

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>DAM BALLARD</u>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>509 E. 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>E 1/2 TR 75 LESS S 135' ALLISON TRACTS 2<sup>nd</sup> 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) 6001.5 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)

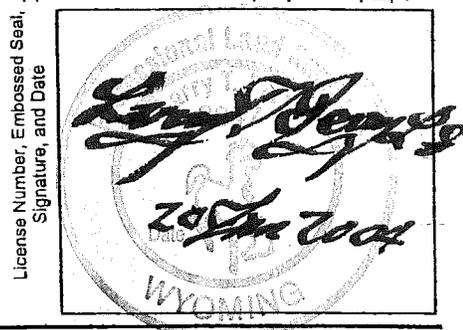
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) 6001.5 ft.(m)

f) Lowest adjacent (finished) grade (LAG) 5998.0 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 <u>LARRY T. PERRY L.S.</u>	LICENSE NUMBER <u>LS 3047</u>
TITLE <u>Surveyor</u>	COMPANY NAME <u>Terrestrial Surveying &amp; Mapping Co</u>
ADDRESS <u>1127 Terry Ranch Road</u>	CITY <u>Cheyenne</u>
SIGNATURE <u>Larry Perry</u>	STATE <u>WYOMING</u>
DATE <u>20 Feb 2004</u>	ZIP CODE <u>82007</u>
	TELEPHONE <u>307-634-9360</u>

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 509 EAST ALLISON 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 FLOOD PLAIN 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
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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

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 <b>PAM BALLARD</b>		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <b>509 E. ALLISON ROAD</b>		Company NAIC Number	
CITY <b>CHEYENNE</b>	STATE <b>WY</b>	ZIP CODE <b>82007</b>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>EAST 1/2 TRACT 75 - LESS 5' FOR ROAD AND LESS SOUTH 135 FEET OF ALLISON TRACTS 2<sup>ND</sup> FILING</b>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <b>RESIDENTIAL</b>			
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 <b>560029 0655E</b>		B2. COUNTY NAME <b>LARAMIE UNINCORPORATED</b>	B3. STATE <b>WYOMING</b>
B4. MAP AND PANEL NUMBER <b>0655</b>	B5. SUFFIX <b>E</b>	B6. FIRM INDEX DATE <b>1994</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>2 MARCH 1994</b>
		B8. FLOOD ZONE(S) <b>A</b>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <b>5996.4</b>

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, ARIA, AR/AE, ARIA1-A30, ARIA/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 1929** Conversion/Comments **NONE / CITY OF CHEYENNE CONTROL NETWORK**  
 Elevation reference mark used **"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)	_____ ft. (m)
<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)	<b>5998</b> . <b>0</b> ft. (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<b>5998</b> . <b>9</b> 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 NAME: **Larry T. Perry L.S.** LICENSE NUMBER: **LS 3047**

TITLE: \_\_\_\_\_ COMPANY NAME: **CHEYENNE, WYO.** ZIP CODE: **82007**

ADDRESS: \_\_\_\_\_ CITY: **JUNE 2003** STATE: **307** TELEPHONE: **631-9360**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 509 EAST ALLISON 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 FLOOD PLANE ELEVATION WAS DETERMINED FROM "ALLISON DRAW MASTER DRAINAGE PLAN" NOV 1988 PAGE 2-8 TABLE 2-4 STA 166+00 VERIFICATION SHALL BE PERFORMED AT COMPLETION OF CONSTRUCTION

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 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.)
- 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

Call

### BUILDING PERMIT APPLICATION

City  County

CALL BEFORE YOU DIG! 1-800-348-1030 IT'S THE LAW!

PLAN REVIEW NUMBER:				PERMIT & ZONING CERTIFICATE NUMBER <b>03-500582</b>					
RECEIVED BY	DATE	PLAN REVIEW	CHECK #	CASH	PERMIT	CHECK#	CASH		
<i>[Signature]</i>	<b>6-5-03</b>								
VALUATION OF WORK <b>750.00</b>				INVESTIGATION FEE					
PLAN REVIEW FEE				OTHER FEES <b>20 35.00</b>					
PERMIT FEE				TOTAL FEES <b>68.04</b>					
JOB ADDRESS <b>509 E Allison Rd Chavane</b>				TRACT SIZE					
SUBDIVISION <b>Allison Tracts 02</b>		BLOCK NUMBER <b>175 2/2</b>		LOT NUMBER					
OWNER	MAILING ADDRESS			ZIP CODE	PHONE NUMBER				
<b>Yamela Ballard</b>					<b>634-2273</b>				
CONTRACTOR	MAILING ADDRESS			ZIP CODE	PHONE	LICENSE #	CLASS		
<b>Alaine Homes</b>									
ARCHITECT/DESIGNER	MAILING ADDRESS			ZIP CODE	PHONE				
ENGINEER	MAILING ADDRESS								
USE OF BUILDING				CHANGE OF USE FROM		TO			
Class of Work	New	Addition	Alteration	Remodel	Repair	Move	Installation	Remove	Demolish
DETAILED DESCRIPTION OF WORK									
<b>set up of new mobile home - Tie Downs - Electric - water - sewer - Gas</b>									
<b>Remove Epotering + Replace with new</b>									
				<b>eleu cert req'd</b>					
				<b>ALL WORK MUST BE IN COMPLIANCE WITH APPLICABLE CODES AND IS SUBJECT TO FIELD INSPECTION AND APPROVAL</b>					
Special Conditions	Temporary Power Pole	Additional Fee \$30.00	Jetted Hot Tub Tec.						
Vented Gas Log One			Other Which Level						
Lawn Sprinklers	Back	Both	Backflow						
Type of Construction	Occupancy Group/Division		Number of Stories	Use Zone	Number of Dwelling Units				
			<b>1 1/2</b>	<b>MR-2</b>					
Size of Building Sq. Ft.	Second Story		Basement	Garage	Other				
<b>980</b>									
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	MAILING ADDRESS			PLUMBING	LICENSE #				
<b>Yamela J. Ballard</b>				<b>owner</b>					
CONTRACTOR	MAILING ADDRESS			ELECTRICAL	LICENSE #				
				<b>owner</b>					
OTHER	MAILING ADDRESS			MECHANICAL	LICENSE #				
FOR OFFICE USE ONLY									
Special Flood Hazard Area Approved By	Date	County Only: Board of County Commissioners Approved By			Date				
Address Assigned By	Date	Plans Approved By			Date				
Development/Zoning Approved By	Date	Card Issued By			Date				
Fire Department Approved By	Date	Date Tap Fees Paid							
Approved For Issue By	Date	Date Permit Issued							
<i>[Signature]</i>	<b>6/5/03</b>								

Please post address for Inspectors to find job site.



0-119C

65

509 E. ALLISON

ALLISON TRACTS 2<sup>ND</sup>

E<sup>1</sup>/<sub>2</sub> TR 75 less 5' per ROWS  
less south 135 feet

1.89 ACRES

N  
↑  
N.T.S.  
D. HOLMES  
06/12/03

E. ALLISON ROAD

