

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. This collection of information is mandatory. 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.**

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:	<input type="checkbox"/> EGSS <input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> Commercial	TEMPORARY HOUSING UNITS REQUIRED (Check One) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> MH <input type="checkbox"/> TT <input type="checkbox"/> PM <input type="checkbox"/> UFAS
Alternate:			

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

<input type="checkbox"/>		<input type="checkbox"/> RAMP	
<input type="checkbox"/> Natural		<input type="checkbox"/> ADA/UFAS Compliant Unit	___MALE ___FEMALE
<input type="checkbox"/> LP <input type="checkbox"/> None			
<input type="checkbox"/> Public		<input type="checkbox"/> YES	___MALE ___FEMALE
<input type="checkbox"/> Well <input type="checkbox"/> None		<input type="checkbox"/> NO	
<input type="checkbox"/> Public			
<input type="checkbox"/> Septic <input type="checkbox"/> None			
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		DATE	TIME
<input type="checkbox"/> Within <input type="checkbox"/> 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: _____
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