

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

OMB Control Number: 1660-0030  
Expires: January 31, 2024

**TRANSPORTABLE TEMPORARY HOUSING UNIT REQUEST FOR THE SITE INSPECTION**

**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 transportable temporary housing units (TTHUs) provided by FEMA to eligible applicants as part of its direct housing assistance 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 applicant from receiving disaster-related temporary housing assistance.

DRAFT

SITE CONTROL NO. (As Assigned)

REGISTRATION NO.

**SITE INFORMATION**

**APPLICANT INFORMATION**

SITE ADDRESS (House Number & Street Name)

NAME (Last, First, Middle Initial)

CITY AND STATE

COUNTY/PARISH

CURRENT ADDRESS (House Number & Street Name)

NAME OF LANDOWNER

CITY AND STATE (Include Zip Code)

ADDRESS OF LANDOWNER

APPLICANT PHONE NUMBER

Primary:

Alternate:

LANDOWNER PHONE NUMBER

Primary:

Alternate:

SITE TYPE

- Group Site     Private Site  
 Commercial Park     Other

NUMBER OF TTHUs REQUIRED  
(Check One)

- 1     2     3

TYPE OF TTHU

- MH     TT  
 PM     UFAS

**SITE UTILITY INFORMATION (Completed by Site Inspector through inquiry to applicant)**

UTILITY AND TYPE

COMPANY NAME

ACCESS AND FUNCTIONAL NEEDS

FAMILY COMPOSITION

ELECTRIC

GAS

- Natural     LP     None

WATER

- Public     Well     None

SEWER

- Public     Septic     None

RAMP

ADA/UFAS Compliant Unit

IS APPLICATION ON OXYGEN?

- Yes     No

ADULTS

Male: \_\_\_\_\_ Female: \_\_\_\_\_

CHILDREN

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	<b>INSPECTION APPOINTMENT</b>	
FLOODPLAIN-VELOCITY ZONE DETERMINATION		1st Choice	DATE      TIME
<input type="checkbox"/> Within <input type="checkbox"/> Outside Restricted Zone   Flood Zone Map No.: _____		2nd Choice	
APPLICANT ACTIONS TO MAKE SITE ACCEPTABLE <div style="text-align: center; font-size: 48px; opacity: 0.5;">DRAFT</div>			
<input type="checkbox"/> Site Feasible <input type="checkbox"/> Site Infeasible (State reason) <input type="checkbox"/> FF-104-FY-21-110, Landowner's Authorization/Ingress-Egress Agreement			
SIGNATURE OF SITE INSPECTOR	DATE	APPLICANT NOTIFIED OF SITE DETERMINATION  Date:  By:	