


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	4828-023-000B-MLS-U	
WORKORDER STATUS: REQUESTEDAS OF: 05/31/2025					
Pickup Location		Delivery Location			
Name TAYLOR COUNTY STAGING YARD	Phone No.	Name SWINSON P.	Phone No. (386) 297-2905		
Address 49 CARLTON CEMETERY RD	Lot #.	Address 178 SW HODGES WAY	Lot #.		
City, State PERRY, FL 32348	County Taylor (County)	City, State LAKE CITY, FL 32025 - 2647	County Columbia (County)		
Work Order Issue Information					
Issued to	Issued Date	Issue Time	Issued By	Date Completed	
MLU SERVICES LLC	05/31/2025	12:00 AM	PAUL BLANCO	/ /	
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 (05/31/2025 15:58:49) PAUL BLANCO					
Other - TPS TEST	EA	1			
6004BE-4828 PLATFORM STEPS/STAIRS FOR MH/PM	EA	1			
6004AC-4828 PRIVATE INSTALL MH / PM	EA	1			
TOTAL				-----> \$	
Work Order Notes					
05/31/2025 03:55:48 2 BR MHU UNIVERSAL WITH PLATFORM STEPS 14X60 MAX					
05/31/2025 03:55:48 WO BEDROOMS REQUESTED: 2					
05/31/2025 03:59:07 PER IA, PLEASE CONTACT THE APPLICANT PRIOR TO DELIVERY					
05/31/2025 03:59:15 TT/MHU PER 2-11-2025 PART 9 MEMO. SITE IS IN AE ZONE / SFHA, PER PERMITTING/LOCAL FPM UNIT MAY BE PLACED					
05/31/2025 04:00:37 BLOCK TO 44' MAX HEIGHT					
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 checked="" 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 checked="" 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	05/05/2025 11:28	05/05/2025 16:14	Yalia Herrera
			

INGRESS/EGRESS AGREEMENT	
Site Control No.	4828-023-000F-P
Address	178 SW HODGES WAY, LAKE CITY, FL, 32025

Load picture of completed
Ingress/Egress form

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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 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.

2. LANDOWNER'S INFORMATION		3. APPLICANT SITE INFORMATION	
NAME: <u>Patsy J Swinson</u>	NAME: <u>Patsy J Swinson</u>	NAME: <u>Patsy J Swinson</u>	NAME: <u>Patsy J Swinson</u>
ADDRESS (House No. and Street Name): <u>178 SW Hodges Way</u>	ADDRESS (House No. and Street Name): <u>178 SW Hodges Way</u>	ADDRESS (House No. and Street Name): <u>178 SW Hodges Way</u>	ADDRESS (House No. and Street Name): <u>178 SW Hodges Way</u>
CITY AND STATE (Include Zip Code): <u>Lake City FL 32025</u>	CITY AND STATE (Include Zip Code): <u>Lake City FL 32025</u>	CITY AND STATE (Include Zip Code): <u>Lake City FL 32025</u>	CITY AND STATE (Include Zip Code): <u>Lake City FL 32025</u>
PHONE NO. (Include Area Code): <u>386-297-2905</u>	PHONE NO. (Include Area Code): <u>386-297-2905</u>	PHONE NO. (Include Area Code): <u>386-297-2905</u>	PHONE NO. (Include Area Code): <u>386-297-2905</u>

4. In consideration of the President's Disaster Proclamation of _____ (date of declaration) _____ (DR#) _____ 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 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) Page 1 of 2

Load picture of completed
Ingress/Egress form

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

8. SIGNATURE		DATE
a. OWNER/AGENT	<i>[Signature]</i>	5-25
b. APPLICANT	<i>[Signature]</i>	5-25
c. WITNESS	<i>[Signature]</i>	5-25

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 (5/15) REPLACES ALL PREVIOUS EDITIONS. (This form was consolidated with FF90-41) Page 2 of 2

Applicant Name	SWINSON , PATSY J
Set location inspected to true	true

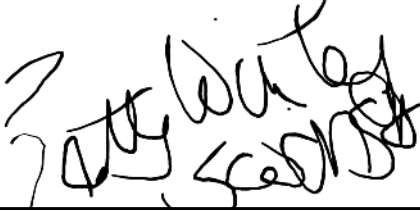
SITE INFORMATION	
Site Control #	4828-023-000F-P
Registration #	61-6494370
Site Address	178 SW HODGES WAY, LAKE CITY, FL, 32025
City	LAKE CITY
State	FL
County	COLUMBIA
Address of Landowner	178 SW HODGES WAY
Name of Landowner	SWINSON , PATSY J
Landowner Phone #	(386) 297-2905
Temporary Housing Units Required	1
Type of Unit	MH
Site Type	Private

APPLICANT INFORMATION	
Applicant Name	SWINSON , PATSY J
Current Address	178 SW HODGES WAY, LAKE CITY, FL, 32025
City	LAKE CITY
State	FL
Applicant Phone Number	(386) 297-2905

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


SITE UTILITY INFORMATION	
Electric	Yes
Gas	N/A
Water	Well
Sewer	Septic

SITE DESCRIPTION	
Landowner Available	Yes

Applicant Signature	
signature	
Date	05/05/2025

Top Right Coordinates - Unit (Stand at the top right of the largest rectangular area available and capture the coordinates)	30.039817067978575,-82.60433656479428
Top Left Coordinates - Unit (Stand at the top left of the largest rectangular area available and capture the coordinates)	30.03978028430118,-82.60434022085778
Bottom Left Coordinates - Unit (Stand at the bottom left of the largest rectangular area available and capture the coordinates)	30.039887292018065,-82.60462901605408
Bottom Right Coordinates - Unit (Stand at the bottom right of the largest rectangular area available and capture the coordinates)	30.039944344474854,-82.60469858536902
Dead Centre Coordinates	30.039836874915437,-82.60445357634619
Area Size - Unit (sq ft)	2433.797317329306
Largest trailer that can fit in this area	3 bed 14 x 60

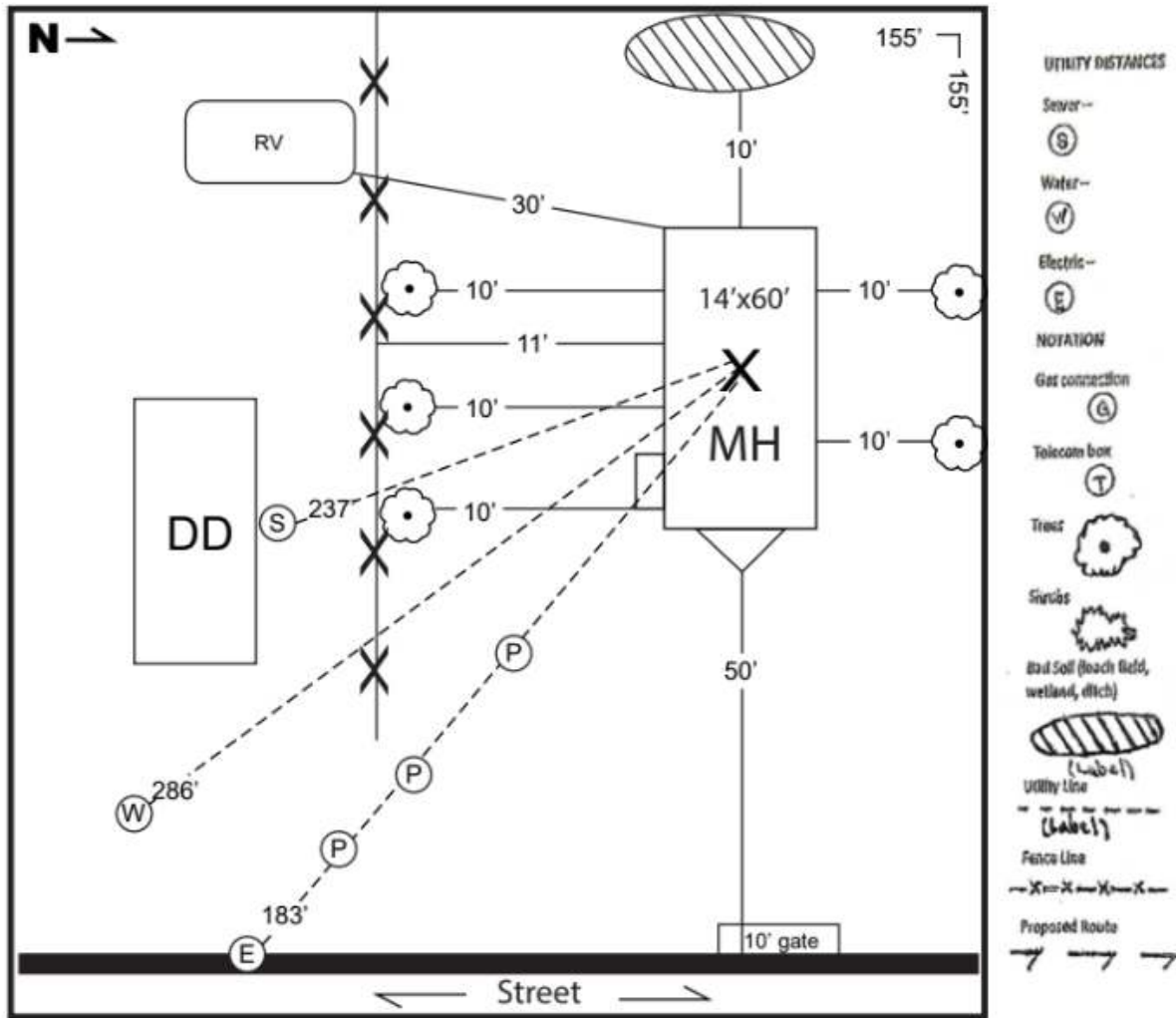


Is Site Feasible?	Site Infeasible
Reason Site is Infeasible	Remove low branches
Name of Site Inspector	Yalia Herrera
Site Inspector Signature	
signature	
Date	05/05/2025

SITE SKETCH

Site Sketch

1/1



Site Address 178 SW Hodges Way SIR# 4828-023-000F-P

Power 183'

Largest Unit Size MH 14'x60'

Water 286'

Sewer 237'

Center Unit Coordinates 30.03983
-82.60445

Corner 1 Coordinates 30.03978
-82.60434

Corner 3 Coordinates 30.03988
-82.60462

Corner 2 Coordinates 30.03981
-82.60433

Corner 4 Coordinates 30.03994
-82.60469



Sewer service length (feet)	237
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Power service length (feet)	183
------------------------------------	-----



Pic tongue of the trailer perspective

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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)

1/3



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

2/3



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

3/3



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.			
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SITE CONTROL No. (As Assigned) 4828-023-000F-P		REGISTRATION No. 61-6494370	
SITE INFORMATION		APPLICANT INFORMATION	
SITE ADDRESS (House No. and Street Name) 178 SW HODGES WAY		NAME (Last, First, Middle Initial) SWINSON, PATSY J	
CITY AND STATE LAKE CITY, FL 32025 - 2647	COUNTY COLUMBIA	CURRENT ADDRESS (House No. and Street Name) 178 SW HODGES WAY	
NAME OF LANDOWNER Patsy J Swinson		CITY AND STATE (Include Zip Code) LAKE CITY, FL 32025-2647	
ADDRESS OF LANDOWNER 178 SW Hodges way		APPLICANT PHONE NO. Primary: (386) 297-2905 Alternate: (386) 515-2339	
LANDOWNER'S PHONE NO. 386-297-2905		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 RAMP ADA/UFAS Compliant Unit	FAMILY COMPOSITION ADULT 2 MALE 1 FEMALE CHILD 0 MALE 0 FEMALE
Electric <input checked="" type="checkbox"/>	Clay	OXYGEN/POWER DEPENDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
GAS <input type="checkbox"/> Natural <input type="checkbox"/> LP <input checked="" type="checkbox"/> None			
WATER <input type="checkbox"/> Public <input checked="" type="checkbox"/> Well <input type="checkbox"/> None			
SEWER <input type="checkbox"/> Public <input checked="" type="checkbox"/> Septic <input type="checkbox"/> None			
SITE NOTES 04/24/2025 09:08:30 MEASURE TO THE LARGEST UNIT 04/28/2025 04:02:46 MEASURE FOR PLATFORM STEPS			

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

FEMA Form 010-0-10 (5/15) REPLACES ALL PREVIOUS EDITIONS. (This form was consolidated with FF90-41) 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 *[Signature]* DATE *5/5/25*

SITE DESCRIPTION AND DIRECTIONS (From DFO to Site, attach map if necessary)
Site infeasible for MH 14 X60, pending removal of freetims.

NAME OF SITE INSPECTOR (Assigned by DHOP's Chief) MLU SERVICES LLC	DATE ASSIGNED 04/28/2025	INSPECTION APPOINTMENT	
		DATE	TIME
		1st Choice	
		2nd Choice	

FLOODPLAIN - VELOCITY ZONE DETERMINATION Longitude: Latitude: Flood Zone Map No.
☐ Within ☐ Outside Restricted Zone

APPLICANT ACTIONS TO MAKE SITE ACCEPTABLE
Trim tree limbs

☐ 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 *5-5-25* APPLICANT NOTIFIED OF SITE DETERMINATION Date By

Description	UOM	Quantity	Unit Cost	Total Cost
ORIGINAL (04/28/2025 16:00:53) DAMITA LYLES	EA	1		
0006AA-TAC3 Private Site Inspections				

