

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
REQUEST FOR THE SITE INSPECTION

SITE CONTROL No.
 (As Assigned)

REGISTRATION No.

See Reverse Side
 for Paperwork
 Burden Notice

O.M.B. No. 1660-0030
 Expires August 31, 2007

SITE INFORMATION

APPLICANT INFORMATION

SITE ADDRESS (House No. & Street Name)

NAME (Last, First, Middle Initial)

CITY AND STATE

COUNTY

CURRENT ADDRESS (House No. & Street Name)

NAME OF LANDOWNER

CITY AND STATE (Include Zip Code)

ADDRESS OF LANDOWNER

APPLICANT PHONE NO.

Primary:

Alternate:

LANDOWNER'S PHONE NO.

SITE TYPE

EGSS Group
 Private Commercial

TEMPORARY HOUSING UNITS
 REQUIRED (Check One)

1 2 3

TYPE OF UNIT

MH TT
 PM UFAS

SITE UTILITY INFORMATION (Completed by THP contact through inquiry to applicant)

UTILITY AND TYPE	COMPANY NAME	SPECIAL NEEDS	FAMILY COMPOSITION
ELECTRIC <input type="checkbox"/>		<input type="checkbox"/> RAMP	ADULT
GAS <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> None		<input type="checkbox"/> ADA/UFAS Compliant Unit	MALE FEMALE
WATER <input type="checkbox"/> Public <input type="checkbox"/> Well <input type="checkbox"/> None		IS APPLICANT ON OXYGEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	CHILD
SEWER <input type="checkbox"/> Public <input type="checkbox"/> Septic <input type="checkbox"/> None			MALE FEMALE
LANDOWNER AVAILABLE TO ACCOMPANY INSPECTOR TO SITE <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT SIGNATURE		DATE

SITE DESCRIPTION AND DIRECTIONS (Form DFO to Site- attach map if necessary)

NAME OF SITE INSPECTOR (Assigned by DHOP's Chief)	DATE ASSIGNED	INSPECTION APPOINTMENT	
		DATE	TIME
FLOODPLAIN-VELOCITY ZONE DETERMINATION		1st Choice	
<input type="checkbox"/> Within <input type="checkbox"/> Outside Restricted Zone Flood Zone Map No. _____		2nd Choice	

APPLICANT ACTIONS TO MAKE SITE ACCEPTABLE

Site Feasible FF90-31, Landowner's Authorization/Ingress-Egress Agreement FF90-96, Mobile Lease
 Site Infeasible (State reason)

SIGNATURE OF SITE INSPECTOR	DATE	APPLICANT NOTIFIED OF SITE DETERMINATION
		Date: _____ By: _____

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0030). **Please do not send your completed survey to the above address.**