

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME **BILL WININGER**

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
702 ARTESIAN ROAD

CITY **CHEYENNE** STATE **WYOMING** ZIP CODE **82007**

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 1, BLOCK 1 "E.W.H. SUBDIVISION"

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or #####) _____ HORIZONTAL DATUM: SOURCE: GPS (Type): _____
 NAD 1927 NAD 1983 USGS Quad Map Other _____

CITY OF CHEYENNE DATUM CHEYENNE

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1 NFIP COMMUNITY NAME & COMMUNITY NUMBER LARAMIE COUNTY 560029		B2. COUNTY NAME LARAMIE		B3 STATE WYOMING	
B4 MAP AND PANEL NUMBER 560029 0655E	B5. SUFFIX 0655E	B6. FIRM INDEX DATE 9/30/1977	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3/2/1994	B8. FLOOD ZONE(S) A	B9 BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 6008.0

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: **N/A**

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 **6** (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 **ELEVATION EXTENDED FROM CHEYENNE DATUM POINT "GREELEY" (NGVD 29)**
 Elevation reference mark used **BM "GREELEY"** Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) _____ **6011.6** 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)

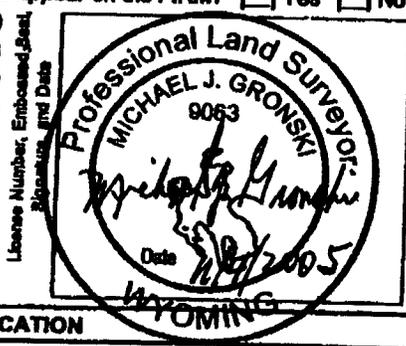
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) _____ ft.(m)

f) Lowest adjacent (finished) grade (LAG) _____ **6007.0** ft.(m)

g) Highest adjacent (finished) grade (HAG) _____ **6008.8** ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

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'S NAME **MICHAEL J. GRONSKI** LICENSE NUMBER **WY L.S. 9063**

TITLE **SURVEY MANAGER** COMPANY NAME **G&S SURVEYS**

ADDRESS **5211 OGDEN ROAD** CITY **CHEYENNE** STATE **WY** ZIP CODE **82009**

SIGNATURE *Michael J. Gronski* DATE **11-04-2005** TELEPHONE **(307) 637-6127**

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 702 ARTESIAN ROAD		For Insurance Company Use: Policy Number
CITY CHEYENNE	STATE WY	CONTRACTOR'S Number
ZIP CODE 82007		

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

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

For Zone AO and Zone A (without BFE), complete Items E1. through E4. 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. 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 _____

SECTION G - COMMUNITY INFORMATION (OPTIONAL) Check here if attachment

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 _____

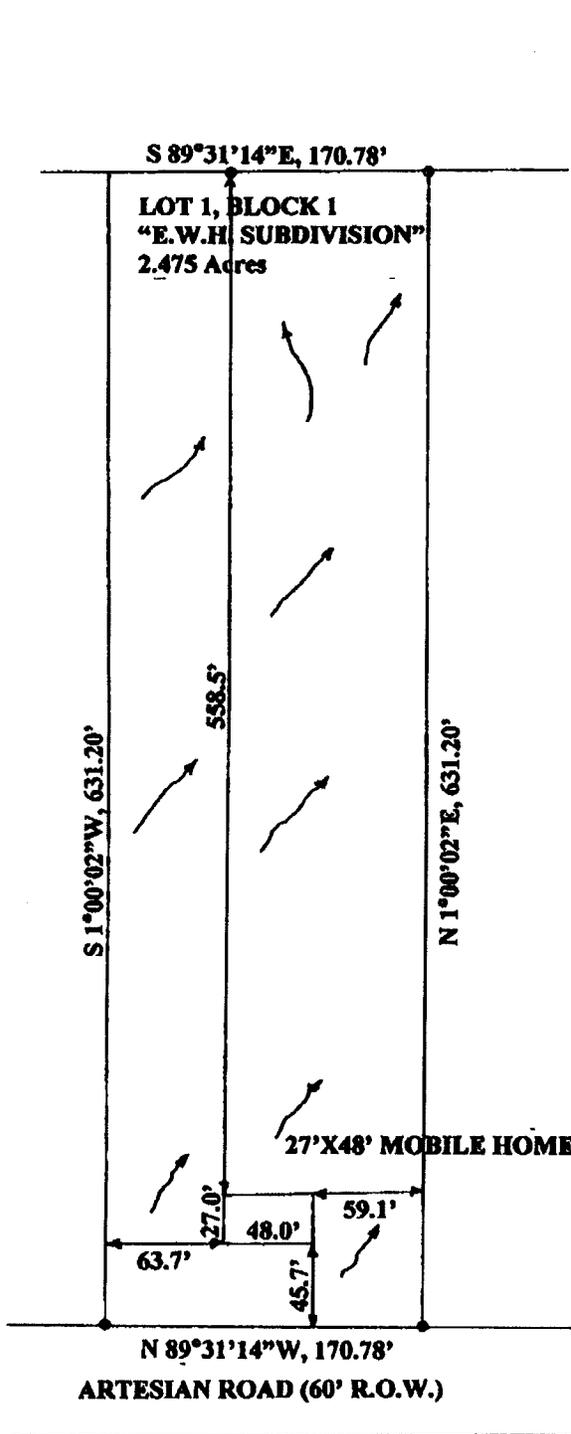
COMMENTS _____

RECEIVED

NOV 04 2005

BUILDING DEPARTMENT

Check here if attachment



NORTH
 SCALE 1"=100'

**I DO HEREBY CERTIFY THAT THE
 SITE GRADING AND THE DRAINAGE
 SHOWN ON THIS PLOT PLAN IS IN
 COMPLIANCE TO THE DRAINAGE
 CONSISTENT WITH THAT OF THIS
 SUBDIVISION.**



RECEIVED

NOV 04 2005

BUILDING DEPARTMENT

FLOOR ELEVATION = 6011.6'
BASE FLOOD ELEVATION = 6008.0'

PLOT PLAN
702 ARTESIAN ROAD
LOT 1, BLOCK 1
"E.W.H. SUBDIVISION"
LARAMIE COUNTY, WYOMING
NOVEMBER 4, 2005

LARAMIE COUNTY/CHEYENNE REGIONAL BUILDING DEPARTMENT - PERMIT APPLICATION

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

MBPE
 05-500870

PLAN REVIEW NUMBER				PERMIT & ZONING CERTIFICATE NUMBER			
RECEIVED BY <i>JE</i>	DATE <i>10-24-05</i>	PLAN REVIEW	CHECK # <i>447</i>	CASH	PERMIT	CHECK # <i>4947</i>	CASH
VALUATION OF WORK <i>2500.00</i>		INVESTIGATION FEE		OTHER FEES		TOTAL FEES <i>68.04</i>	
PLAN REVIEW FEE		OTHER FEES		TOTAL FEES			
PERMIT FEE		OTHER FEES		TOTAL FEES			
JOB ADDRESS <i>702 Artesian Road</i>					TRACT SIZE <i>2.45 Ac</i>		
SUBDIVISION <i>E.W. Harrison E.W.H. Sub</i>			BLOCK NUMBER <i>1</i>	LOT NUMBER <i>1</i>			
OWNER <i>William A Wininger</i>		MAILING ADDRESS <i>P.O. Box 5502</i>		ZIP CODE <i>82003</i>	PHONE NUMBER		
CONTRACTOR <i>278-2673</i>		MAILING ADDRESS		ZIP CODE	PHONE NUMBER		
PHONE <i>634-6882 WK</i>		LICENSE # <i>214-8114</i>		CLASS			
ARCHITECT ENGINEER		MAILING ADDRESS		PHONE NUMBER			
USE OF BUILDING <i>Home</i>		CHANGE OF USE FROM		TO			
Class of Work		Alteration		Remodel		Demolish	
New <input type="checkbox"/>		Addition <input type="checkbox"/>		Repair <input type="checkbox"/>		Move <input type="checkbox"/>	
Installation <input type="checkbox"/>		Remove <input type="checkbox"/>		Demolish <input type="checkbox"/>			
DETAILED DESCRIPTION OF WORK <i>Move in setup Mobile Home as private residence</i> <i>Block + SKIRT</i>							
Lawn Sprinklers		Temporary Power Pole		Permit/Plan Review Conditions			
Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>		<input type="checkbox"/> Additional Fee \$30.00		<i>Remove + Replace</i>			
Vented Gas Log One		Jetted Hot Tub		<i>when not reqd for finished coat</i>			
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		Occupancy Group/Division		Number of Stories		Use Zone <i>MUR</i>	
Size of Building Sq Ft		First Story		Second Story		Number of Dwelling Units	
Basement		Garage		Other			
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 Signature		PLUMBING		<i>owner</i>		LICENSE #	
CONTRACTOR Signature		ELECTRICAL		<i>owner</i>		LICENSE #	
OTHER		MECHANICAL		—		LICENSE #	
FOR OFFICE USE ONLY							
Special Flood Hazard Area Approved By <i>ck #655</i>		Date		County Only Board of County Commissioners Approved By <i>ck #655</i>		Date <i>11-7-05</i>	
Address Assigned By		Date		Plans Approved By		Date	
Development/Zoning Approved By <i>ck</i>		Date		Card Issued By		Date	
Fire Department Approved By		Date		Date Tap Fees Paid			
Approved For Issue By		Date		Date Permit Issued			

D133A
 Do you need a Quick Start Foundation Permit?
 Per *ck*. ok to use city packet for *R# 22054*
 set up. Private lot. Previously had
 mobile home set there.

CT