

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	4828-023-0006-MLS-U

WORKORDER STATUS: REQUESTED	AS OF: 02/26/2025
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Pickup Location		Delivery Location	
Name TAYLOR COUNTY STAGING YARD	Phone No.	Name BASS,D. DD	Phone No. (386) 466-2878
Address 49 CARLTON CEMETERY RD	Lot #.	Address 803 NW SUNTILT CT	Lot #.
City, State PERRY, FL 32348	County Taylor (County)	City, State WHITE SPRINGS, FL 32096 - 7345	County Columbia (County)

Work Order Issue Information				
Issued to	Issued Date	Issue Time	Issued By	Date Completed
MLU SERVICES LLC	02/28/2025	12:00 AM	ANUSHKA MORALES RODRIGUEZ	/ /

Directions

Unit Information		Padlot Information	
Unit Type Universal	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 (02/26/2025 14:45:03) ANUSHKA MORALES RODRIGUEZ				
6004AC-4828 PRIVATE INSTALL MH / PM	EA	1		
ADDED				
02/26/2025 18:42:37 - 6004AU-4828 STEPS / STAIRS MH / PM (SONJA SYKES)	EA	1		
TOTAL				-----> \$

Work Order Notes

02/26/2025 02:44:35 1 BEDROOM MHU UNIVERSAL 15*72 MAX

02/26/2025 02:44:35 WO BEDROOMS REQUESTED: 1

02/26/2025 02:47:06 PER COR PLEASE CALL UPON ARRIVAL

02/26/2025 06:42:37 UPDATED LINE ITEM FOR STEPS/STAIRS

02/26/2025 06:40:09 ADDED LINE ITEM STEPS/STAIRS


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 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			
DETAILS			
TYPE	START DATE	END DATE	PERFORMED BY
Request For the Site	06/12/2024 08:46	06/12/2024 09:45	Yalia Herrera
			

INGRESS/EGRESS AGREEMENT	
Site Control No.	4828-023-0002-P
Address	803 NW SUNTILT CT

Load picture of completed
Ingress/Egress form 0

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

8. SIGNATURE		DATE
a. OWNER/AGENT	<i>[Signature]</i>	8-5-24
b. APPLICANT	<i>[Signature]</i>	8-5-24
c. WITNESS	<i>[Signature]</i>	8-5-24

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-Applcant
- Copy No. 1-Mobile Home Operations
- Copy No. 2-Landowner
- Copy No. 3-Applcant
- 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/Date:**
 - 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 (5/15) REPLACES ALL PREVIOUS EDITIONS. (This form was consolidated with FF90-41) Page 2

Load picture of completed
Ingress/Egress form 1

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

1. REGISTRATION NO.
81-6007592

OMB Control Number:
1560-0036
Expiration: 09/30/2016

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 (1560-0036). 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 - 508 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>Dekota Bass</u>	NAME <u>Dekota Bass</u>
ADDRESS (House No. and Street Name) <u>803 NW Summit Ct</u>	SITE ADDRESS (House No. and Street Name) <u>803 NW Summit Ct</u>
CITY AND STATE (Include Zip Code) <u>White Springs FL 32096</u>	CITY AND STATE (Include Zip Code) <u>White Springs FL 32096</u>
PHONE NO. (Include Area Code) <u>352-444-2875</u>	NOTE: PROVIDE DIRECTIONS AND ATTACH MAP IF NECESSARY and the furnishing of a temporary housing unit by
4. In consideration of the President's Disaster Proclamation of <u>09/17/2024</u> (date of declaration)	<u>4781</u> (DR#)

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 in debt ness 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 for the applicant.
- 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)

Applicant Name	BASS, DEKOTA T
Set location inspected to true	true


SITE INFORMATION	
Site Control #	4828-023-0002-P
Registration #	61-6237420
Site Address	803 NW SUNTILT CT
City	WHITE SPRINGS
State	FLORIDA
County	Columbia
Address of Landowner	803 NW SUNTILT CT
Name of Landowner	Dekota Bass
Landowner Phone #	+13864662878
Temporary Housing Units	1
Type of Unit	MH
Site Type	Private

APPLICANT INFORMATION	
Applicant Name	BASS, DEKOTA T
Current Address	803 NW SUNTILT CT
City	WHITE SPRINGS
State	FLORIDA
Applicant Phone Number	+13864662878

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


SITE UTILITY INFORMATION	
Electric	Yes
Electric Company Name (If	Suwanee Valley electric
Gas	N/A
Gas Company (If Applicable)	
Water	Well
Water Company (If Applicable)	
Sewer	Septic
Sewer Company	

SITE DESCRIPTION

Applicant Signature	
signature	
Landowner Available to	Yes
Date	06/12/2024
Site Description and Directions	
null	
Top Left Coordinates - Unit	30.31330378185688,-82.79094222720326
Top Right Coordinates - Unit	30.313373357124206,-82.79096174701
Bottom Left Coordinates - Unit (30.313304493294687,-82.79093563228587
Bottom Right Coordinates - Unit	30.313257603482167,-82.7911749967876
Dead Centre Coordinates	30.31326544551259,-82.79105135098092
Area Size - Unit (sq ft)	
Largest trailer that can fit in this	3 bed 15 x 72
Top Left Coordinates (Full Site)	
Top Right Coordinates (Full Site)	
Bottom Left Coordinates (Full	
Bottom Right Coordinates (Full	
Area Size - Full Site (sq ft)	

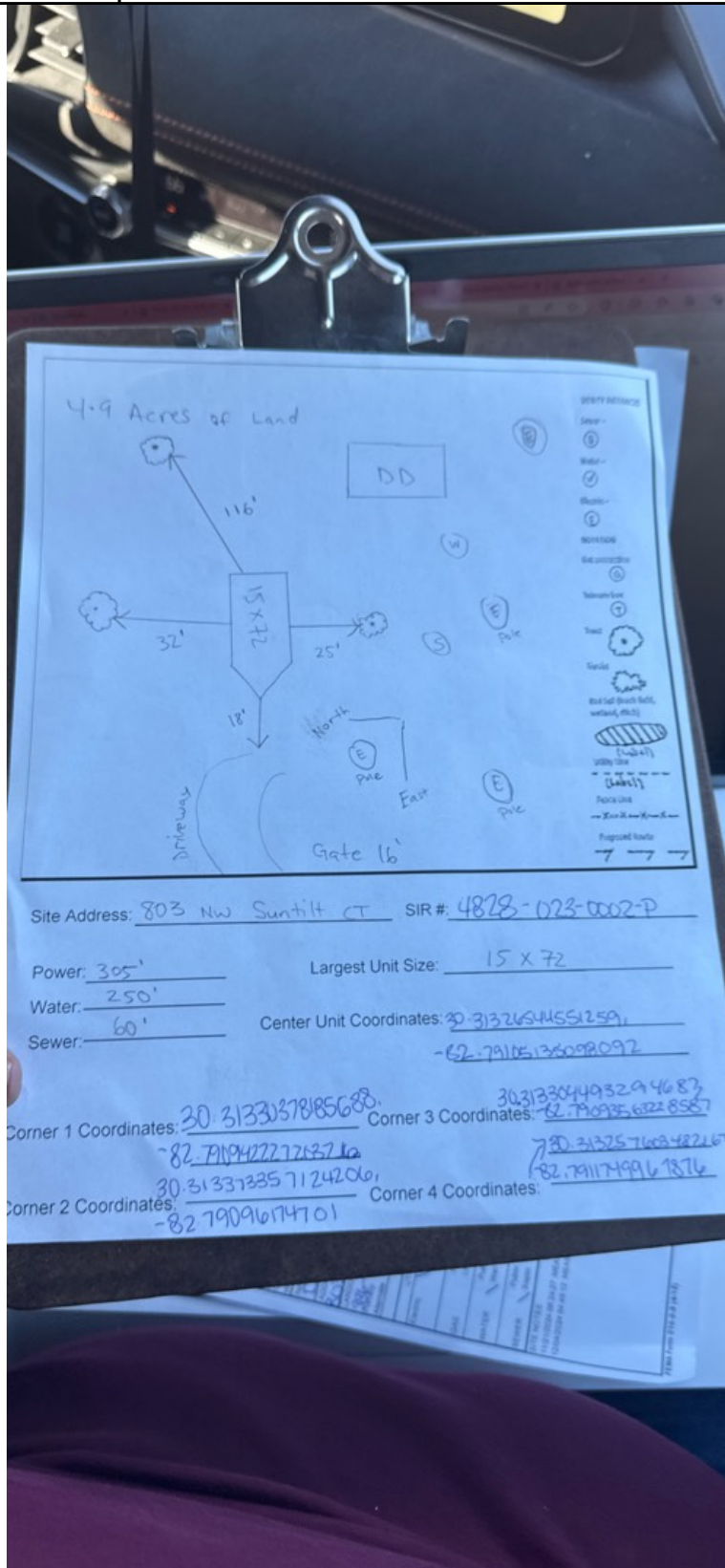
Site Overview 0



Applicant actions to make site	
Is Site Feasible?	Site Feasible
Reason Site is Infeasible	
null	
Name of Site Inspector	Yalia Herrera
Site Inspector Signature	
signature	
Date	06/12/2024

SITE SKETCH

Site Sketch 0



Water service length (feet)	250
------------------------------------	-----

Water Photo 0



Sewer service length (feet)	60
------------------------------------	----

Sewer Photo 0



← (30.313398517392223,
-82.79103356073456)

Power service length (feet)	305
------------------------------------	-----

Transformer Photo (No Zoom) 0



Gas service length (feet)	
null	
Notes	

SITE PHOTOS

Pic tongue of the trailer perspective 0



(30.31334257045071, -82.79091330331624)

Pic right elevation tongue 0



Pic left elevation tongue 0



Pic rear elevation from trailer 0



Additional Photos 0



Additional Photos 1



Additional Photos 2



(30.31393324589587,
-82.79094157740208)

Additional Photos 3



Additional Photos 4



Additional Photos 5



Notes/Comments	
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FLAG SITE FOR UNIT PLACEMENT

Capture photo(s) of flagged site 0



null	
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SIR FORM PICTURES

1.70
80
AF

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

OMB Control Number: 1565-0030
Expiration: 08/31/2018

PAPERWORK BURDEN DISCLOSURE NOTICE
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SITE INFORMATION		APPLICANT INFORMATION	
SITE ADDRESS (House No. and Street Name) 803 NW SUNTILT CT		NAME (Last, First, Middle Initial) BASS, DEKOTA T	
CITY AND STATE WHITE SPRINGS, FL 32096 - 7345		CURRENT ADDRESS (House No. and Street Name) 803 NW SUNTILT CT	
NAME OF LANDOWNER Dekota Bass		CITY AND STATE (Include Zip Code) WHITE SPRINGS, FL 32096-7345	
ADDRESS OF LANDOWNER 803 NW Suntilt Ct		APPLICANT PHONE NO. Primary: (386) 466-2878 Alternate: (386) 466-2878	
LANDOWNER'S PHONE NO. 386-466-2878		TEMPORARY HOUSING UNITS REQUIRED (Check One) 1 2 3	
SITE TYPE <input checked="" type="checkbox"/> Private <input type="checkbox"/> Group Commercial		TYPE OF UNIT <input checked="" type="checkbox"/> MH <input type="checkbox"/> TT <input type="checkbox"/> UFAS	
SITE UTILITY INFORMATION (Completed by THP contact through inquiry to applicant)			
UTILITY AND TYPE		COMPANY NAME	
Electric		Suwannee Valley Electric	
GAS Natural LP None		DISABILITY/ACCOMMODATIONS RAMP ADA/UFAS Compliant Unit	
WATER Public Well None		OXYGEN/POWER DEPENDENT YES NO	
SEWER Public Septic None		FAMILY COMPOSITION ADULT 1 MALE 1 FEMALE CHILD 0 MALE 0 FEMALE	

SITE NOTES
11/21/2024 08:24:27 MEASURE TO LARGEST
12/04/2024 04:49:12 MEASURE TO LARGEST UNIT

FEMA Form 010-0-9 (4/15) REPLACES FEMA Form 90-1 Page 1 of 2

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

DATE: 12-6-24

LANDOWNER AVAILABLE TO ACCOMPANY INSPECTOR TO SITE: YES NO

APPLICANT SIGNATURE: [Signature]

SITE DESCRIPTION AND DIRECTIONS (from DFD to Site - attach map if necessary):
Site feasible for 15X72

NAME OF SITE INSPECTOR (Assigned by DHO's Chief): MLU SERVICES LLC
DATE ASSIGNED: 12/04/2024
INSPECTION APPOINTMENT: DATE: [] TIME: []

FLOODPLAIN - VELOCITY ZONE DETERMINATION: Longitude: [] Latitude: [] Flood Zone Map No: []
Within: [] Outside Restricted Zone: []

APPLICANT ACTIONS TO MAKE SITE ACCEPTABLE: []

Site Feasible: [X] Site Infeasible (State Reason): []
FF 510-5-10 Landowner's Authorization/Ingress/Egress: []
FF 50-96 Mobile Lease: []

SIGNATURE OF SITE INSPECTOR: [Signature] DATE: 12-6-24
APPLICANT NOTIFIED OF SITE DETERMINATION: Date: [] By: []

Description	UOM	Quantity	Unit Cost	Total Cost
ORIGINAL (1204/2024 16:48:47) TARA MARTIN	EA	1		
5023AA-4720 PRIVATE / COMMERCIAL SITE INSPECTIONS				

RECEIVED: []
DATE: []
BY: []
SIR NUMBER: []
SIR DATE: []
SIR TIME: []
SIR LOCATION: []
SIR COMMENTS: []
SIR SIGNATURE: []
SIR TITLE: []
SIR ORGANIZATION: []
SIR PHONE: []
SIR FAX: []
SIR EMAIL: []
SIR WEBSITE: []
SIR ADDRESS: []
SIR CITY: []
SIR STATE: []
SIR ZIP: []
SIR COUNTRY: []
SIR NOTES: []
SIR ATTACHED: []
SIR APPROVED: []
SIR REJECTED: []
SIR REASON: []
SIR COMMENTS: []
SIR SIGNATURE: []
SIR TITLE: []
SIR ORGANIZATION: []
SIR PHONE: []
SIR FAX: []
SIR EMAIL: []
SIR WEBSITE: []
SIR ADDRESS: []
SIR CITY: []
SIR STATE: []
SIR ZIP: []
SIR COUNTRY: []

