FLORIDA DEPARTMENT OF HEALTH

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 dormatories [_____]
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:

Municipal [ ]
Private Well [ ]
Other [ ]

Type of Sewage Disposal:

Municipal [ ]
Septic Tank [ ]
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
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 _____
New Audit Control No. _____

Below for Completion by DOH Officials

Recommendation
[ ] Approval
[ ] Disapproval

_____
Authorized Signature, Date

_____
Title

Action
[ ] Approved
[ ] Disapproved

_____
Authorized Signature, Date

_____
Title

DOH Form 4082, June 98 (Obsoletes previous editions which may not be used)
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