



ALLSTATE INSURANCE COMPANY
PO BOX 2964
SHAWNEE MISSION, KS 66201-1364
800-527-2634

Insured:

LARRY W STULTS
NANCY STULTS
5143 OXFORD DR
SARASOTA, FL 34242-1409

Agent: 044012

KRAGEL INS/FIN SRV
426 S TAMiami TRAIL
OSPREY, FL 34229
941-966-5666

Insured Property Location:

5143 OXFORD DR
SARASOTA, FL 34242-1409

Application ID: 1589312

Transmittal Document

Please return this transmittal form along with your supportive documentation.

Mail to:

Allstate Flood Service Center
P.O. Box 2964
Shawnee Mission, KS 66201-1364

Overnight Delivery to:

Allstate Flood Service Center
13401 W 98th Street
Lenexa, KS 66215-1363

Fax to:

(866) 747-1603
Allstate Flood Operations

FCD19232N001589312

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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

BUILDING OWNERS NAME: LARRY AND HANCKY STULTS

BUILDING STREET ADDRESS (including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 5143 OXFORD DRIVE

CITY: SARASOTA STATE: FLORIDA ZIP CODE: 34236

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 32 SIESTA BEACH BLOCK 24

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

LATITUDE/LONGITUDE (OPTIONAL) (##.## - ##.## or ##.###):

HORIZONTAL DATUM: NAD 1927 NAD 1983

SOURCE: GPS (Type): USGS Quad Map Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

F1. FIRM COMMUNITY NAME & COMMUNITY NUMBER: Cal. Co. Fla. 12514A

F2. COUNTY NAME: SARASOTA F3. STATE: FLORIDA

F4. MAP AND PANEL NUMBER: <u>12514A 04B</u>	F5. SUFFIX: <u>E</u>	F6. FIRM INDEX DATE: <u>9/3/92</u>	F7. FIRM PANEL EFFECTIVE/REVISED DATE: <u>9/3/92</u>	F8. FLOOD ZONE(S): <u>A1</u>	F9. BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding): <u>10.0</u>
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F10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in F9:
 FIS Profile FIRM Community Determined Other (Describe):

F11. Indicate the elevation datum used for the BFE in F9: NGVD 1929 NAVD 1988 Other (Describe):

F12. 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 7 (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, AR1, AR1A, AR1A1-A30, AR1AH, AR1AO

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: NAVD 1988 Conversion/Comments:

Elevation reference mark used: 1.0R(m) Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure): 1.0R(m) GARAGE
- b) Top of next higher floor: 11.1A(m)
- c) Bottom of lowest horizontal structural member (V zones only): 1.0R(m)
- d) Attached garage (top of slab):
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area): 11.0R(m) A/C
- f) Lowest adjacent (finished) grade (LAG): 5.0R(m)
- g) Highest adjacent (finished) grade (HAG): 5.5R(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade: 5
- i) Total area of all permanent openings (flood vents) in C3h: 146 sq. ft. (sq. cm)

License Number, Embossed Seal, Signature, and Date

4075
5/10/05

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: THOMAS E. ROBINSON LICENSE NUMBER: 4075

TITLE: LAND SURVEYOR COMPANY NAME: ROBINSON LAND SURVEYING INC.

ADDRESS: 1960 MAIN STREET CITY: SARASOTA STATE: FLORIDA ZIP CODE: 34236

SIGNATURE: [Signature] DATE: 5/10/05 TELEPHONE: (941) 954-4473

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.
5143 OXFORD DRIVE

For Insurance Company Use

Policy Number

CITY
SARASOTA

STATE

FLORIDA

ZIP CODE

34236

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

GARAGE FLOOR ELEV. = 7.00'

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

Check here if attachments.

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. 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

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments.

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:

G9. BFE or (in Zone AO) depth of flooding at the building site is:

___ ft.(m)

Date: ___

___ ft.(m)

Date: ___

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS