


DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY Direct Housing Unit Installation Work Order		WO Type	Contractor	Work Order #	
		HAUL AND INSTALL	MLU SERVICES LLC	4828-023-0009-MLS-U	
WORKORDER STATUS: REQUESTEDAS OF: 05/30/2025					
Pickup Location			Delivery Location		
Name TAYLOR COUNTY STAGING YARD		Phone No.	Name RAINFLOWER.B (DD)		Phone No. (286) 752-2984
Address 49 CARLTON CEMETERY RD		Lot #.	Address 415 SW DREW FEAGLE AVE		Lot #.
City, State PERRY, FL 32348		County Taylor (County)	City, State FORT WHITE, FL 32038 - 4355		County Columbia (County)
Work Order Issue Information					
Issued to		Issued Date	Issue Time	Issued By	Date Completed
MLU SERVICES LLC		05/30/2025	12:00 AM	ANUSHKA MORALES RODRIGUEZ	/ /
Directions					
MEASURE TO THE LARGEST UNIT.					
Unit Information			Padlot Information		
Unit Type Mobile Home Regular	Barcode		Pad Lot #		Pad Type
Make	VIN		Pad Size		Rent Amt.
Model	Furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amps		Split Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No
Year	# Bedrooms		Utilities		
Work Order Specifications					
Description		UOM	Quantity	Cost Per UOM	Total
ORIGINAL (05/30/2025 13:58:20) ANUSHKA MORALES RODRIGUEZ					
6004AC-4828 PRIVATE INSTALL MH / PM		EA	1		
ADDED					
05/30/2025 14:02:05 - 6004AT-4828 TANK PUMP SYSTEM INSTALLATION (MHU ONLY) (ANUSHKA MORALES RODRIGUEZ)		EA	1		
05/30/2025 14:43:33 - 6004BE-4828 PLATFORM STEPS/STAIRS FOR MH/PM (ANUSHKA MORALES RODRIGUEZ)		EA	1		
TOTAL					\$
Work Order Notes					
05/30/2025 01:57:37 2 BEDROOM MHU 14X60 MAX					
05/30/2025 01:57:37 WO BEDROOMS REQUESTED: 2					
05/30/2025 02:02:25 PLATFORM STEPS REQUESTED					
05/30/2025 02:03:04 PER IA PLEASE CONTACT APP. BEFORE DELIVERY					
05/30/2025 02:43:33 UPDATE					
Disability-Accommodations					
<input type="checkbox"/> Vision	<input type="checkbox"/> Ramp	<input type="checkbox"/> All Electric	<input type="checkbox"/> Roll in Shower	<input type="checkbox"/> Accessible Unit (UFAS)	
<input type="checkbox"/> Hearing Disability	<input type="checkbox"/> Wheelchair User	<input type="checkbox"/> Accommodation base on Height	<input type="checkbox"/> Grab Bars		
<input type="checkbox"/> Walker, Cane, Other Mobility Device	<input checked="" type="checkbox"/> Oxygen/Power Dependent	<input type="checkbox"/> Accommodation base on Weight	<input type="checkbox"/> Platform Stairs		
Disability-Accommodations notes:					
Install Information					
Setup Date	Made Ready Date	Inspection Date	Inspection Status	RFO Date	RFO Package Sent
/ /	/ /	/ /		/ /	/ /

Verification and Signatures: The above described work has been verified by,	
Install Contractor	Date
MLU SERVICES LLC	/ /
COTR Project Officer	Date
	/ /
Site Inspector / Tech Monitor	Date
	/ /

REQUEST FOR THE SITE INSPECTION			
TYPE	START DATE	END DATE	PERFORMED BY
Request For the Site	20/05/2025 09:41	20/05/2025 12:02	Yalia Herrera
			

INGRESS/EGRESS AGREEMENT	
Site Control No.	4828-023-000D-P
Address	415 SW DREW FEAGLE AVE, FORT WHITE, FL, 32038

Load picture of completed
Ingress/Egress form

1/2

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
**LANDOWNER'S AUTHORIZATION
INGRESS-EGRESS AGREEMENT**

S. SIGNATURE	DATE
a. OWNER/AGENT <i>Brook Rainflower</i>	5.20.25
b. APPLICANT <i>Brook Rainflower</i>	5.20.25
c. WITNESS <i>Jessie</i>	5.20.25

GENERAL INFORMATION

a. **PURPOSE:** The Landlord's Authorization is used to obtain the approval of the owner of a property for the placement and removal of a mobile unit to be used for temporary housing. The purpose of the Ingress-Egress is to obtain the approval of the owner/agent of a property through which a mobile unit must travel to reach a private site (generally properties adjacent to the proposed site) to ensure placement and removal of the unit.

b. **RESPONSIBILITY:** The applicant is responsible for obtaining the Landowner's Authorization from the owner of the proposed site. In an ingress-egress situation, the applicant must obtain the Ingress-Egress Agreement from as many of the property owners as necessary to ensure adequate ingress-egress for the site. The applicant will be provided the form by FEMA.

c. **DISTRIBUTION:**

- Original-Applicant
- Copy No. 1-Mobile Home Operations
- Copy No. 2-Landowner
- Copy No. 3-Applicant
- Copy No. 4-(Photocopy) Applicant Assistance

INSTRUCTION FOR COMPLETING FORM

Explain the procedure for placement of a mobile unit and the reasons for requiring the Landowner's Authorization before giving the applicant this document.

1. **Registration Number:** To be obtained from applicant Assistance.
2. **Landowner Information:** Provide complete name of legal owner of property and current address and telephone number where owner can be located.
3. **Applicant Site Information:** Give name and address. Provide detail instructions or map if location is not clear from address.
4. Give detail description of alterations that will be made and attach a clear map of agreed upon ingress-egress route(s).
5. Specify who will have responsibility for site preparation including clearance, provision of utilities, connection of utilities etc. (If responsibility is divided, provide detailed explanation).
6. If owner does not intend to charge rent "None" should be marked in the blank provided.
7. **Signature/Dates**
 - a. **Owner:** Signature of individual legally empowered to enter into agreement regarding the property. May be owner or legal agent.
 - b. **Applicant:** Signature of head of household or other legally responsible member of household. Individual state laws must be observed in determining legal responsibility. If adults not related by marriage (i.e., adult sisters/brothers, parent and adult child, college roommates, etc.) all legally responsible adults must sign authorization.
 - c. **Witness:** The signing by the applicant and the owner/agent must be witnessed by someone unrelated to either party.

FEMA Form 010-0-10 (5/18) REPLACES ALL PREVIOUS EDITIONS. (This form was consolidated with FF00-41) Page 2 of 2

Load picture of completed
Ingress/Egress form

2/2

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
**LANDOWNER'S AUTHORIZATION
INGRESS-EGRESS AGREEMENT**

1. REGISTRATION NO. OMB Control Number:
1660-0030
Expiration: 08/31/2018

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 Presidential-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.

2. LANDOWNER'S INFORMATION	3. APPLICANT SITE INFORMATION
NAME <u>Brook Rainflower</u>	NAME <u>Brook Rainflower</u>
ADDRESS (House No. and Street Name) <u>415 SW Drew Feagle Ave</u>	SITE ADDRESS (House No. and Street Name) <u>415 SW Drew Feagle Ave</u>
CITY AND STATE (Include Zip Code) <u>Fort White FL 32038</u>	CITY AND STATE (Include Zip Code) <u>Fort White FL 32038</u>
PHONE NO. (Include Area Code) <u>386-752-2984</u>	NOTE: PROVIDE DIRECTIONS AND ATTACH MAP IF NECESSARY <u>4828</u> (DR#)

4. In consideration of the President's Disaster Proclamation of _____ (date of declaration) and the furnishing of a temporary housing unit by the United States of America to the above applicant, a disaster victim, and other good and valuable considerations not herein expressly stated, and intending to be bound hereby, the Landowner (which term shall, for the purposes of this agreement, include the owner of record and any parties in possession) does hereby agree with the applicant as follows:

- The Landowner hereby certifies that he/she is the owner of the above described property and authorizes placement of a temporary housing unit on his/her land for use of the subject applicant for the temporary housing period established by the United States Government.
- The Landowner agrees that no indebtedness of his/hers will become a lien on the said housing unit, and that he/she will not attempt to restrain the owner of the unit from removing it from the subject property.
- The Landowner agrees to allow and maintain a route on ingress and egress for placing and removing the temporary housing unit along and across the subject property to the nearest reasonable access to a public street. This agreement includes the prohibition of structures and barriers upon the property which would hinder or preclude the normal and usual connecting, parking, placing, hitching, or removing of the temporary housing unit.
- The Landowner further agrees to maintain a reasonable route of ingress and egress along and across the property to and from the temporary housing unit.
- The Landowner has agreed that the following alterations to the property may be made to assure adequate ingress and egress or to allow for utility connections to existing utility service on the property. No claims will be filed by Landowner for these actions. (List removal of trees, shrubs, fences, grading holes in driveway or foundation, etc.) Attach drawing of agreed-upon ingress and egress route.

5. This Agreement shall remain in force for 30 days following termination of occupancy of the temporary housing unit in accordance with procedures and regulations promulgated by the Government.

6. Site preparation costs will be the responsibility of: (Check One) ☐ The applicant; ☐ Landowner; ☐ Other (Specify) _____
Provide details if responsibility is divided:

7. Landowner intends to charge and applicant agrees to pay _____/month rent for use of the property. (Mark "None" if no rent is to be charged)

FEMA Form 010-0-10 (5/15) REPLACES ALL PREVIOUS EDITIONS. (This form was consolidated with FF90-41) Page 1 of 2

Applicant Name	RAINFLOWER , BROOK
Set location inspected to true	true


SITE INFORMATION	
Site Control #	4828-023-000D-P
Registration #	63-4690276
Site Address	415 SW DREW FEAGLE AVE, FORT WHITE, FL, 32038
City	FORT WHITE
State	FL
County	Columbia
Address of Landowner	415 SW DREW FEAGLE AVE
Name of Landowner	Brook Rainflower
Landowner Phone #	+13867522984
Temporary Housing Units Required	1
Type of Unit	MH
Site Type	Private

APPLICANT INFORMATION	
Applicant Name	RAINFLOWER , BROOK
Current Address	415 SW DREW FEAGLE AVE, FORT WHITE, FL, 32038
City	FORT WHITE
State	FL
Applicant Phone Number	(386) 752-2984

ACCESS AND FUNCTIONAL NEEDS	
Ramp	false
ADA/UFAS Compliant Unit?	true
Oxygen/Power Dependent	true

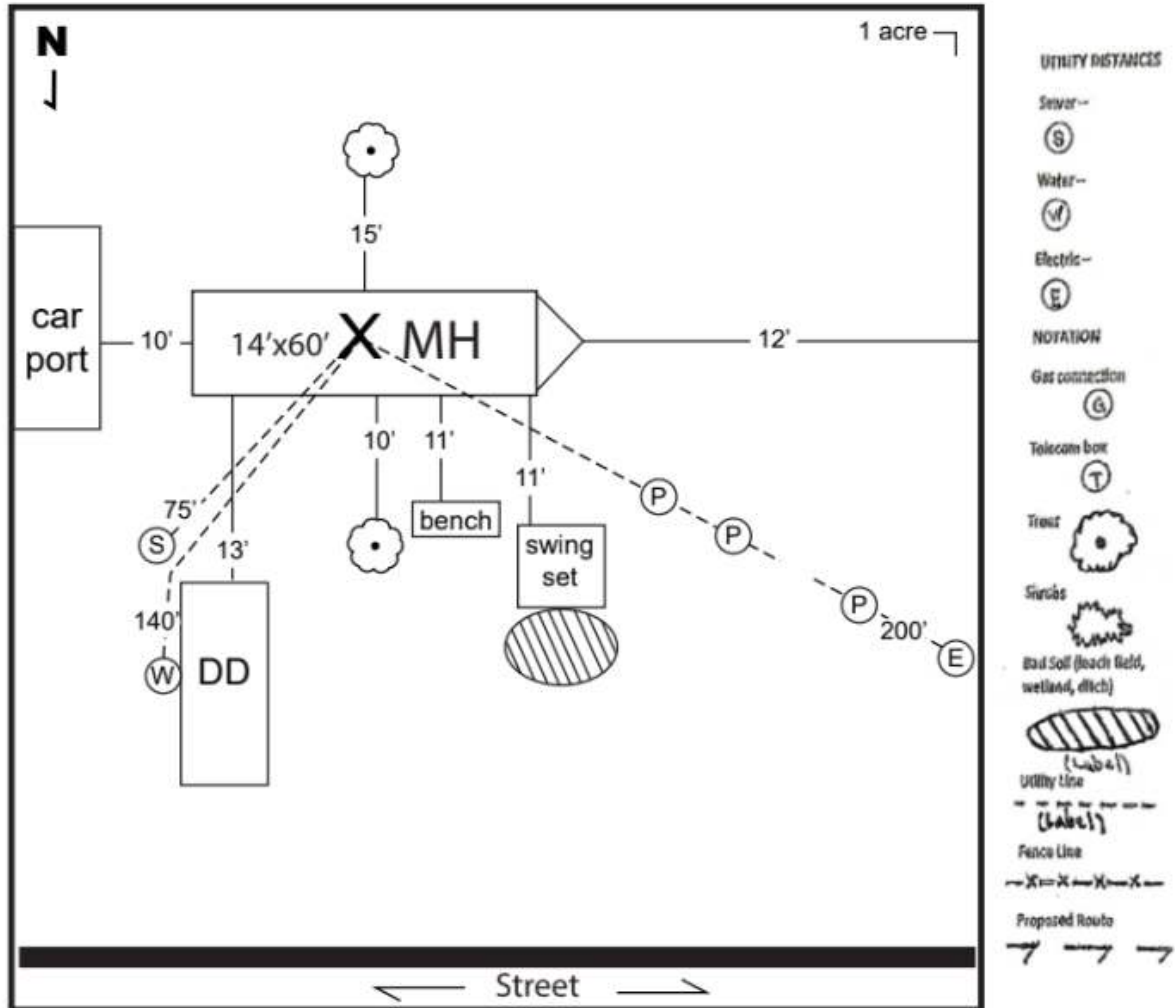
SITE UTILITY INFORMATION	
Electric	Yes
Electric Company Name (If Applicable)	Central FI
Gas	N/A
Water	Well
Sewer	Septic

SITE DESCRIPTION	
Landowner Available	Yes

Applicant Signature	
signature	
Date	20/05/2025

Site Map Picture (If Applicable)

2/1



Site Address 415 SW Drew Feagle Ave SIR# 4828-023-000D-P

Power 200'
Water 140'
Sewer 75'

Largest Unit Size MH 14'x60'


Center Unit Coordinates 30.01851
-82.74278

Corner 1 Coordinates 30.01848
-82.74280
Corner 2 Coordinates 30.01857
-82.74277

Corner 3 Coordinates 30.01866
-82.74276
Corner 4 Coordinates 30.01867
-82.74279

Top Right Coordinates - Unit (Stand at the top right of the largest rectangular area available and capture the coordinates)	30.01857,-82.74277
Top Left Coordinates - Unit (Stand at the top left of the largest rectangular area available and capture the coordinates)	30.01848,-82.74280
Bottom Left Coordinates - Unit (Stand at the bottom left of the largest rectangular area available and capture the coordinates)	30.01866,-82.74276
Bottom Right Coordinates - Unit (Stand at the bottom right of the largest rectangular area available and capture the coordinates)	30.01867,-82.74279
Dead Centre Coordinates	30.018516476044585,-82.74278990554575
Area Size - Unit (sq ft)	1004.6258584103467
Largest trailer that can fit in this area	3 bed 14 x 60

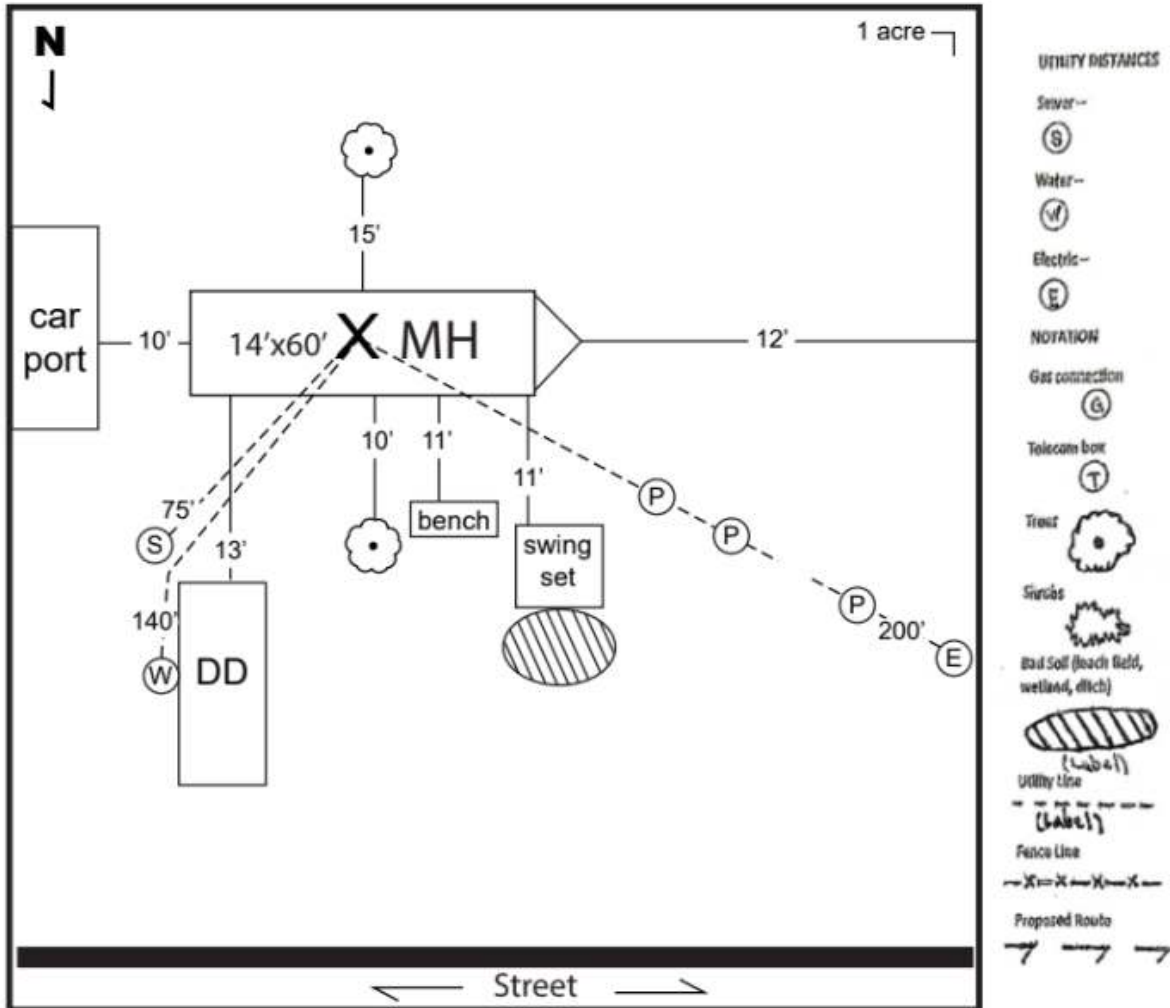


Is Site Feasible?	Site Feasible
Name of Site Inspector	Yalia Herrera
Site Inspector Signature	
signature	
Date	20/05/2025

SITE SKETCH

Site Sketch

1/1



Site Address 415 SW Drew Feagle Ave SIR# 4828-023-000D-P

Power 200'
Water 140'
Sewer 75'

Largest Unit Size MH 14'x60'

Center Unit Coordinates 30.01851
-82.74278

Corner 1 Coordinates 30.01848
-82.74280
Corner 2 Coordinates 30.01857
-82.74277

Corner 3 Coordinates 30.01866
-82.74276
Corner 4 Coordinates 30.01867
-82.74279



Sewer service length (feet)	75
------------------------------------	----



Power service length (feet)	200
------------------------------------	-----



Pic tongue of the trailer perspective

1/1



Pic right elevation tongue

1/1



Pic left elevation tongue

1/1



Pic rear elevation from trailer

1/1



Capture photo(s) of flagged site

1/1



Are ground disturbances required for temporary power poles or other reasons?	Yes
How many ground disturbances are required?	3

Capture photos of location of Ground Disturbances (one for each required ground disturbance)

1/4



Capture photos of location of Ground Disturbances (one for each required ground disturbance)

2/4



(30.018435487995614,
-82.74316434955307)

Capture photos of location of Ground Disturbances (one for each required ground disturbance)

3/4



Capture photos of location of Ground Disturbances (one for each required ground disturbance)

4/4



DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY REQUEST FOR THE SITE INSPECTION		OMB Control Number : 1660-0030 Expiration : 08/31/2018	
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) 4628-023-0000-P		REGISTRATION No. 63-4690276	
SITE INFORMATION		APPLICANT INFORMATION	
SITE ADDRESS (House No. and Street Name) 415 SW DREW FEAGLE AVE		NAME (Last, First, Middle Initial) RAINFLOWER, BROOK	
CITY AND STATE FORT WHITE, FL 32038 - 4355	COUNTY COLUMBIA	CURRENT ADDRESS (House No. and Street Name) 415 SW DREW FEAGLE AVE	
NAME OF LANDOWNER Brook Rainflower		CITY AND STATE (Include Zip Code) FORT WHITE, FL 32038-4355	
ADDRESS OF LANDOWNER 415 SW Drew Feagle Ave		APPLICANT PHONE NO. Primary: (386) 752-2984 Alternate: (386) 752-2984	
LANDOWNER'S PHONE NO. Primary: 386-752-2984 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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	TYPE OF UNIT <input checked="" type="checkbox"/> MH <input type="checkbox"/> TT <input type="checkbox"/> UM <input type="checkbox"/> UFAS
SITE UTILITY INFORMATION (Completed by THP contact through inquiry to applicant)			
UTILITY AND TYPE	COMPANY NAME	DISABILITY/ACCOMMODATIONS	FAMILY COMPOSITION
Electric <input checked="" type="checkbox"/>	clay	<input type="checkbox"/> RAMP <input checked="" type="checkbox"/> ADA/UFAS Compliant Unit	ADULT 1 MALE 1 FEMALE
GAS <input type="checkbox"/> Natural <input checked="" type="checkbox"/> LP			
WATER <input type="checkbox"/> Public <input checked="" type="checkbox"/> Well <input type="checkbox"/> None		OXYGEN/POWER DEPENDENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CHILD 1 MALE 0 FEMALE
SEWER <input type="checkbox"/> Public <input checked="" type="checkbox"/> Septic <input type="checkbox"/> None			
SITE NOTES 04/18/2025 05:36:44 MEASURE TO THE LARGEST UNIT.			

FEMA Form 910-0-9 (4/16) REPLACES FEMA Form 90-1 Page 1 of 2

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
REQUEST FOR THE SITE INSPECTION

LANDOWNER AVAILABLE TO ACCOMPANY INSPECTOR TO SITE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT SIGNATURE <i>Brook Rainflower</i>	DATE 5-20-25
SITE DESCRIPTION AND DIRECTIONS (From DFO to Site - attach map if necessary) MEASURE TO THE LARGEST UNIT. Site feasible MH 12X60		
NAME OF SITE INSPECTOR (Assigned by DHOP's Chief) MLU SERVICES LLC		DATE ASSIGNED 04/17/2025
FLOODPLAIN - VELOCITY ZONE DETERMINATION Longitude: Latitude:		INSPECTION APPOINTMENT DATE TIME
<input type="checkbox"/> Within <input type="checkbox"/> Outside Restricted Zone		1st Choice 2nd Choice
FLOOD ZONE MAP NO.		
APPLICANT ACTIONS TO MAKE SITE ACCEPTABLE		
<input checked="" type="checkbox"/> Site Feasible <input type="checkbox"/> Site Infeasible (State Reason) <input type="checkbox"/> FF 010-0-10 Landowner's Authorization/Ingress-Egress Agreement <input type="checkbox"/> FF 90-96, Mobile Lease		
SIGNATURE OF SITE INSPECTOR <i>Jones</i>	DATE 5-20-25	APPLICANT NOTIFIED OF SITE DETERMINATION Date By:
Description ORIGINAL (94/16/2025 17:36:56) JESSICA NZABONIMPA 0096AA-TAC3 Private Site Inspections	UOM EA	Quantity 1
	Unit Cost	Total Cost

