



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR A MIGRANT LABOR CAMP  
OR RESIDENTIAL MIGRANT HOUSING PERMIT

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

Name of Operator: \_\_\_\_\_  
(Last) (First) (Telephone)

Street Address: \_\_\_\_\_  
City State Zip

Mailing Address If Different: \_\_\_\_\_  
City State Zip

Doing Business As: \_\_\_\_\_  
Company Name City State Zip

Name of Facility: \_\_\_\_\_

Location of Facility: \_\_\_\_\_  
County

Types of Housing Provided – Complete A, B or both based on the description of housing below

A. Migrant Labor Camp	B. Residential Migrant Housing												
<p>Note: Migrant labor camps have communal gang type toilet and shower facilities or a central mess hall or both and may be occupied by singles or families, but the preferred use is for singles.</p> <p>1.) Number of dormitories [ _____ ]</p> <p>2.) Number of barracks [ _____ ]</p> <p>3.) Number of rooming houses [ _____ ]</p> <p>4.) Number of other building structures [ _____ ]</p> <p>5.) Proposed number of residents to occupy all buildings [ _____ ]</p> <p>Facilities Provided (Migrant Labor Camps Only)</p> <p>1.) Number of communal toilets [ _____ ]</p> <p>2.) Number of communal urinals [ _____ ]</p> <p>3.) Number of communal showers [ _____ ]</p> <p>4.) Number of communal hand washing sinks [ _____ ]</p> <p>5.) Number of drinking fountains [ _____ ]</p> <p>6.) Number of mess halls [ _____ ]</p>	<p>Note: Residential migrant housing has its own toilet, hand washing, shower, cooking and refrigeration facilities within the living unit.</p> <p>1.) Number of single family living units including mobile home units: [ _____ ]</p> <p>Duplexes [ ] Triplexes [ ] Quadriplexes [ ]</p> <p>Apartments [ ] Rooming Houses [ ]</p> <p>2.) Total number of multi-family living units [ _____ ]</p> <tr> <th colspan="2" style="text-align: center;">C. This Section Must be Completed for A or B Above</th> </tr> <tr> <td>Type of Water Supply Provided:</td> <td>Type of Sewage Disposal:</td> </tr> <tr> <td>Municipal [ ]</td> <td>Municipal [ ]</td> </tr> <tr> <td>Private Well [ ]</td> <td>Septic Tank [ ]</td> </tr> <tr> <td>Other [ ]</td> <td>Package Treatment [ ]</td> </tr> <tr> <td></td> <td>Other [ ]</td> </tr>	C. This Section Must be Completed for A or B Above		Type of Water Supply Provided:	Type of Sewage Disposal:	Municipal [ ]	Municipal [ ]	Private Well [ ]	Septic Tank [ ]	Other [ ]	Package Treatment [ ]		Other [ ]
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I agree to operate and maintain the facility described above in compliance with Chapter 64E-14, Florida Administrative Code and any other applicable code.

Date of Application	Signature of Operator/Owner	
See Instructions on back	Below for Completion by DOH Officials	
Permit Summary:	<u>Recommendation</u>	<u>Action</u>
Date Application Received _____	[ ] Approval	[ ] Approved
Previous Permit Number _____		
Date Permit Issued _____	[ ] Disapproval	[ ] Disapproved
Class of Water System _____		
Water Supply Approval _____		
Authorized Capacity _____		
Sewage Disposal Approval _____	Authorized Signature, _____	Date _____
Water System Upgrade _____		
New Audit Control No. _____	Title _____	Title _____