

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

RAMP

ADULTS

GAS
 Natural LP None

ADA/UFAS Compliant Unit

Male: ____ Female: ____

WATER
 Public Well None

IS APPLICATION ON OXYGEN?

CHILDREN

SEWER
 Public Septic None

Yes No

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center; padding: 2px;">INSPECTION APPOINTMENT</th> </tr> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center; padding: 2px;">DATE</th> <th style="width: 20%; text-align: center; padding: 2px;">TIME</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">1st Choice</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">2nd Choice</td> <td></td> <td></td> </tr> </tbody> </table>	INSPECTION APPOINTMENT				DATE	TIME	1st Choice			2nd Choice		
INSPECTION APPOINTMENT														
	DATE	TIME												
1st Choice														
2nd Choice														
FLOODPLAIN-VELOCITY ZONE DETERMINATION <input type="checkbox"/> Within <input type="checkbox"/> Outside Restricted Zone Flood Zone Map No.: _____														
APPLICANT ACTIONS TO MAKE SITE ACCEPTABLE <div style="text-align: center; font-size: 48px; opacity: 0.5; font-family: serif;">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:												