



APPLICATION FOR A MIGRANT LABOR CAMP OR RESIDENTIAL MIGRANT HOUSING PERMIT



Authority: Chapter 381.008-.00897, F.S., Chapter 64E-14, F.A.C.

Name of Operator: Last First Telephone:

Street Address: City State Zip

Mailing Address (if different): Street City State Zip

Doing Business As: Company Name City State Zip

Name of Establishment:

Location of Establishment: Address County

Period of Operation (please indicate the specific period of time the housing establishments will be operating) \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Types of Housing Provided – Complete A and B based on the description of housing below:

A. Please indicate whether the housing being permitted is classified as a migrant labor camp or residential migrant housing based on the information given below. Mark "X" in the correct box. 1. If you are a Farm Labor Contractor, farmer, grower, or crew leader furnishing housing to your migrant or seasonal workers as an incidence of employment as living quarters whether or not rent is paid, please mark Migrant Labor Camp as the type of housing establishment being provided. Migrant Labor Camp: [ ] 2. If you are not a Farm Labor Contractor, farmer, grower, or crew leader but you are renting, leasing or the owner of any buildings, structures, mobile homes or other types of housing establishments that is occupied by five or more migrant and seasonal workers, please mark Residential Migrant Housing as the type of housing establishment being provided. Residential Migrant Housing: [ ]

B. 1. Indicate the type of housing units provided and indicate the number of units for each (Mark "X" in the box(es)): [ ] Single family living units [ ] Duplexes [ ] Multi-family living units [ ] Triplexes [ ] Mobile homes [ ] HUD Housing [ ] Quadrplexes [ ] Apartments [ ] Rooming Houses [ ] Other (Specify) [ ] Barracks [ ] Dormitories 2. Indicate the type of appliances provided and the number for each (Mark "X" if applicable and indicate the numbers): Note: These facilities provided below apply to Migrant Labor Camps Only. [ ] Central Kitchen for \_\_\_ people [ ] Showers [ ] Toilets: \_\_\_ Men \_\_\_ Women [ ] Hand Washing Sinks [ ] Urinals [ ] Drinking fountains [ ] Laundry Facilities [ ] Other [ ] Mess halls 3. The total number of migrant or seasonal farmworkers that will occupy all the Migrant Labor Camps/Residential Migrant Housing: \_\_\_

C. This Section Must be Completed for A and B Above Type of Water Supply Provided: (Mark "X" in the correct box(es)) Municipal [ ] Private Well [ ] Other [ ] Type of Sewage Disposal: (Mark "X" the correct box(es)) Municipal [ ] Other [ ] Septic System [ ] Package Treatment [ ]

I agree to operate and maintain the facility described above in compliance with Chapter 64E-14, Florida Administrative Code and any other applicable code.

Signature of Operator/Owner

Date of Application

Below for Completion by DOH Officials

Permit Summary: Date Application Received Previous Permit Number Date Permit Issued Class of Water System Water Supply Approval Authorized Capacity Sewage Disposal Approval Water System Upgrade Recommendation [ ] Approval [ ] Disapproval Authorized Signature Date Title Action [ ] Approved [ ] Disapproved Authorized Signature Date Title