

ELEVATION CERTIFICATE

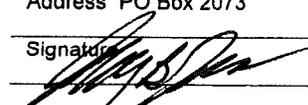
OMB No. 1660-0008
Expires February 28, 2009

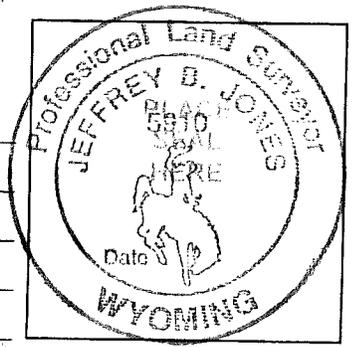
Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name <u>Elden Stellpflug, DBA Riverbend Nursery</u>	Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>8908 Yellowstone 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>Tracts 7 & 8, Sunset Tracts, 3rd Filing, Laramie County, WY</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Nov residential</u>		
A5. Latitude/Longitude: Lat. <u>41 12'03"</u> Long. <u>104 49'45"</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) _____ sq ft	a) Square footage of attached garage _____ sq ft	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____	
c) Total net area of flood openings in A8.b _____ sq ft	c) Total net area of flood openings in A9.b _____ sq ft	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u>Laramie County, Wyoming 560029</u>		B2. County Name <u>Unincorporated</u>		B3. State <u>WY</u>	
B4. Map/Panel Number <u>560029-0505</u>	B5. Suffix <u>D</u>	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date <u>Oct. 24, 2003</u>	B8. Flood Zone(s) <u>A</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>6203.5</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 type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other (Describe) <u>USGS Report # 93-4002 Childs Draw</u>					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input 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: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction <i>*A new Elevation Certificate will be required when construction of the building is complete.</i>	
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 <u>Belair</u> Vertical Datum <u>NGVD29</u> Conversion/Comments <u>(City of Cheyenne Benchmark)</u>	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>6205.2</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	_____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	_____ <input checked="" 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 checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>6203.7</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>6204.5</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.	
<input type="checkbox"/> Check here if comments are provided on back of form.	
Certifier's Name <u>Jeffery B. Jones</u>	License Number <u>PLS 5910</u>
Title <u>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 	Date <u>12/19/06</u> Telephone <u>307-634-7273</u>

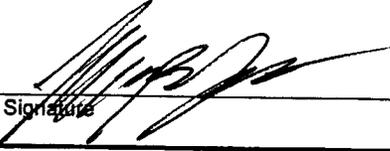


IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8908 Yellowstone Road	Policy Number
City Cheyenne State WY ZIP Code 82009	Company NAIC Number

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

Signature 

Date 12/9/06

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



Commercial Building Permit Application

Incomplete applications cannot be accepted

Locate utilities before you dig One Call of Wyoming 800-849 2476 Dig Safety It's the law!

Valuation of Work \$ <u>9,000⁰⁴</u>	
Job Address <u>8908 YELLOWSTONE RD</u>	
Legal Description <u>SUNSET TRACTS 03</u>	
Lot	Block or Tract <u>T8</u>
City <input type="checkbox"/> or County <input checked="" type="checkbox"/>	
Applicant (Owner or Authorized Agent) Information	
Owner/Agent Name <u>ELDON STELPLUG</u>	
Owner/Agent Address and Phone Number <u>8908 YELLOWSTONE RD</u>	
Contractor Name and Phone Number <u>307-638-0147</u>	Contractor Class & License #
Architect Name and Phone Number	
Engineer Name and Phone Number	

For Office Use Only	
Plan Review #	
Permit #	<u>06500563</u>
Received by	<u>MH</u>
Received Date	<u>11-2-06</u>
Plan Check Fee	<u>88.45</u>
Permit Fee	<u>136.08</u>
Right of Way Fee	
Temporary Power Pole	
Investigation Fee	
Zoning Certification	
Total Fees Due	<u>224.53</u>
Fees paid by <input type="checkbox"/> cash	
<input checked="" type="checkbox"/> ck # <u>6944</u>	
<input type="checkbox"/> Escrow acct	

Subcontractors (Must be listed or TBD if undecided The following work will not be included in the permit if it is left blank)	
Electrical <u>OWNER</u>	Contractor Class & License #
Plumbing	Contractor Class & License #
Mechanical	Contractor Class & License #
Fire Protection	Contractor Class & License #
Other	Contractor Class & License #

Work to be completed					
New <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	Remodel <input type="checkbox"/>	Repair <input type="checkbox"/>	Move <input type="checkbox"/>	Demolish <input type="checkbox"/>
Change of Use <input type="checkbox"/>		Prior Use		Future Use	
Please answer the following questions					
Occupancy Classification <u>STORAGE NURSERY SUPPLIES</u>		Type of Construction <u>POLE BARN</u>	Design Occupancy Load		
Number of Stories (above grade) <u>1 STORY</u>					
Building Areas in Square Feet <u>1152</u>		Remodeled Area			
Main floor <u>1152</u>	2 nd floor	Mezzanine			
Basement	Garage	Deck/Porch			

RECEIVED
 NOV - 2 2006
 CITY OF CHEYENNE
 BUILDING DEPARTMENT

GTS
12-22-06

Other		
Foundation Type	Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> or Slab on grade including foundation <input type="checkbox"/>	POLE STRUCTURE
Basement Condition	Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> or Square footage of Finished Area	
Garage Location	Attached <input type="checkbox"/> Detached <input type="checkbox"/> or Other	
Fire Sprinklers	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes designed by	
Lawn Sprinklers	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Where? Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>	
Gas logs or fireplaces	Yes <input type="checkbox"/> No <input type="checkbox"/> Number	

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)

ADDITION TO EXISTING NURSERY BUILDING FOR STORAGE OF NURSERY SUPPLIES POLE BARN TYPE STRUCTURE 48x24' TIN WILL MATCH EXISTING BUILDING

BY MY SIGNATURE AND UNDER PENALTY OF PERJURY I HEREBY CERTIFY THAT I AM THE OWNER OF THE REFERENCED 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

Signature	Date 11/2/06
Name Printed ELDON STEUPFUG	

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

For Office Use Only				
Permit / Plan Review Conditions				
D-33-AR				
FEMA Panel # 560029 505				
	Approval	Date	Approval	Date
Address Assigned	_____	_____	Dev/Zoning	CK _____
Flood Hazard	CK _____	_____	Fire Review	_____
Traffic	_____	_____	Bldg Plan Review	_____
Construction	_____	_____	Card Issued by	Calley D 12-8-06
Tap Fees	_____	_____	Approved for Issue by	_____
BOPU	_____	_____	Permit Issued by	_____
Historic District	_____	_____		