

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 <u>Mary C. Robbins</u>		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>314 East Nation Road</u>		Policy Number
City <u>Cheyenne</u> State <u>WY</u> ZIP Code <u>82007</u>		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Tract 27, Artesian Tracts</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. _____ Long. _____		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 _____		
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>1180</u> sq ft	a) Square footage of attached garage <u>0</u> sq ft	
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>	b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>	
c) Total net area of flood openings in A8.b <u>0</u> sq in	c) Total net area of flood openings in A9.b <u>0</u> sq in	
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>Laramie County 560029</u>		B2. County Name <u>Laramie County</u>		B3. State <u>Wyoming</u>	
B4. Map/Panel Number <u>1358</u>	B5. Suffix <u>F</u>	B6. FIRM Index Date <u>5-1-80</u>	B7. FIRM Panel Effective/Revised Date <u>1-17-07</u>	B8. Flood Zone(s) <u>X</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>Not determined</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 checked="" type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) <u>Allison Creek Drainage Master Plan</u>					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" 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 Chey. Cntl Mon. "Greeley" Vertical Datum NAVD 88
Conversion/Comments _____

Check the measurement used.

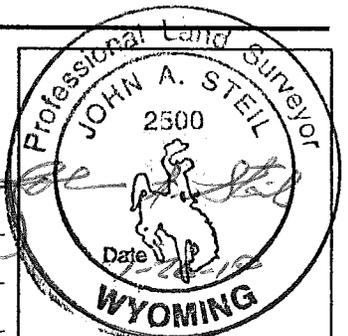
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>6018.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>6021.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>N/A</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>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	<u>6017.6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	<u>6018.5</u>	<input checked="" 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>N/A</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>John A. Steil</u>	License Number <u>WY PLS 2500</u>
Title <u>Professional Land Surveyor</u>	Company Name <u>Steil Surveying Services, LLC</u>
Address <u>PO Box 2073</u>	City <u>Cheyenne</u> State <u>WY</u> ZIP Code <u>82003</u>



Signature [Handwritten Signature] Date 1/26/10 Telephone 307-634-7273

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. 314 East Nation Road	Policy Number
City CheyenneState 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 FEMA has not established base flood elevations, therefore, we used the "Allison Creek Drainage Master Plan" as the best available in formation.

Signature  Date 1/26/2010 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 6018.0 feet meters above or below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 6018.0 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 6021.0 feet meters above or below the HAG.
- E3. Attached garage (top of slab) is 0.0 feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is N/A 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)

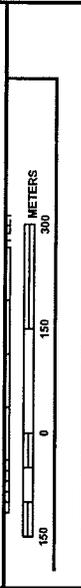
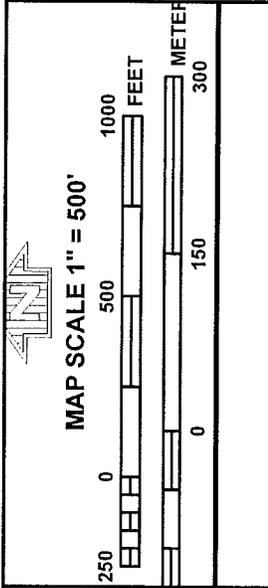
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

- 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
-------------------	------------------------	---

- 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	



NATIONAL FLOOD INSURANCE PROGRAM

PANEL 1358F

FIRM
FLOOD INSURANCE RATE MAP
LARAMIE COUNTY,
WYOMING
AND INCORPORATED AREAS

PANEL 1358 OF 1650
 (SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS	NUMBER	PANEL	SUFFIX
LARAMIE COUNTY	560029	1358	F

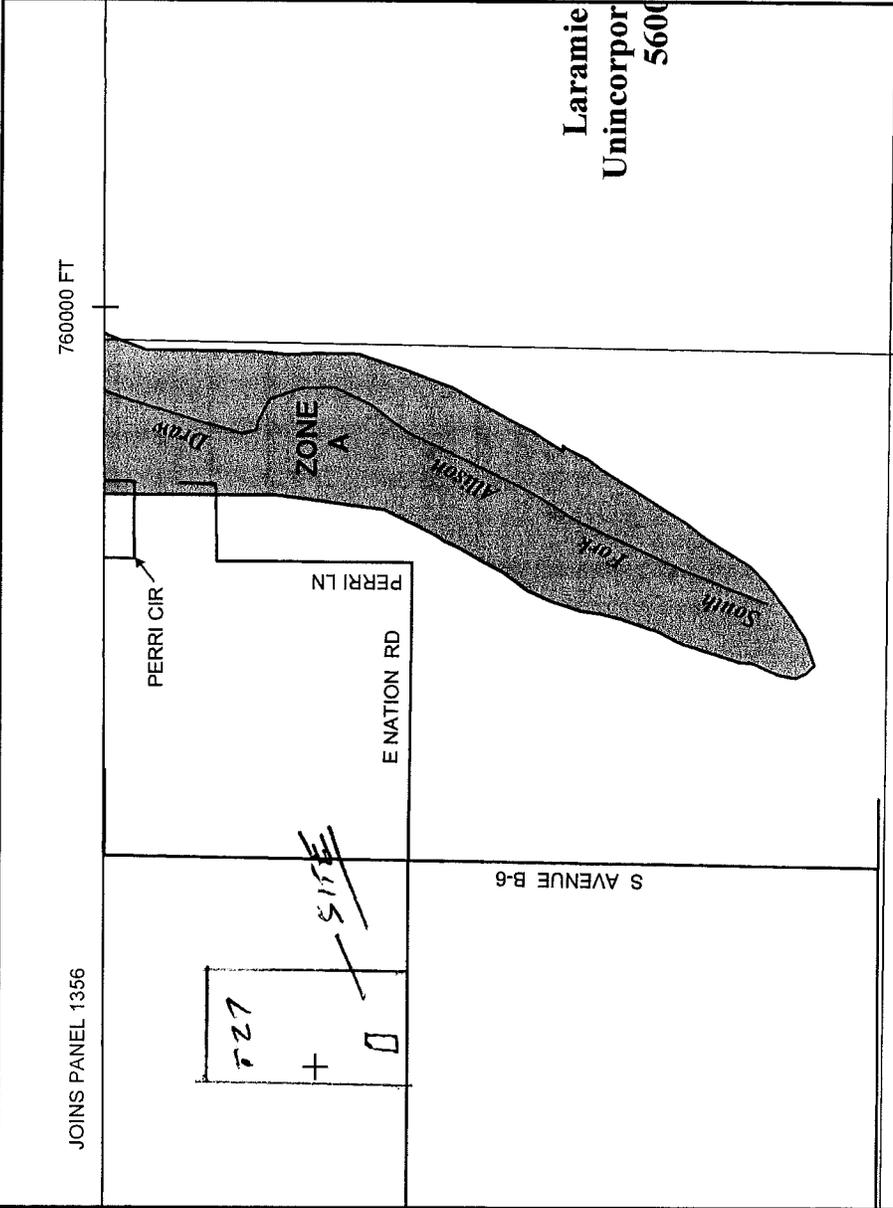
Notice to User: The Map Number shown below should be used when placing map orders. The Community Number shown below should be used on insurance applications for the subject community.



MAP NUMBER
56021C1358F

EFFECTIVE DATE
JANUARY 17, 2007

Federal Emergency Management Agency



This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

Laramie County, Wyoming

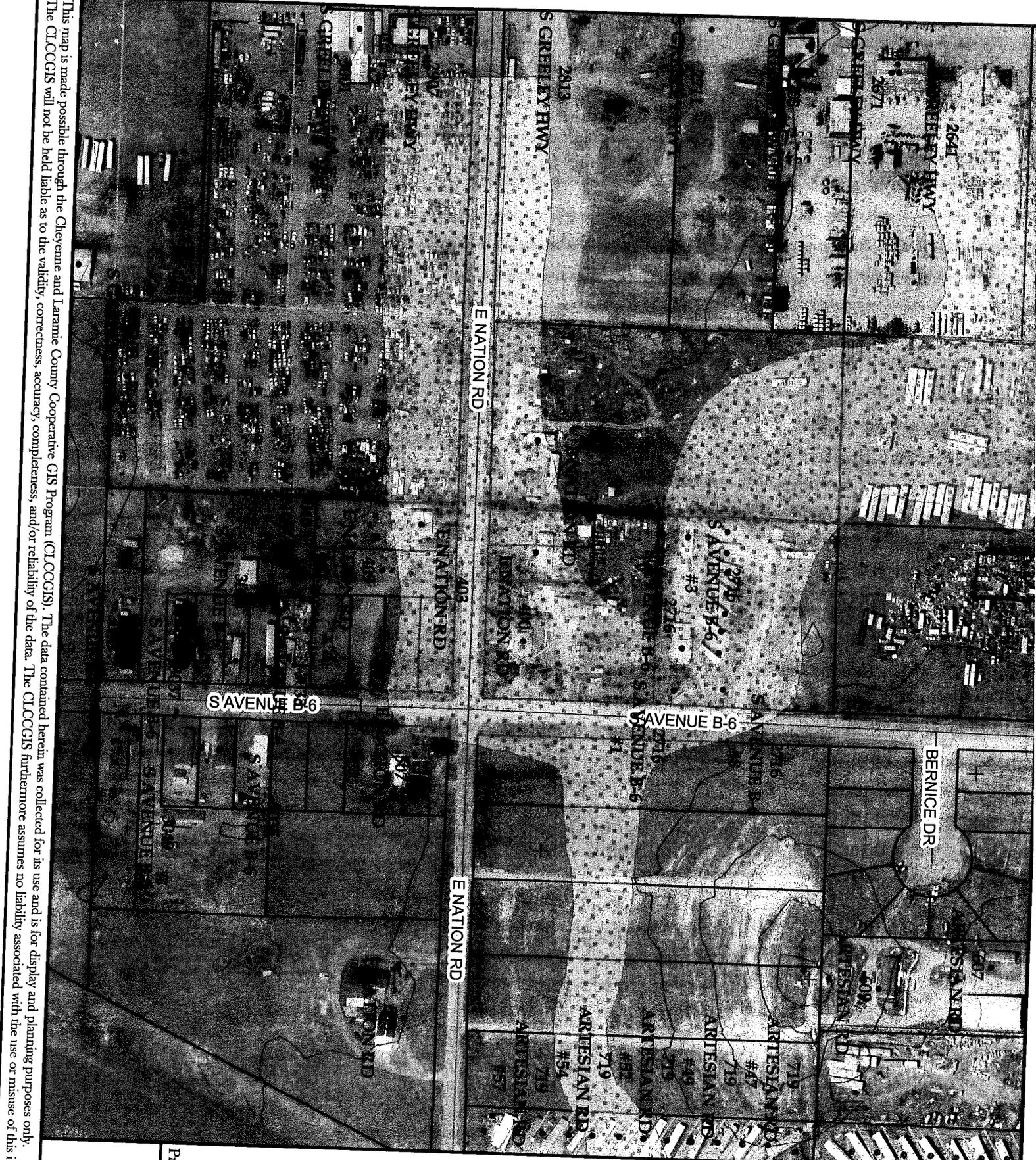


Legend

- Addresses
- Streets
- Classification
- Interstate
- Arterial
- Collector
- Local
- Platted, Not Built
- Rail Road
- Private
- 719
- Driveway
- Current Flood Hazards
- NAME
- FEMA FLOODWAY
- FEMA 100YR
- FEMA 500YR
- CITY/CTY 100YR
- Annexations
- TOWN
- ALBANI
- BURNS
- CHEYENNE
- PINE BLUFFS
- Assessment Boundary
- Subdivisions
- Township Sections
- Current Development Actions In Process
- Spot Elevation
- Index Contour
- Intermediate Contour
- Intermediate Contour - Depression

Printed on Aug 29, 2008

0 2550 100
 LLLLLL
 Feet



This map is made possible through the Cheyenne and Laramie County Cooperative GIS Program (CLCCGIS). The data contained herein was collected for its use and is for display and planning purposes only. The CLCCGIS will not be held liable as to the validity, correctness, accuracy, completeness, and/or reliability of the data. The CLCCGIS furthermore assumes no liability associated with the use or misuse of this information.

ims



Mobile Home Set Up Application

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

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

Incomplete Applications Can Not Be Accepted

For Office Use Only	Received By: <u>RC</u>	Date: <u>9-8-08</u>	Plan Review #	Permit # <u>08-0456</u>
----------------------------	------------------------	---------------------	---------------	-------------------------

Valuation of Work: <u>1,000.00</u>	Job Address: <u>314 E NATION Rd. Chey WY 82007</u>
Legal Description: Subdivision: <u>Artesian Tracts</u>	Lot: Block: <u>T27</u> # Acres: # Sq Ft:
Division:	Section: <u>17</u> Township: <u>13</u> Range: <u>66</u>

Owner Name: <u>MARY Robbins</u>	<u>Cheyenne</u>	Phone: <u>307-638-2383</u>
Address: <u>314 E NATION Rd</u>	City: <u>Cheyenne</u>	State: <u>WY</u> Zip Code: <u>82007</u>

Contractor Name: <u>BRUCE VAN KIRK</u>	Phone:
Address:	City: State: Zip Code:

Purpose of Permit: New Addition Remodel Repair Move Demolish

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).*

STU COLLINS ELECTRIC ?

16x80 NSC Set + Block (1998)

Type of Construction: <u>V</u>	Occupancy Group:	Manufactured Housing or Mobile Home <input checked="" type="checkbox"/>
Foundation Type: Slab-on-grade foundation <input type="checkbox"/> Crawl Space <input type="checkbox"/> Block/Piers <input checked="" type="checkbox"/> Basement <input type="checkbox"/>		

Proposed Use of Building: to live in

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, not withstanding unique circumstances. In any case, this permit expires one year after date of issue.

Inspections and a Certificate of Occupancy/Completion are required prior to any occupancy of this structure.

Signature: MARY Robbins

Printed Signature: MARY Robbins Date: 9-8-08

For Office Use Only	Permit/Plan Review Conditions:
<u>Per Gary: Old home must be removed prior to Sept 01, 2009.</u>	

New Address? <input type="checkbox"/>	Map Page: <u>D-133D</u>	Approved By: <u>RC</u>	Review Date: <u>9/8/08</u>	Building Permit Fee: <u>\$25.00</u>
Zoning District: <u>MUR</u>	Elevation Certificate?: <input checked="" type="checkbox"/> <u>Allison Draw</u>	Plan Review Fee:	Master Plan Fee:	
Flood Hazard Area?: <input checked="" type="checkbox"/>	Panel Number: <u>5602101358F</u>	Foundation Permit Fee:	Zoning Certificate: <u>\$50.00</u>	
Address Assigned:	<u>CT</u>	Total Fees Due: <u>\$75.00</u>	Fees Paid: CK # <u>1600</u> <input checked="" type="checkbox"/> Cash <input type="checkbox"/>	
Plan Review:	<u>9/8/08</u>	Receipt #: <u>506</u>		
Board of Commissioners-approved for issuance:	<u>[Signature]</u>			
Certificate of Occupancy:				