


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	4828-023-0003-MLS-U
WORKORDER STATUS: REQUESTED		AS OF: 01/11/2025		
Pickup Location		Delivery Location		
Name TAYLOR COUNTY STAGING YARD	Phone No.	Name TEEMS,H. DD	Phone No. (352) 318-7387	
Address 49 CARLTON CEMETERY RD	Lot #.	Address 564 SW BIRLEY AVE	Lot #.	
City, State PERRY, FL 32348	County Taylor (County)	City, State LAKE CITY, FL 32024 - 3603	County Columbia (County)	
Work Order Issue Information				
Issued to	Issued Date	Issue Time	Issued By	Date Completed
MLU SERVICES LLC	01/13/2025	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 12:54:01) 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 12:53:32 3BDRM MHU UNIVERSAL 15X75 MAX				
01/11/2025 12:53:32 WO BEDROOMS REQUESTED: 3				
01/11/2025 12:54:40 PER COR, CALL APP BEFORE DELIVERING UNIT				
01/11/2025 12:54:55 RAMP				
Disability-Accommodations				
<input type="checkbox"/> Vision	<input checked="" type="checkbox"/> Ramp	<input type="checkbox"/> All Electric	<input type="checkbox"/> Roll in Shower	<input checked="" 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
/ /	/ /	/ /		/ /
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	20/12/2024 11:01	20/12/2024 11:54	Yalia Herrera
			

INGRESS/EGRESS AGREEMENT	
Site Control No.	4828-023-0006-P
Address	564 SW BIRLEY AVE

Load picture of completed  
Ingress/Egress form 0

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

A. OWNER/AGENT	B. SIGNATURE	DATE
	<i>Heather Jones</i>	12-20-24
C. APPLICANT	<i>Heather Jones</i>	12-20-24
D. WITNESS	<i>James A.</i>	12-20-24

**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/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) 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.

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.  
81-6007692

CMS Control Number:  
1995-0001  
Expiration: 06/01/2016

**PAPERWORK BURDEN DISCLOSURE NOTICE**  
Public reporting burden for this form is estimated to average 10 minutes per response, including 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 it displays a valid CMS control number. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden to Washington, DC 20472, Paperwork Reduction Project (1650-0030). Please do not send your completed survey to the above address.

**PRIVACY ACT STATEMENT**  
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, describes 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 use published in DISC/FEMA - 006 Disaster Recovery Assistance Free System of Records, 75 Fed. Reg. 25382 (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**

NAME: Heather Teems  
ADDRESS (Please No. and Street Name): 514 SW Birley Ave  
CITY AND STATE (Include Zip Code): LAKE CITY FL 32024  
PHONE NO. (Include Area Code): 352-318-7387

**3. APPLICANT SITE INFORMATION**

NAME: Heather Teems  
SITE ADDRESS (Please No. and Street Name): 514 SW Birley Ave  
CITY AND STATE (Include Zip Code): LAKE CITY FL 32024

NOTE: PROVIDE DIRECTIONS AND ATTACH MAP IF NECESSARY

4. In consideration of the President's Disaster Proclamation of \_\_\_\_\_ (Date of declaration) \_\_\_\_\_ (Date) 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:

a. 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.

b. 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.

c. 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, fitting, or removing of the temporary housing unit.

d. 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.

e. 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. (Cut 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)

<b>Applicant Name</b>	TEEMS , HEATHER
<b>Set location inspected to true</b>	true


SITE INFORMATION	
<b>Site Control #</b>	4828-023-0006-P
<b>Registration #</b>	63-3293370
<b>Site Address</b>	564 SW BIRLEY AVE
<b>City</b>	LAKE CITY
<b>State</b>	FL
<b>County</b>	Columbia
<b>Address of Landowner</b>	564 SW BIRLEY AVE
<b>Name of Landowner</b>	Heather Teems
<b>Landowner Phone #</b>	+13523187387
<b>Temporary Housing Units</b>	1
<b>Type of Unit</b>	MH
<b>Site Type</b>	Private

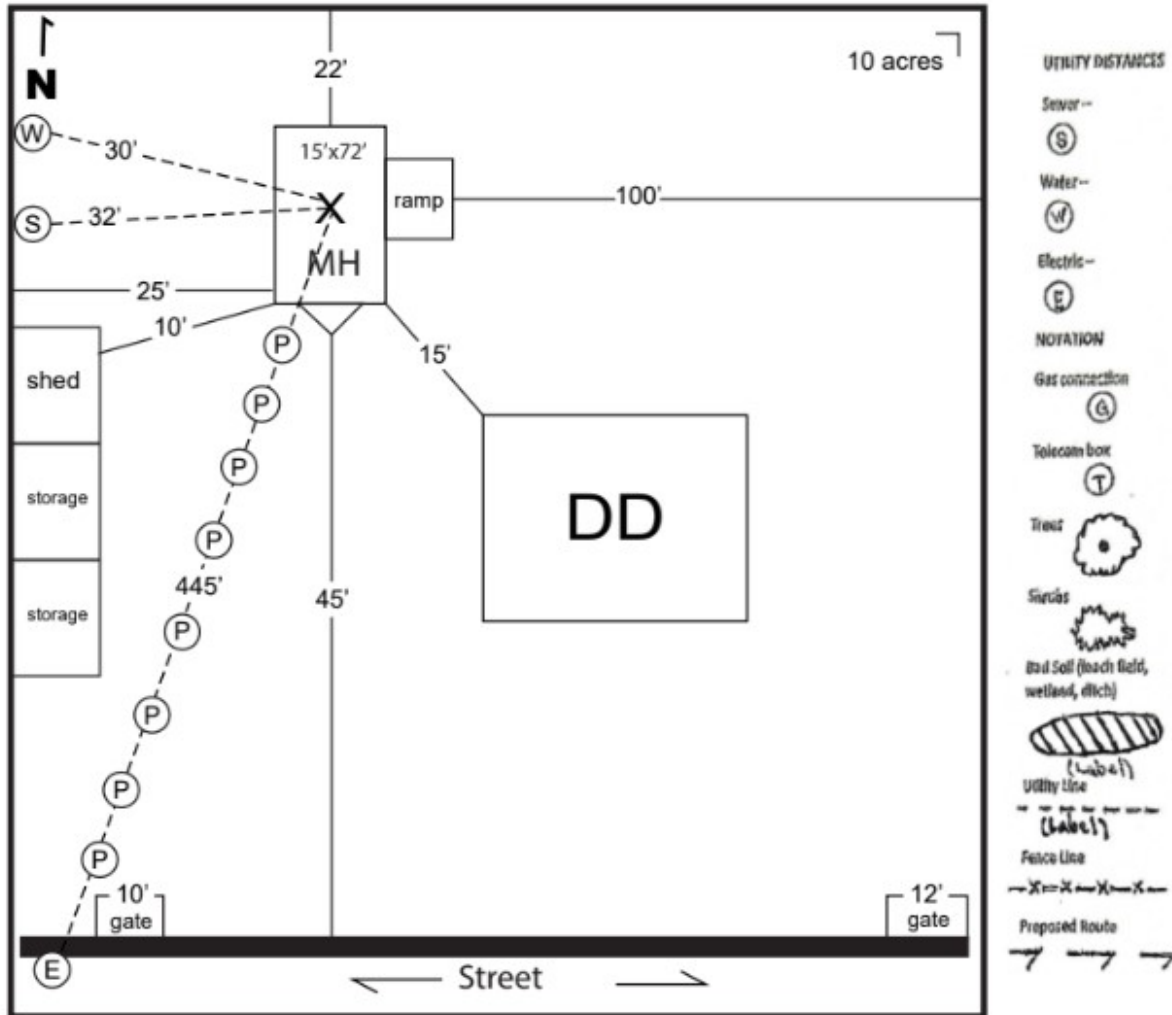
APPLICANT INFORMATION	
<b>Applicant Name</b>	TEEMS , HEATHER
<b>Current Address</b>	564 SW BIRLEY AVE
<b>City</b>	LAKE CITY
<b>State</b>	FL
<b>Applicant Phone Number</b>	(352) 318-7387

ACCESS AND FUNCTIONAL NEEDS	
<b>Ramp</b>	true
<b>ADA/UFAS Compliant Unit?</b>	true
<b>Oxygen/Power Dependent</b>	true

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

## SITE DESCRIPTION

Landowner Available	Yes
Applicant Signature	
signature	
Date	20/12/2024
Site Description and Directions	



Site Address 564 SW Birley Ave SIR# 4828-023-0006-P

Power 445'

Largest Unit Size MH 15'x72'

Water 30'

Center Unit Coordinates 30.18695

Sewer 32'

-82.73657

Corner 1 Coordinates 30.18685

Corner 3 Coordinates 30.18710

-82.73658

-82.73663

Corner 2 Coordinates 30.18691

Corner 4 Coordinates 30.18702

-82.73656


-82.73659



<b>Top Left Coordinates - Unit</b>	30.18685537513022,-82.73658061463345
<b>Top Right Coordinates - Unit</b>	30.186919838993415,-82.73656206428406
<b>Bottom Left Coordinates - Unit (</b>	30.18710630277063,-82.73663078253145
<b>Bottom Right Coordinates - Unit</b>	30.187020097271873,-82.73656595888804
<b>Dead Centre Coordinates</b>	30.18695256329855,-82.73657715330185
<b>Area Size - Unit (sq ft)</b>	
<b>Largest trailer that can fit in this</b>	3 bed 15 x 72
<b>Top Left Coordinates (Full Site)</b>	
<b>Top Right Coordinates (Full Site)</b>	
<b>Bottom Left Coordinates (Full</b>	
<b>Bottom Right Coordinates (Full</b>	
<b>Area Size - Full Site (sq ft)</b>	

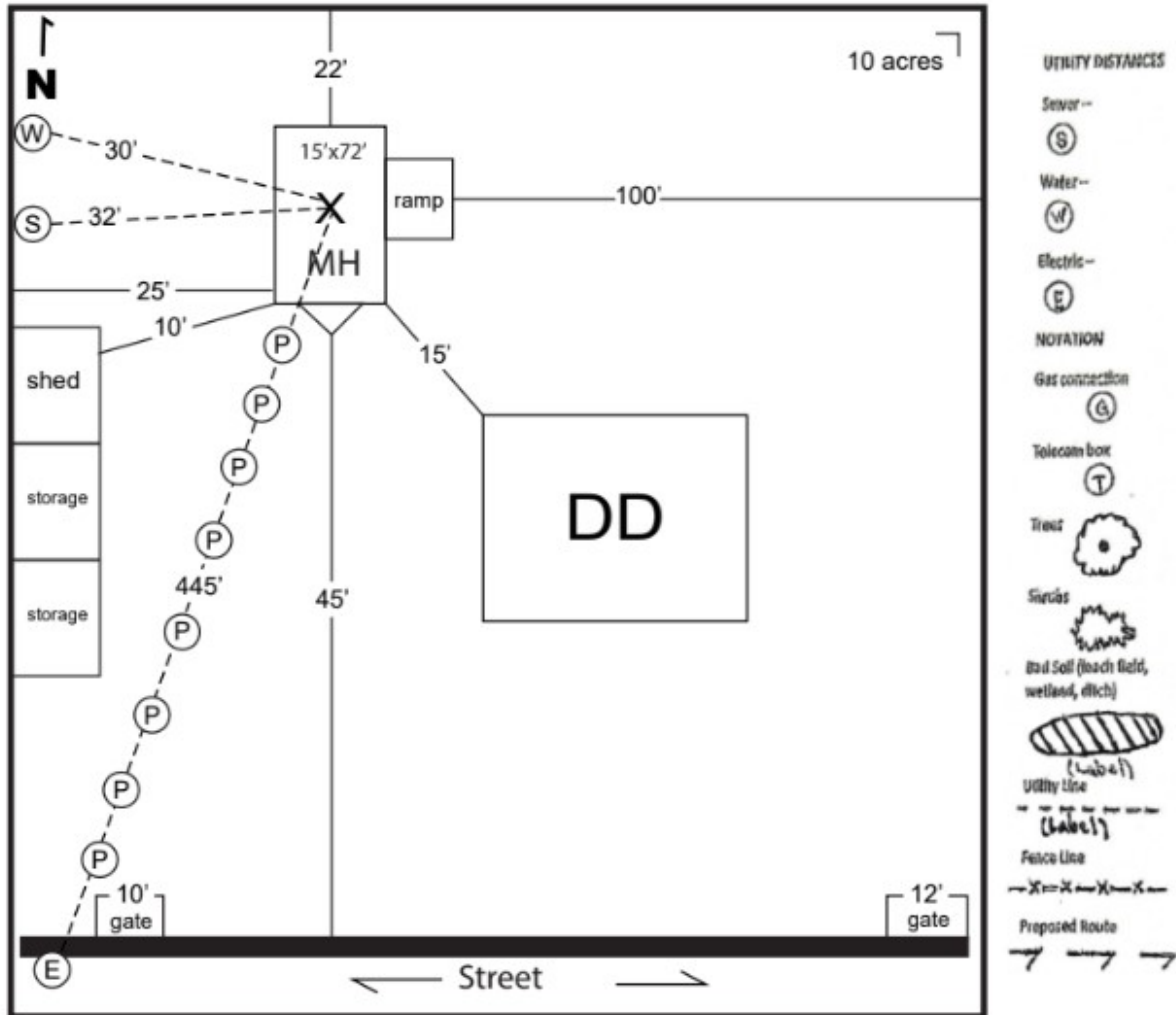
Site Overview 0



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 564 SW Birley Ave SIR# 4828-023-0006-P

Power 445'  
 Water 30'  
 Sewer 32'

Largest Unit Size MH 15'x72'

Center Unit Coordinates 30.18695  
-82.73657

Corner 1 Coordinates 30.18685  
-82.73658

Corner 3 Coordinates 30.18710  
-82.73663

Corner 2 Coordinates 30.18691  
-82.73656

Corner 4 Coordinates 30.18702  
-82.73659







<b>Sewer service length (feet)</b>	32
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Sewer Photo 0



(30.186859559804407,  
-82.73670385217704)



Power service length (feet)	445
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Transformer Photo (No Zoom) 0



Gas service length (feet)	
null	
Notes	

SITE PHOTOS

Pic tongue of the trailer perspective 0



(30.186773179060484, -82.73657254180061)



Pic right elevation tongue 0



(30.186788632295762, -82.73651235128027)

Pic left elevation tongue 0





Pic rear elevation from trailer 0



(30.187050169688344, -82.73658710938436)

Additional Photos 0





Notes/Comments	
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FLAG SITE FOR UNIT PLACEMENT

Capture photo(s) of flagged site 0



Are ground disturbances	Yes
How many ground disturbances	6



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





Capture photos of location of Ground Disturbances (one for each required ground disturbance) 1





Capture photos of location of Ground Disturbances (one for each required ground disturbance) 2





Capture photos of location of Ground Disturbances (one for each required ground disturbance) 3





Capture photos of location of Ground Disturbances (one for each required ground disturbance) 4





Capture photos of location of Ground Disturbances (one for each required ground disturbance) 5





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

OMB Control Number: 1565-0039  
Expiration: 06/31/2019

**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 Collection Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1565-0039). 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, evacuate, 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. § 552(a)(3) 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 - 2006 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): 4825-023-0006-P REGISTRATION No. 83-320370

SITE INFORMATION		APPLICANT INFORMATION	
SITE ADDRESS (Please No. and Street Name) 564 SW BIRLEY AVE		NAME (Last, First, Middle Initial) TEEMS, HEATHER	
CITY AND STATE LAKE CITY, FL 32024 - 3003	COUNTY COLUMBIA	CURRENT ADDRESS (Please No. and Street Name) 564 SW BIRLEY AVE	
NAME OF LANDOWNER Heather Teems		CITY AND STATE (Please No. and Street Name) LAKE CITY, FL 32024 - 3003	
ADDRESS OF LANDOWNER 564 SW BIRLEY AVE		APPLICANT PHONE NO. Primary: (352) 318-7387 Alternate: (386) 584-2207	
LANDOWNER'S PHONE NO. 352-318-7387 Primary Alternate		TEMPORARY HOUSING UNITS REQUIRED (Check One) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
SITE TYPE <input type="checkbox"/> EGSS <input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> Commercial		TYPE OF UNIT <input checked="" type="checkbox"/> MH <input type="checkbox"/> TT <input type="checkbox"/> PM <input type="checkbox"/> UFAS	
SITE UTILITY INFORMATION (Completed by THP contact through inquiry to applicant)			
UTILITY AND TYPE		COMPANY NAME	
Electric <input checked="" type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> None		FPL	
GAS <input type="checkbox"/> Public <input type="checkbox"/> Well <input type="checkbox"/> None		DISABILITY/ACCOMMODATIONS <input checked="" type="checkbox"/> RAMP <input type="checkbox"/> ADA/UFAS Compliant Unit	
WATER <input type="checkbox"/> Public <input type="checkbox"/> Septic <input type="checkbox"/> None		OXYGEN/POWER DEPENDENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SEWER <input type="checkbox"/> Public <input type="checkbox"/> Septic <input type="checkbox"/> None		FAMILY COMPOSITION ADULT 2 MALE 3 FEMALE CHILD 1 MALE 3 FEMALE	
SITE NOTES 11/03/2024 02:53:45: MEASURE TO LARGEST 12/05/2024 07:59:44: MEASURE TO LARGEST UNIT 12/05/2024 08:07:45: MEASURE FOR RAMP			

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

LANDOWNER AVAILABLE TO ACCOMPANY INSPECTOR TO SITE ☒ YES ☐ NO

APPLICANT SIGNATURE Hester Sam DATE 12-20-24

SITE DESCRIPTION AND DIRECTIONS (Refer to Site - attach map if necessary)  
Site feasible for MH 15x72 and Ramp.

NAME OF SITE INSPECTOR (Assigned by DHOFS Chief)  
MLU SERVICES LLC

DATE ASSIGNED  
12/05/2024

INSPECTION APPOINTMENT  
DATE TIME

FLOODPLAIN - VELOCITY ZONE DETERMINATION Longitude Latitude  
☐ Within ☐ Outside Restricted Zone

APPLICANT ACTIONS TO MAKE SITE ACCEPTABLE

☒ Site Feasible ☐ Site Infeasible (State Reason)  
FF 010-0-10 Landowner's Authorization/Ingress-Egress Agreement ☐ FF 90-06 Mobile Lease

SIGNATURE OF SITE INSPECTOR Lakisha Johnson DATE 12-20-24 APPLICANT NOTIFIED OF SITE DETERMINATION  
Date By

Description	UOM	Quantity	Unit Cost	Total Cost
ORIGINAL ( 12/05/2024 20:00:05) LAKISHA JOHNSON				
0006AA-TAC3 Private Site Inspections	EA	1		

