Chief Building Official

Laramie County Planning & Development Office

