

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Al Urquidez			For Insurance Company Use: Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 704 West College Drive			Company NAIC Number		
CITY Cheyenne	STATE Wy	ZIP CODE 82007			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) W 1/2 of Tract 55 Allison Tracts 2 nd filing					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential					
LATITUDE/LONGITUDE (OPTIONAL) (##° -##' -##"##" or ##.#####) N41 06 09.7 W104 48 27.3		HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Laramie County 560029		B2. COUNTY NAME Laramie County (unincorporated)		B3. STATE Wyoming	
B4. MAP AND PANEL NUMBER 560029 0655	B5. SUFFIX E	B6. FIRM INDEX DATE 2MAR1994	B7. FIRM PANEL EFFECTIVE/REVISED DATE 2 March 94	B8. FLOOD ZONE(S) A	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 6016.9

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 6005.74 Conversion/Comments NAVD1929

Elevation reference mark used *

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

▶ a) Top of bottom floor (including basement or enclosure) 6017.4 ft.(m)

▶ b) Top of next higher floor 6020.73 ft. +

▶ c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)

▶ d) Attached garage (top of slab) N/A ft.(m)

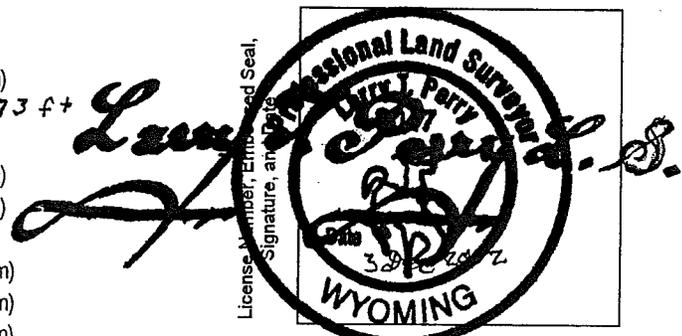
▶ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 6020.74 ft.(m)

▶ f) Lowest adjacent (finished) grade (LAG) 6017.80 ft.(m)

▶ g) Highest adjacent (finished) grade (HAG) 6018.20 ft.(m)

▶ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 6

▶ i) Total area of all permanent openings (flood vents) in C3.h 432 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 Larry T. Perry L.S.

LICENSE NUMBER LS3047

TITLE Owner

COMPANY NAME Terrestrial Surveying & Mapping Co.

ADDRESS
1127 Terry Ranch Road

CITY
Cheyenne

STATE
Wv

ZIP CODE
82007

SIGNATURE Larry T. Perry L.S.

DATE
1 Dec 2002

TELEPHONE
307 634 9360

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. 704 West College Drive			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

The Flood Plain El. was derived from pg. 2-9, Table 2-4 at sta. 219+00 "Allison Draw Master Drainage Plan" as prepared Nov. 1988.

The BM used was the invert Elevation of the Culvert N. of W. College Dr. (as built) WYDOT Invert El. 6005.74 ft *(NAVD 1929)*

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 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 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.)

E2. The top of the bottom floor (including basement or enclosure) of the building is 0 ft.(m) 6 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 2 ft.(m) 6 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

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

Prior

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME: **AL URQUIEZ**
 BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: **704 W. College Dr.**
 CITY: **CHEYENNE** STATE: **WYO** ZIP CODE: **82007**

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): **W 1/2 TRACT 55 ALLISON TRACTS II PILING**

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

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####"): **N 41° 06' 09.7" W 104° 48' 27.3"**

HORIZONTAL DATUM: SOURCE: GPS (Type): _____
 NAD 1927 NAD 1983 USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: **LARAMIE COUNTY (UNINCORPORATED AREA) 560029**
 B2. COUNTY NAME: **LARAMIE COUNTY (UNINCORPORATED)**
 B3. STATE: **WY**

B4. MAP AND PANEL NUMBER: 560029 0655	B5. SUFFIX: E	B6. FIRM INDEX DATE: 1994	B7. FIRM PANEL EFFECTIVE/REVISED DATE: 2 MAR 94	B8. FLOOD ZONE(S): A	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): 6016.9
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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**

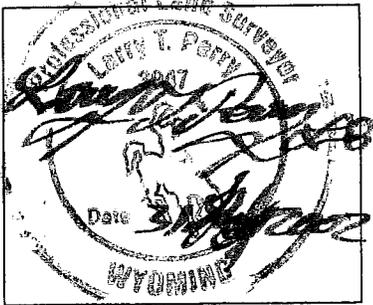
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 **B** (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: **(1929) 6005.72** Conversion/Comments: **INVERT EL. N. OF COLLEGE DRIVE OR Box Culvert (25 feet)**
 Elevation reference mark used: **W.DOT. INVERT** Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	6017 . 8 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	6020 . 0 ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	N/A . _____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	N/A . _____ ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	6020 . 0 ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	6017 . 8 ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	6018 . 2 ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	6
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	432 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: **LARRY T. PERRY L.S.** LICENSE NUMBER: **WYO. REG. NO. L S 3047**

TITLE: **OWNER** COMPANY NAME: **TERRESTRIAL SURVEYING & MAPPING CO.**

ADDRESS: **1127 TERRY RANCH RD.** CITY: **CHEYENNE, WYO** STATE: **WYO** ZIP CODE: **82007**

SIGNATURE: **Larry T. Perry** DATE: **31 July 2002** TELEPHONE: **307-634-9360**

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. 704 W. College Dr.			Policy Number
CITY CHEYENNE	STATE WYOMING	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 E1. was derived from pg 2-9, Table 2-4 At Station 219+00
 "Allison Draw Master DRAINAGE Plan" as prepared Nov 1988.

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 E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

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- 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.)
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- 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.

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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



ZONING/ADDRESS APPLICATION

LARAMIE COUNTY PLANNING DEPARTMENT

310 W 19TH STREET SUITE 400

CHEYENNE, WY 82001 (307) 633-4303 FAX (307)633-4519



ATTACH COPY OF PROPERTY DEED AND PLOT PLAN OF STRUCTURE AND SITE INCLUDING:

- () Property lines (lot size) () Surrounding roads () Well and Septic location () Location of structure on property
- () Setback distances () Exterior dimensions () Driveway location () Other existing structures () North arrow

Application For: Zoning Certificate [] Rural Address (Outside Zoned Area)

Application Date 8-7-02 Certificate No. 8233

Applicant ALBERT URQUIDEZ JR Telephone 307-635-3054

Mailing Address P.O. BOX 21704 - Cheyenne WY - 82003

Owner (if different from Applicant) _____

Application to: Place : HUD ___ UBC OTHER ___ Build [] Residential Accessory [] Commercial []*

Structure Type MODULAR Structure Size 1884 Sq. Ft. *See Site plan requirements for commercial

Will this structure have water and sewer services? Yes [] No

Lot Size 2.3 Acres _____ Sq. Ft. Estimated Cost of Structure \$ 80,000

Estimated Completion Date 9-15-02 Location of Structure Staked: [] Yes [] No-Call When Location Is Staked.

Legal Description

Lot Split _____ Lot _____ Block/Tract West 1/2 55 Subdivision ALLISON TRACTS 2nd

Division _____ Section _____ Township _____ Range _____

Albert Urquidez Jr. 8-7-02
Signature of Applicant Date

Applicant certifies that the above information is true and correct to the best of his/her knowledge.

Zoning District CB Map Page # D119c Floodplain Development Permit yes Firm Map 655

Notes/Conditions See attached elec cert - Remove Replacer

Non conf use

Site Address 704 W College DR New? No

Applicant shall place house number on the structure and/or at driveway. Numbers shall be a minimum of 6" high and shall be of a reflective material. Contact U S Post Office for mailbox location.

Status Approved BOARD OF COUNTY COMMISSIONERS by Cathy Weatherston

This certificate is issued subject to full compliance with the terms of the application and the zoning regulations and/or addressing. The issuance of this certificate/address does not guarantee issuance of a well or a small wastewater permit.

Issue Date 8-7-02 Expiration date 2-7-03 Certificate must be renewed if construction is not started by this date.

Receipt No. 633690 Amount \$ 50- GIS Entry _____ Final Inspection _____

application/02/27/02



