

## STATE OF FLORIDA DEPARTMENT OF HEALTH

## APPLICATION FOR MOBILE HOME PARK, MOBILE HOME PARK HOUSING MIGRANT FARMWORKERS, LODGING PARK, RECREATIONAL VEHICLE PARK AND RECREATIONAL CAMP

Authority: Chapter 513 & 381, FS, Chapter 64E-15, FAC

DATE			Current Permit Number			
Check type of permit for which application is made. Application is hereby made to the Department of Health for a ( ) mobile home park, ( ) *mobile home park with farmworkers, ( ) recreational vehicle park, ( ) lodging park, or ( ) recreational camp permit. *A mobile home park which houses 5 or more migrant farmworkers.						
PERMIT IS REQUIRED AS FOLLOWS:				[] Ownership change: From		
[] Annual Renewal				to below []Park or Camp Name Change: From		
[] Capacity Change: From to spaces				to below [] New or Modified Park or Camp		
Name of Park or Camp ( ) Telephone						
Location of Park or Camp						
Owner's Name & Address ( )						
Manager's Name & Address						Telephone
NUMBER OF SPACES						
MOBILE	Migrant	LODGING		ONAL VEHICLE	RECREATION	ONAL CAMPS
HOME	Spaces			<u> </u>		
			<u>RV</u>	<u>Tent</u>	Barracks Cabins	Tents Total Occupants
SANITARY FACILITIES AT RECREATIONAL TOILETS LAVATORIES SHOWERS  MALE				VEHICLE PARK ( <u>URINALS</u> ————	OR RECREATIONA WATER SUPPLY STATIONS	L CAMP <u>SEWAGE</u> <u>DUMP STATIONS</u>
FEMALE						
It is hereby certified that the water supply system and the sewage system have been installed in accordance with the plans and specifications approved by the Department of Environmental Protection and/or the Department of Health. It is agreed that the undersigned owner and manager is familiar with and will adhere to the provisions of Chapter 513, Florida Statutes, as well as Chapter 64E-15, Florida Administrative Code.						
Signature of Owner, Manager or Agent						
FOR COMPLETION BY HEALTH DEPARTMENT STAFF						
INSTRUCTIONS: Circle the appropriate number that applies to the water system and sewage system being used.  WATER SUPPLY  SEWAGE DISPOSAL						
[_1_] Community Offsite [_2_] Community/Public Drinking Water System Onsite [_3_] Non-Community Public Drinking Water System [_4_] Non-Transient Non-Community [_5_] Other Public Drinking Water Systems (10D-4)				[_1_] Municipal [_2_] Central System Serving Only Park or Camp [_3_] Septic Tanks or (Other Individual System) [_4_] Combination of Central System & Septic Tank [_5_] Combination of Municipal and Septic Tank		
RECOMMENDATION: Approval Disapproval Signature of Health Official						