



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	
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.	
1.) Number of dormitories	[_____]
2.) Number of barracks	[_____]
3.) Number of rooming houses	[_____]
4.) Number of other building structures	[_____]
5.) Proposed number of residents to occupy all buildings	[_____]
Facilities Provided (Migrant Labor Camps Only)	
1.) Number of communal toilets	[_____]
2.) Number of communal urinals	[_____]
3.) Number of communal showers	[_____]
4.) Number of communal hand washing sinks	[_____]
5.) Number of drinking fountains	[_____]
6.) Number of mess halls	[_____]

B. Residential Migrant Housing	
Note: Residential migrant housing has its own toilet, hand washing, shower, cooking and refrigeration facilities within the living unit.	
1.) Number of single family living units including mobile home units: [_____]	
Duplexes [_____]	Triplexes [_____] Quadriplexes [_____]
Apartments [_____]	Rooming Houses [_____]
2.) Total number of multi-family living units [_____]	
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 [_____]

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 _____