

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

MANUFACTURED HOUSING UNIT (MHU) INSTALLATION WORK ORDER

OMB Control Number: 1660-0030
Expiration: MM/DD/YYYY

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 form 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.

1. SITE CONTROL #:

2. WORK ORDER #:

3. APPLICATION/SITE INFORMATION

REGISTRATION ID:

NAME (Last, First, Middle Initial):

DATE ISSUED:

SITE ADDRESS (House # and Street Name or Pad #, City, State, County):

4. CONTRACT WORK ORDER INFORMATION

CONTRACTOR:

INSPECTOR:

ISSUED BY:

DATE SCH. COMPLETION:

5. SITE TYPE

Commercial

Group

Private

6. UNIT TYPE

MHU

OTHER _____

7. UNIT #

8. UNIT INFORMATION

UNIT TYPE

STANDARD

OUFAS

Barcode _____

Pad Lot # _____

Pad Lot Type _____

Rent Amt. _____

Make _____

VIN _____

Pad Lot Size _____

Split Lot? Yes No

Model _____

Furnished? Yes No

Amps _____

Year _____

Bedrooms _____

Utilities _____

MANUFACTURED HOUSING UNIT (MHU) INSTALLATION WORK ORDER

10. INSTALLATION					
ITEM # (Check if applicable)	ITEMS TO FURNISH AND INSTALL	UNIT	QUANTITY	UNIT \$	TOTAL \$
	Basic Setup				
	4" Sewer Line, Buried				
	6" Sewer Line, Buried				
	8" Sewer Line, Buried				
	Municipal Sewer				
	3/4" Water Line Extension, Buried				
	2" Water Line Extension, Buried				
	Municipal Water				
	Power Pole and Meter Loop - AMP				
	Additional Towing Outside - Mile Radius				
	Heavy Equipment to Spot				
	Winterize Water Line Installation				
	Direct Wiring of _____ AMP Service, Over 50'				
	Direct Wiring of Well Pump				
	30 AMP Well Pump Switch				
	LP Gas System and 100 Gallon LP				
	Natural Gas Hookup				
	Gas Line Extension, Underground				
	Skirting				
	Permits				
	Steps (Per Entrance)				
	Visual/Vibration/Enhanced volume Alarm				
	Accessible Ramp				
	Roll in Shower				
	Accessible Platform Steps				
	Grab bars/Bathroom				
	Visual Alarms				
	Roll in Shower				
	Accessible Unit				
			WORK ORDER TOTAL		