

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
REQUEST FOR THE SITE INSPECTION

OMB Control Number: 1660-0030
Expires April 30, 2017

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.**

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5174 and Title 44 C.F.R. Part 206.117.

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of obtaining necessary landowner consent to inspect site, place maintain, deactivate and/or remove temporary housing units provided by FEMA to eligible registered disaster survivors as part of its direct housing program under a Presidentially-declared disaster.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA - 008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25282 (Apr. 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster-related temporary housing assistance.

SITE CONTROL No. (As Assigned)

REGISTRATION No.

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. Primary: _____ Alternate: _____	SITE TYPE <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	TYPE OF UNIT <input type="checkbox"/> MH <input type="checkbox"/> TT <input type="checkbox"/> PM <input type="checkbox"/> 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 <input type="checkbox"/> ADA/UFAS Compliant Unit	ADULT ____ MALE ____ FEMALE
GAS <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> None			IS APPLICATION ON OXYGEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
WATER <input type="checkbox"/> Public <input type="checkbox"/> Well <input type="checkbox"/> None			
SEWER <input type="checkbox"/> Public <input type="checkbox"/> Septic <input type="checkbox"/> None			

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REQUEST FOR THE SITE INSPECTION

LANDOWNER AVAILABLE TO ACCOMPANY INSPECTOR TO SITE <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT SIGNATURE	DATE
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SITE DESCRIPTION AND DIRECTIONS (Form DFO to Site- attach map if necessary)

DRAFT

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
 Site Infeasible (State reason)
 FF 010-0-10 Landowner's Authorization/Ingress-Egress Agreement
 FF 90-96, Mobile Lease

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