

ELEVATION CERTIFICATE

Complete

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <u>Rob Knight</u>		For Insurance Company Use:
		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>8633 Cowpoke 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 74 Cowboy Country 3rd Filing</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Detached Garage</u>		
A5. Latitude/Longitude: Lat. <u>41-11-49</u> Long. <u>104-48-40</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</u>		
A8. For a building with a crawl space or enclosure(s), provide		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) <u>N/A</u> sq ft		a) Square footage of attached garage <u>N/A</u> sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>N/A</u>		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>N/A</u>
c) Total net area of flood openings in A8.b <u>N/A</u> sq in		c) Total net area of flood openings in A9.b <u>N/A</u> sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>560029</u>		B2. County Name <u>Laramie</u>		B3. State <u>WY.</u>	
B4. Map/Panel Number <u>505</u>	B5. Suffix <u>D</u>	B6. FIRM Index Date <u>9/27/1991</u>	B7. FIRM Panel Effective/Revised Date <u>9/27/1991</u>	B8. Flood Zone(s) <u>A</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>6160</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 checked="" 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 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-g below according to the building diagram specified in Item A7.
Benchmark Utilized C.P. Yellowstone Vertical Datum 6226.72 (NGVD 1929)
Conversion/Comments 6230.09 (NAVD 1988)

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor) 6164.5 feet meters (Puerto Rico only)

b) Top of the next higher floor N/A feet meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) N/A feet meters (Puerto Rico only)

d) Attached garage (top of slab) N/A feet meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) N/A feet meters (Puerto Rico only)

f) Lowest adjacent (finished) grade (LAG) 6159.5 feet meters (Puerto Rico only)

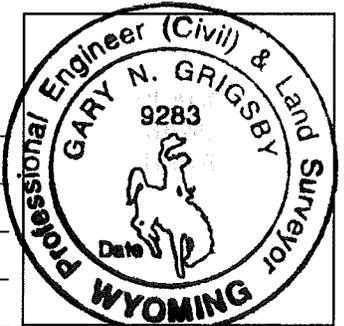
g) Highest adjacent (finished) grade (HAG) 6161.4 feet meters (Puerto Rico only)

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.

Certifier's Name <u>Gary N. Grigsby</u>		License Number <u>9283</u>	
Title <u>President</u>		Company Name <u>Western</u>	
Address <u>5908 Yellowstone R.d Suite B</u>		City <u>Cheyenne</u> State <u>WY</u> ZIP Code <u>82009</u>	
Signature <u>[Signature]</u>	Date <u>9/2/2008</u>	Telephone <u>(307) 632-5656</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. 8633 Cowpoke 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 *None*

Signature 

Date *9-20-08*

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

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
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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 _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments

Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8633 Cowpoke Road	For Insurance Company Use: Policy Number
City Cheyenne State WY ZIP Code 82009	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

Front View



Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8633 Cowpoke Road	For Insurance Company Use: Policy Number
City Cheyenne State WY ZIP Code 82009	Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."	

Rear View



Complete

U S DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No 1660-0008
Expires February 28 2009

Important Read the instructions on pages 1 8

SECTION A PROPERTY INFORMATION

A1 Building Owner's Name ROB KNIGHT	For Insurance Company Use
	Policy Number
A2 Building Street Address (including Apt Unit Suite and/or Bldg No) or P O Route and Box No 8633 COWPOKE RD	Company NAIC Number
City CHEYENNE State WY ZIP Code 82009	
A3 Property Description (Lot and Block Numbers Tax Parcel Number Legal Description etc)	

A4 Building Use (e g Residential Non Residential Addition Accessory etc) BARN

A5 Latitude/Longitude Lat 41 11 49 Long 104-48-40 Horizontal Datum NAD 1927 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 1

A8 For a building with a crawl space or enclosure(s) provide

a) Square footage of crawl space or enclosure(s)	<u>N/A</u> sq ft	A9 For a building with an attached garage provide	
b) No of permanent flood openings in the crawl space or enclosure(s) walls within 1 0 foot above adjacent grade	<u>N/A</u>	a) Square footage of attached garage	<u>N/A</u> sq ft
c) Total net area of flood openings in A8 b	<u>N/A</u> sq in	b) No of permanent flood openings in the attached garage walls within 1 0 foot above adjacent grade	<u>N/A</u>
		c) Total net area of flood openings in A9 b	<u>N/A</u> sq in

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1 NFIP Community Name & Community Number 580029		B2 County Name LARAMIE		B3 State WYOMING	
B4 Map/Panel Number 505	B5 Suffix D	B6 FIRM Index Date 9/27/1991	B7 FIRM Panel Effective/Revised Date 9/27/1991	B8 Flood Zone(s) A	B9 Base Flood Elevation(s) (Zone AO use base flood depth) 6160 0

B10 Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9

FIS Profile FIRM Community Determined Other (Describe) USGS TOPO QUAD CHEYENNE NORTH

B11 Indicate elevation datum used for BFE in Item 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 _____ CBRS 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-g below according to the building diagram specified in Item A7

Benchmark Utilized _____ Vertical Datum _____

Conversion/Comments _____

Check the measurement used

a) Top of bottom floor (including basement crawl space or enclosure floor)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	_____	<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 in Comments)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>6155 8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>6157 0</u>	<input checked="" 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

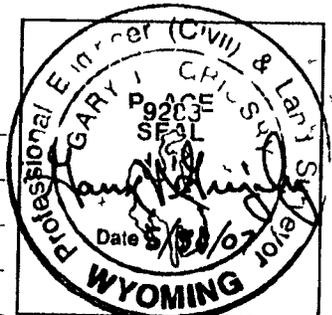
Check here if comments are provided on back of form

Certifier's Name GARY N GRIGSBY License Number 9283

Title PRESIDENT Company Name WESTERN R & D

Address 5908 YELLOWSTONE RD SUITE B City CHEYENNE State WY ZIP Code 82009

Signature [Signature] Date 5-31-07 Telephone (307) 632-5656



7139108

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 8633 COWPOKE RD	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 None

Signature *Ray M. Hingle* Date 5-31-07

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 crawl space or enclosure) is _____ feet meters above or below the HAG
- b) Top of bottom floor (including basement crawl space or enclosure) is _____ feet meters above or below the LAG
- E2 For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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 _____

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 _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments

Complete



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

Application Date 5-30-07 Certificate No 07-500281
Applicant Rob Knight Phone 421-0850

Mailing Address 8633 Cowpoke Rd
Owner (if different from Applicant) _____

Application to Place HUD _____ UBC _____ OTHER _____ Built _____ Commercial
Structure Type Pole Barn Structure Size _____ Requirements for commercial

Will this structure have water and sewer services? Yes No
Lot Size _____ Acres _____ Sq Ft Estimated Cost 10

Address for Existing Structure Temporary Address (Septic Power) _____
Date of Estimated Start of Residential Construction 6-1-07

Legal Description
Lot Split _____ Lot _____ Block/Tract 774 Subdivision Cowboy Country 3rd
Division _____ Section _____ Township _____ Range _____

[Signature] 5-30-07
Signature of Applicant Date

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

Zoning District AR Map Page # D34 Floodplain Development Permit Yes Firm Map _____
Notes/Conditions Stake 1083 F

Site Address 8633 Cowpoke Rd New? _____

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 By BOARD OF COUNTY COMMISSIONERS by Cathy H

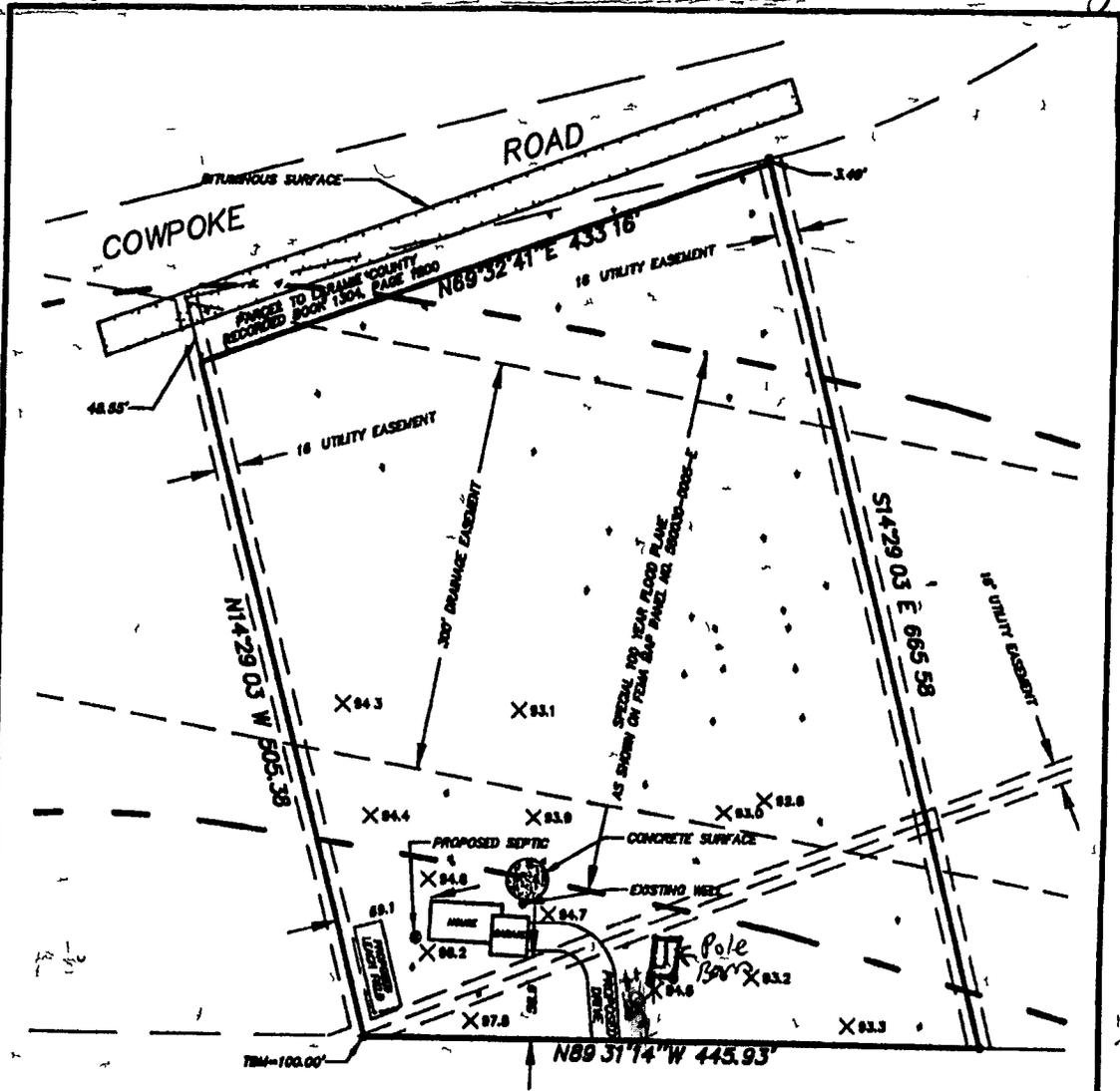
This certificate is issued subject to full compliance with the terms of the application and the zoning regulations and/or addressing. The issuance of this certificate/address does not guarantee issuance of a well or a small wastewater permit

Issue Date 6-5-07 Expiration date _____ Certificate must be renewed if construction is not started by this date

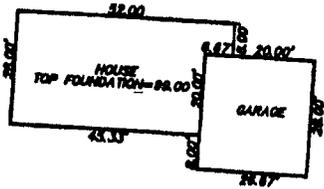
Receipt No _____ Amount \$ _____ GIS Entry _____ Final Inspection _____
application/02/27/02

OK 3942 \$ 35 5/31/07 RLB

Loan# 105080906282000 Rob & Sheryl Knight



"DETAIL"
(NOT TO SCALE)



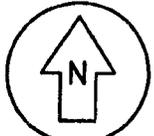
TBM = TOP OF ALUMINUM CAP AT SW COR
ASSUMED ELEV = 100.00

ZONED AR

LOT = 8.05 ACRES

→ Drainage arrow

000 Existing elevation



0 100
Scale 1 = 100



PLOT PLAN
FOR
TRACT 74
COWBOY COUNTRY THIRD FILING
LARAMIE COUNTY WYOMING

INTERIOR LOT

Date prepared 8-31-00



STEEL SURVEYING SERVICES LLC
PROFESSIONAL LAND SURVEYORS

1108 WEST 19th STREET P.O. BOX 8978
CHEYENNE, WY 82008 PH(307)634-7878