


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	4828-023-0005-MLS-U
WORKORDER STATUS: REQUESTEDAS OF: 02/25/2025				
Pickup Location		Delivery Location		
Name TAYLOR COUNTY STAGING YARD	Phone No.	Name DAVIDSON, D DD	Phone No. (386) 984-5903	
Address 49 CARLTON CEMETERY RD	Lot #.	Address 246 NW CHESWICK DR	Lot #.	
City, State PERRY, FL 32348	County Taylor (County)	City, State LAKE CITY, FL 32055 - 4907	County Columbia (County)	
Work Order Issue Information				
Issued to	Issued Date	Issue Time	Issued By	Date Completed
MLU SERVICES LLC	02/27/2025	12:00 AM	SONIA AGUILAR PADIN	/ /
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 (02/25/2025 16:09:15) SONIA AGUILAR PADIN				
6004AC-4828 PRIVATE INSTALL MH / PM	EA	1		
6004AU-4828 STEPS / STAIRS MH / PM	EA	1		
TOTAL			----->	\$
Work Order Notes				
02/25/2025 04:03:08 3BD MHU 15' X 72' MAX				
02/25/2025 04:03:08 WO BEDROOMS REQUESTED: 3				
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
/ /	/ /	/ /		/ /
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	10/02/2025 16:05	10/02/2025 17:32	Yalia Herrera
			

INGRESS/EGRESS AGREEMENT	
Site Control No.	4828-023-0008-P
Address	246 NW CHESWICK DR

Load picture of completed
Ingress/Egress form

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DEPARTMENT OF HOUSING SECURITY
Housing Emergency Management Agency
**LANDOWNERS AUTHORIZATION
INGRESS-EGRESS AGREEMENT**

S. SIGNATURE	DATE
[Signature]	2/10/25
[Signature]	2/10/25
[Signature]	2/10/25

GENERAL INFORMATION

A. PURPOSE: The Landowner'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 of a property through which a mobile unit must travel to reach a mobile 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 agreement, 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 on 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 any "fees" 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 law must be observed in determining legal responsibility. If adults not related by marriage (i.e., adult sons/daughters, 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.

22126 Form FPM/ALN (01/01) 12/20 4/2012 611 50214/16 5/15/2012 (This form was revised/added with FEMA/HHS)

mdadds@standcommunities.com
Kfawler@

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Applicant Name	DAVIDSON , DONALD E
Set location inspected to true	true


SITE INFORMATION	
Site Control #	4828-023-0008-P
Registration #	63-3874454
Site Address	246 NW CHESWICK DR
City	LAKE CITY
State	FL
County	Columbia
Address of Landowner	246 NW CHESWICK DR
Name of Landowner	Donald Davidson
Landowner Phone #	+13869845903
Temporary Housing Units Required	1
Type of Unit	MH
Site Type	Private

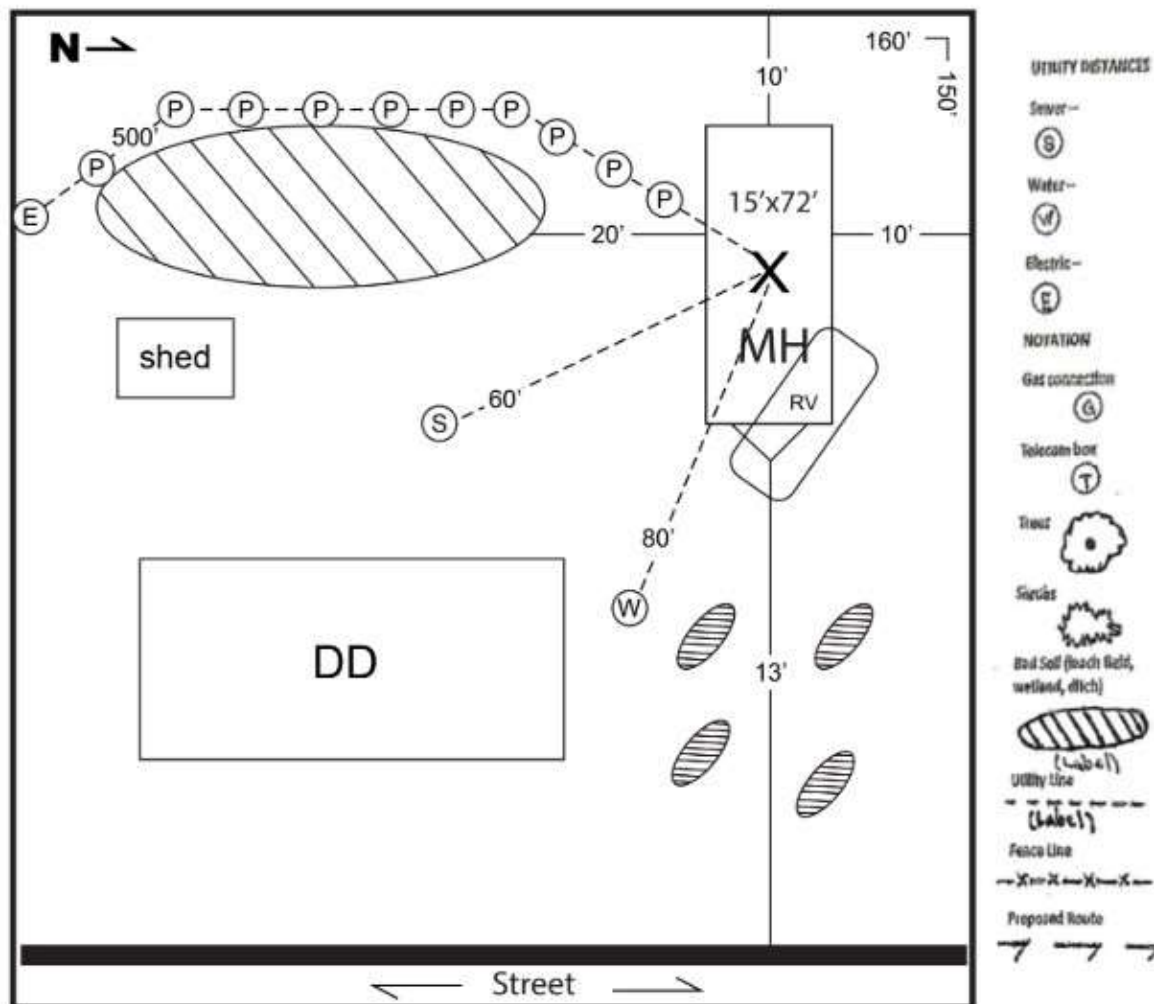
APPLICANT INFORMATION	
Applicant Name	DAVIDSON , DONALD E
Current Address	246 NW CHESWICK DR
City	LAKE CITY
State	FL
Applicant Phone Number	(386) 984-5903

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

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

SITE DESCRIPTION

Applicant Signature	
signature	
Landowner Available	Yes
Date	10/02/2025



Site Address 246 NW Cheswick Dr SIR# 4828-023-0008-P

Power 500'

Water 80'

Sewer 60'

Largest Unit Size MH 15'x72'

Center Unit Coordinates 30.21911
-82.65028

Corner 1 Coordinates 30.21892
-82.65050


Corner 2 Coordinates 30.21898
-82.65037

Corner 3 Coordinates 30.21879
-82.65049

Corner 4 Coordinates 30.21880
-82.65051

Top Left Coordinates - Unit (Stand at the top left of the largest rectangular area available and capture the coordinates)	30.21892253156425,-82.65050463676847
Top Right Coordinates - Unit (Stand at the top right of the largest rectangular area available and capture the coordinates)	30.21898573851704,-82.65037766770085
Bottom Left Coordinates - Unit (Stand at the bottom left of the largest rectangular area available and capture the coordinates)	30.21879119866073,-82.65049081897794
Bottom Right Coordinates - Unit (Stand at the bottom right of the largest rectangular area available and capture the coordinates)	30.21880834300364,-82.65051477208617
Dead Centre Coordinates	30.21911272034805,-82.65028402880185
Area Size - Unit (sq ft)	1762.9471304462738
Largest trailer that can fit in this area	3 bed 15 x 72



Is Site Feasible?	Site Infeasible
Reason Site is Infeasible	Remove Rv and debris
Name of Site Inspector	Yalia Herrera
Site Inspector Signature	
signature	
Date	10/02/2025

SITE SKETCH

Water service length (feet)	80
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(30.21899424131316, -82.65019754033064)

Sewer service length (feet)	60
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Power service length (feet)	500
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(30.21888277090296,
-82.65028807069261)





Pic left elevation tongue

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Pic rear elevation from trailer

1/1



Capture photo(s) of flagged site

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How many ground disturbances are required?	10
Are ground disturbances required for temporary power poles or other reasons?	Yes

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

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

OMB Control Number: 1580-0046
Revision: 06/2010-06

RESPONSE 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 estimate of burden is based on the information provided in the instructions to this form. Send comments regarding this estimate of burden, including suggestions for reducing the burden, to Washington, DC 20473, Paperwork Reduction Project (1580-0046). Please do not send this information to the address above.

PRIVACY ACT STATEMENT
AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5171 and Title 44 C.F.R. Part 206.113.
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of assessing necessary and/or potential damage to property and/or persons. This information is being collected for the purpose of determining the need for disaster relief and emergency assistance. This information is being collected for the purpose of determining the need for disaster relief and emergency assistance. This information is being collected for the purpose of determining the need for disaster relief and emergency assistance.
ROUTINE USE/RE: The information on this form may be disclosed as generally permitted under 1 (U.S.C. § 552(a)(6) of the Privacy Act of 1974, as amended. This information is being collected for the purpose of determining the need for disaster relief and emergency assistance. This information is being collected for the purpose of determining the need for disaster relief and emergency assistance. This information is being collected for the purpose of determining the need for disaster relief and emergency assistance.
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. (See Assignments)
4218-012-0028-P

REGISTRATION NO.
65-074674

SITE INFORMATION

SITE ADDRESS (Please use for and Street Name)
146 NW CHESWICK DR

CITY AND STATE
LAKE CITY, FL 32055 -4807

COUNTY
COLUMBIA

NAME OF LANDOWNER
Donald E Davidson

ADDRESS OF LANDOWNER
246 NW Cheswick Dr

LANDOWNER'S PHONE NO.
352-984-5903

SITE TYPE
☒ EGS ☐ Other ☐ Commercial ☐ Private ☐ Other

APPLICANT INFORMATION

NAME (Last, First, Middle Initial)
DAVIDSON, DONALD E

CURRENT ADDRESS (Please use for and Street Name)
146 NW CHESWICK DR

CITY AND STATE (Please use for and Street Name)
LAKE CITY, FL 32055 -4807

APPLICANT PHONE NO.
Primary (352) 984-5903 Alternate (352) 984-6177

TEMPORARY HOUSING UNITS REQUIRED (Check One)
☒ 1 ☐ 2 ☐ 3

TYPE OF UNIT
☒ SM ☐ PT ☐ LPS

UTILITY INFORMATION (Completed by THP contact through inquiry to applicable)

UTILITY AND TYPE
Electricity ☒ FPL

GAS
☐ Natural ☒ LP ☐ None

WATER
☐ Public ☒ Well ☐ None

SEWER
☐ Public ☒ Septic ☐ None

DISABILITY/ACCOMMODATIONS
☐ RAMP ☐ ADA/IFAS Compliant Unit

OXYGEN/POWER DEPENDENT
YES ☐ NO ☒

FAMILY COMPOSITION

ADULT
1 MALE 0 FEMALE

CHILD
1 MALE 0 FEMALE

SITE NOTES
12/16/2024 09:32:54 MEASURE TO THE LARGEST
12/16/2024 02:05:01 MEASURE TO THE LARGEST UNIT

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

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mdadds@islandcommunities.com
Kfawler@

Department of Homeland Security
Federal Emergency Management Agency
REQUEST FOR THE SITE INSPECTION

APPLICANT NAME: NOVA DATE: 10/2/25

APPLICANT ADDRESS: 1000 N. 1st St.

APPLICANT PHONE: 702-222-1000

APPLICANT FAX: 702-222-1000

APPLICANT EMAIL: novala@novala.com

Site infeasible for mit 15x72 pending removal of RV and debris

NAME OF SITE INSPECTOR (Assigned by DHS's team): NOVA DATE ASSIGNED: 10/2/25

APPLICANT ACTION TO MAKE SITE ACCEPTABLE:
Remove RV and debris

Site Feasible: ☒ Site Infeasible (Date): 10/2/25

SIGNATURE OF SITE INSPECTOR: Yannis DATE: 10/2/25

APPLICANT NOTIFIED OF SITE DECONTAMINATION: ☒ YES ☐ NO

Description	UCM	Quantity	Unit Cost	Total Cost
ORIGINAL 1 (10/2/2024 14:33:28) STEVEN SPARKS	CA	1		
CONTRACT PRICE Private Site Inspection				

Corner 2 Coordinates: -82-65037744

mdodds@islandcommunities.ca.com
k.fowler@islandcommunities.ca.com

