


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	4828-023-0004-MLS-U
WORKORDER STATUS: REQUESTED		AS OF: 01/11/2025		
Pickup Location		Delivery Location		
Name TAYLOR COUNTY STAGING YARD	Phone No.	Name ADDIS, K DD	Phone No. (386) 365-7790	
Address 49 CARLTON CEMETERY RD	Lot #.	Address 353 SW ALOE CT	Lot #.	
City, State PERRY, FL 32348	County Taylor (County)	City, State LAKE CITY, FL 32024 - 3803	County Columbia (County)	
Work Order Issue Information				
Issued to	Issued Date	Issue Time	Issued By	Date Completed
MLU SERVICES LLC	01/14/2025	12:00 AM	TARA MARTIN	/ /
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 (01/11/2025 16:44:39) TARA MARTIN				
6004AC-4828 PRIVATE INSTALL MH / PM	EA	1		
6004AZ-4828 MH / PM UFAS RAMP	EA	1		
TOTAL				\$
Work Order Notes				
01/11/2025 04:41:07 2BDRM UNIVERSAL 15X72 MAX				
01/11/2025 04:41:07 WO BEDROOMS REQUESTED: 2				
01/11/2025 04:46:11 RAMP				
01/11/2025 04:46:20 GRAB BARS				
01/11/2025 04:46:38 ROLL IN SHOWER - PLEASE COORDINATE WITH THE COR FOR A CP FOR A ROLL IN SHOWER"				
01/11/2025 04:46:47 PER COR, CALL APP BEFORE DELIVERING UNIT				
Disability-Accommodations				
<input type="checkbox"/> Vision	<input checked="" type="checkbox"/> Ramp	<input type="checkbox"/> All Electric	<input checked="" type="checkbox"/> Roll in Shower	<input checked="" type="checkbox"/> Accessible Unit (UFAS)
<input type="checkbox"/> Hearing Disability	<input checked="" type="checkbox"/> Wheelchair User	<input type="checkbox"/> Accommodation base on Height	<input checked="" type="checkbox"/> Grab Bars	
<input checked="" type="checkbox"/> Walker, Cane, Other Mobility Device	<input type="checkbox"/> Oxygen/Power Dependent	<input checked="" 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 MLU SERVICES LLC				Date / /

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	20/12/2024 10:26	20/12/2024 11:15	Yalia Herrera
			

INGRESS/EGRESS AGREEMENT	
Site Control No.	4828-023-0001-P
Address	353 SW ALOE CT

Load picture of completed
Ingress/Egress form 0

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

1. REGISTRATION NO.
81-600702

OMB Control Number:
1550-0020
Expiration: 06/30/2016

PAPERWORK BURDEN DISCLOSURE NOTICE
Public reporting burden for this form is estimated to average 10 minutes per response, including 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 (1550-0020). 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): The information is being collected for the primary purpose of obtaining necessary landowner consent to inspect site, place maintain, evacuate 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, 75 Fed. Reg. 25282 (Apr. 30, 2010), 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	KATHY ADDIS	NAME	KATHY ADDIS
ADDRESS (House No. and Street Name)	253 SW ALICE CT	SITE ADDRESS (House No. and Street Name)	253 SW ALICE CT
CITY AND STATE (Include Zip Code)	LAKE CITY FL 32024	CITY AND STATE (Include Zip Code)	LAKE CITY FL 32024
PHONE NO. (Include Area Code)	386-245-7790	NOTE: PROVIDE DIRECTIONS AND ATTACH MAP IF NECESSARY	
4. In consideration of the President's Disaster Proclamation of _____ (date of declaration)	(DRF)	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 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 nets of hangers 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)

Load picture of completed
Ingress/Egress form 1

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

DATE	
1. SIGNATURE	12-20-24
2. SIGNATURE	12-20-24
3. SIGNATURE	12-20-24

GENERAL INFORMATION

4. **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 private site (generally properties adjacent to the proposed site) to ensure placement and removal of the unit.

5. **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.

6. **DISTRIBUTION:**
Original-Applcant
Copy No. 1-Mobile Home Operations
Copy No. 2-Landowner
Copy No. 3-Applcant
Copy No. 4-(Photocopy) Applcant 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.

Applicant Name	Kathy Addis
Set location inspected to true	true


SITE INFORMATION	
Site Control #	4828-023-0001-P
Registration #	
Site Address	353 SW ALOE CT
City	Lake City
State	Florida
County	Columbia
Address of Landowner	353 SW ALOE CT
Name of Landowner	Kathy Addis
Landowner Phone #	+13863657790
Temporary Housing Units	1
Type of Unit	MH
Site Type	Private

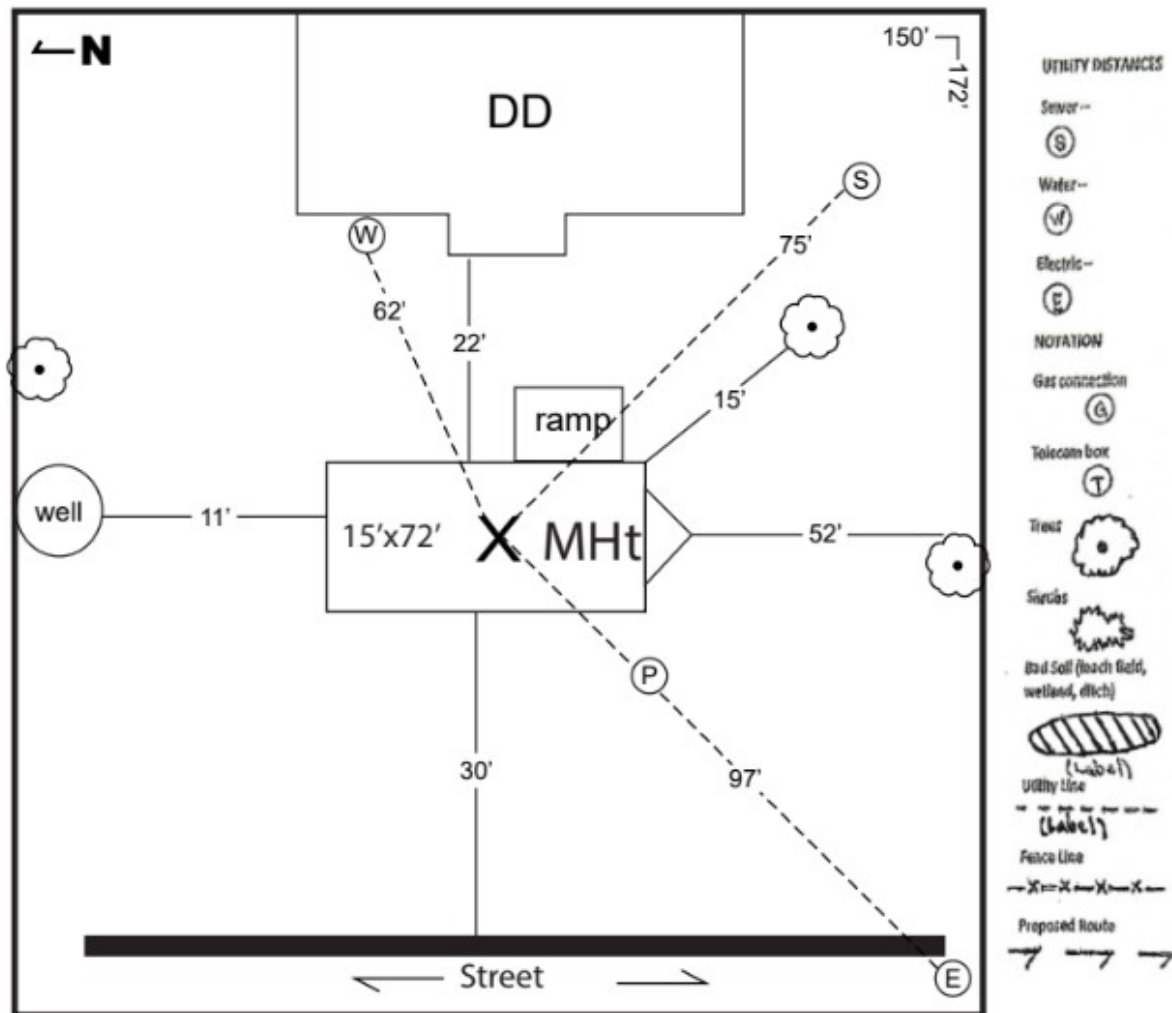
APPLICANT INFORMATION	
Applicant Name	Kathy Addis
Current Address	353 SW ALOE CT
City	Lake City
State	Florida
Applicant Phone Number	(386) 365-7790

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

SITE UTILITY INFORMATION	
Electric	Yes
Electric Company Name (If	Clay 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	Yes
Date	20/12/2024
Site Description and Directions	



Site Address 3530SW Ave Ct SIR# 4828-023-0001-P

Power 97'

Water 62'

Sewer 75'

Largest Unit Size MH 15'x72'

Center Unit Coordinates 30.16403
-82.69389

Corner 1 Coordinates 30.16343
-82.69378

Corner 3 Coordinates 30.16379
-82.69388


Corner 2 Coordinates 30.16361
-82.69376

Corner 4 Coordinates 30.16383
-82.69385

Top Left Coordinates - Unit	30.163437620235126,-82.6937891280841
Top Right Coordinates - Unit	30.163614897144253,-82.69376996695614
Bottom Left Coordinates - Unit (30.163793784046053,-82.69388038441521
Bottom Right Coordinates - Unit	30.163831461664728,-82.69385294644852
Dead Centre Coordinates	30.164031009604454,-82.69389854713695
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)	

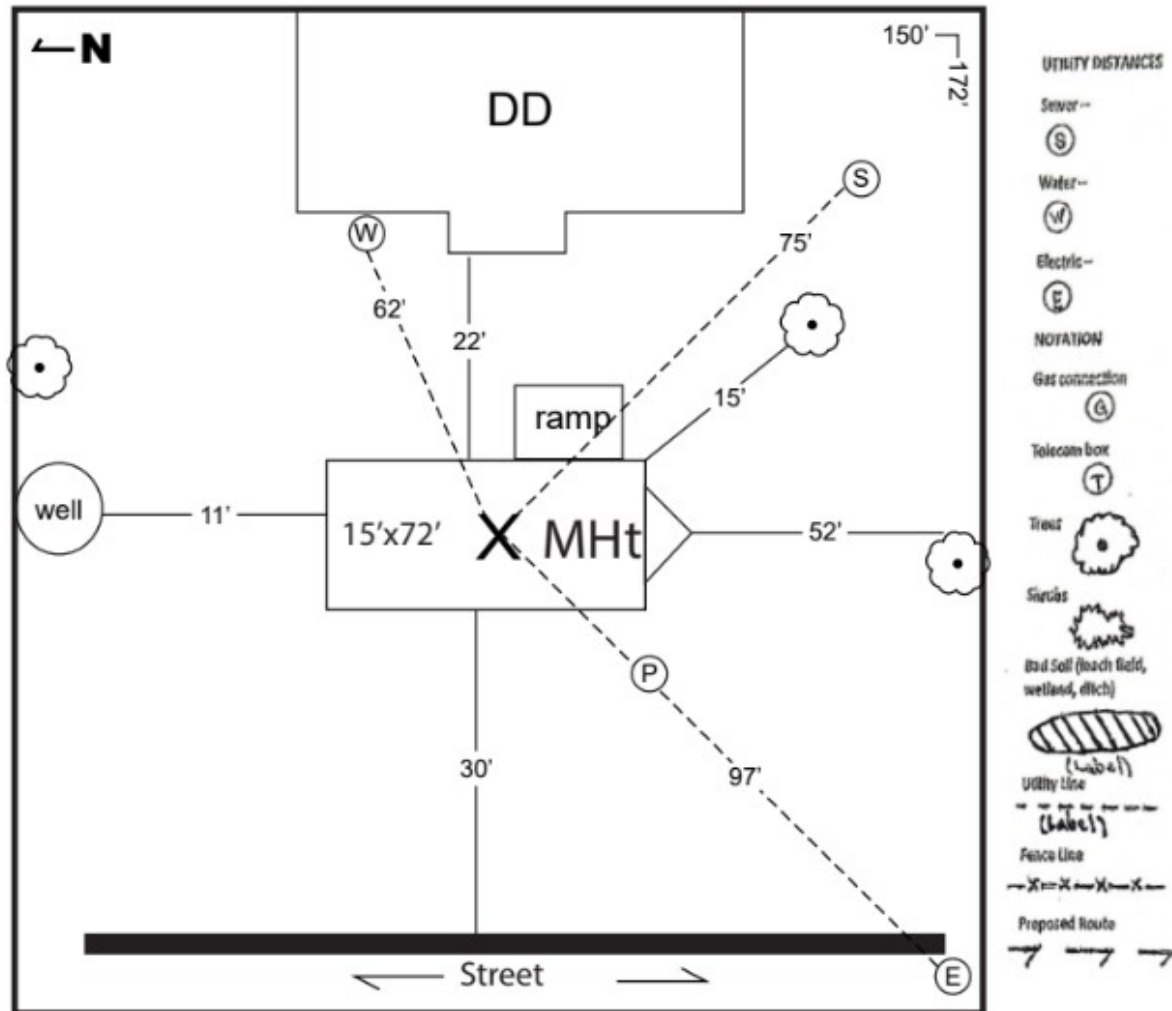
Site Overview 0



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	20/12/2024

SITE SKETCH

Site Sketch 0



Site Address 3530SW Ave Ct SIR# 4828-023-0001-P

Power	97'
Water	62'
Sewer	75'

Largest Unit Size MH 15'x72'

Center Unit Coordinates

30.16403
-82.69389

Corner 1 Coordinates 30.16343
 -82.69378

Corner 3 Coordinates	<u>30.16379</u>
	-82.69388

Corner 2 Coordinates	30.16361
	<hr/>
	-82.69376

Corner 4 Coordinates	30.16383
	<hr/>
	-82.69385

Water Photo 0



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

Sewer Photo 0



Power service length (feet)	62
-----------------------------	----

Transformer Photo (No Zoom) 0



(30.163506826156407,
-82.69380903433)

Gas service length (feet)	
null	
Notes	

SITE PHOTOS

Pic tongue of the trailer perspective 0



Pic right elevation tongue 0



Pic left elevation tongue 0



Pic rear elevation from trailer 0



null	
Notes/Comments	

FLAG SITE FOR UNIT PLACEMENT

Capture photo(s) of flagged site 0



How many ground disturbances	1
Are ground disturbances	Yes

Capture photos of location of Ground Disturbances (one for each required ground disturbance) 0



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

OMB Control Number: 1565-0030
Expiration: 06/31/2018

PAPERWORK BURDEN DISCLOSURE NOTICE
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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.
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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 INFORMATION
SITE CONTROL No. (As Assigned): 4828-023-0001-P
SITE ADDRESS (House No. and Street Name): 353 SW ALOE CT
CITY AND STATE: LAKE CITY, FL 32024 - 3803
COUNTY: COLUMBIA
NAME OF LANDOWNER: Kathy Addis
ADDRESS OF LANDOWNER: 353 SW ALOE CT
LANDOWNER'S PHONE NO: 386-365-7790
SITE TYPE: ☒ Private ☐ Commercial

APPLICANT INFORMATION
NAME (Last, First, Middle Initial): Kathy Addis
CURRENT ADDRESS (House No. and Street Name): 353 SW ALOE CT
CITY AND STATE (Include Zip Code): LAKE CITY, FL 32024
APPLICANT PHONE NO: 386-365-7790
TEMPORARY HOUSING UNITS REQUIRED (Check One): ☒ 1 ☐ 2 ☐ 3
TYPE OF UNIT: ☒ MH ☐ TT ☐ PM ☐ UFAS

SITE UTILITY INFORMATION (Completed by THP contact through inquiry to applicant)
UTILITY AND TYPE: Electric ☒ Natural ☐ LP ☒ None
GAS: ☐ Public ☒ Well ☐ None
WATER: ☐ Public ☒ Septic ☐ None
SEWER: ☐ Public ☒ Septic ☐ None
COMPANY NAME: Clay electric
DISABILITY/ACCOMMODATIONS: ☒ RAMP ☐ ADA/UFAS Compliant Unit
OXYGEN/POWER DEPENDENT: ☐ YES ☒ NO

FAMILY COMPOSITION
ADULT: 1 MALE 1 FEMALE
CHILD: MALE FEMALE

SITE NOTES
11/09/2024 08:00:30 MEASURE TO LARGEST
11/29/2024 03:47:56 MEASURE FOR RAMP
11/29/2024 03:48:12 MEASURE TO LARGEST UNIT

FEMA Form 010-0-9 (4/16) REPLACES FEMA Form 90-1 DEPARTMENT OF HOMELAND SECURITY Page 1 of 1

FEDERAL EMERGENCY MANAGEMENT AGENCY
REQUEST FOR THE SITE INSPECTION

DATE: 12-20-24

LANDOWNER AVAILABLE TO ACCOMPANY INSPECTOR TO SITE: YES ☒ NO ☐

APPLICANT SIGNATURE: *[Signature]*

SITE DESCRIPTION AND DETECTIONS (from DFD to Site (attach map if necessary))
Site feasible for Mtt 13x72 with a Ramp.

NAME OF SITE INSPECTOR (Assigned by DHOPS Chief): MLU SERVICES LLC
DATE ASSIGNED: 11/29/2024
INSPECTION APPOINTMENT: DATE: TIME:

FLOODPLAIN - VELOCITY ZONE DETERMINATION Longitude: Latitude: Flood Zone Map No. 1st Choice 2nd Choice

APPLICANT ACTIONS TO MAKE SITE ACCEPTABLE

☒ Site Feasible ☐ Site Infeasible (State Reason): ☒ FF 010-0-10 Landowner's Authorization/Ingress-Egress Agreement ☐ FF 90-96 Mobile Lease

SIGNATURE OF SITE INSPECTOR: *[Signature]* DATE: 12-20-24 APPLICANT NOTIFIED OF SITE DETERMINATION: Date: By:

Description	UOM	Quantity	Unit Cost	Total Cost
ORIGINAL (11/20/2024 01:57:47) TARA MARTIN				
0005AA-TAC3 Private Site Inspections	EA	1		

FEMA Form 010-0-9 (4/16) REPLACES FEMA Form 90-1 Page 2 of 2

