

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 November 30, 2010

**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

Primary:

Alternate:

Primary:

Alternate:

- EGSS  Group  
 Private  Commercial

TEMPORARY HOUSING UNITS  
 REQUIRED (Check One)

- 1  2  3

- MH  TT  
 PM  UFAS

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

- Natural  
 LP  None

- Public  
 Well  None

- Public  
 Septic  None

RAMP

ADA/UFAS Compliant Unit

\_\_\_ MALE \_\_\_ FEMALE

YES

NO

\_\_\_ MALE \_\_\_ FEMALE

LANDOWNER AVAILABLE TO ACCOMPANY  
 INSPECTOR TO SITE  YES  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

DATE

TIME

- Within  Outside Restricted Zone

Flood Zone Map No. \_\_\_\_\_

1st Choice

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**

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