

APPLICATION FOR A MIGRANT LABOR CAMP OR RESIDENTIAL MIGRANT HOUSING PERMIT



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

| Last First Street Address: City State Žp Mailing Address (if different): Street City State Žp Doing Business As: | Name of Operator: | , | 1 | , , 1 | Telephone: | | | |
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| Mailing Address (if different): State Zip Mailing Address (if different): State Zip Doing Business As: Company Name City State Zip Name of Establishment: | | Last | First | | | | | |
| Mailing Address (if different): State Zip Mailing Address (if different): State Zip Doing Business As: Company Name City State Zip Name of Establishment: | Street Address: | | | | | | | |
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| Company Name City State Zip Name of Establishment: | . <u>8</u> | Street | City | | | State | Zip | |
| Company Name City State Zip Name of Establishment: | Doing Business As: | | | | | | | |
| Location of Establishment: | · | Company Name | City | | | State | Zip | |
| Address County Period of Operation (please indicate the specific period of time the housing establishments will be operating) | Name of Establishment: | | | | | | | |
| Address County Period of Operation (please indicate the specific period of time the housing establishments will be operating) | Logation of Establishment: | | | | | | | |
| 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 flumishing housing to your migrant or seasonal workers as an incidence of employment as hiving quarters whether or not rent is paid, please mark Migrant Labor Camps as the type of housing establishment being provided. 2. If you are not a Farm Labor Contractor, farmer, grower, or crew leader fluw ou are criting, 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 establishments that is occupied by five or more migrant and seasonal workers, please mark Residential Migrant Housing. B. 1. Indicate the type of housing units provided and indicate the number of units 2. Indicate the type of housing establishments from the box(es)): Bigle family living units Duplexes 0. Duplexes Multi-family living units Duplexes Net: These facilities provided blow apply to Migrant Labor Camps Only. Multi-family living units Duplexes Duplexes Duplexes Barracks Duplexes Duplexes Duplexes Duplexes Barracks Dupatrments Durinking Kautiki Migrant Housin | Location of Establishment. | Address | | | County | | | |
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| 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. I. If you are a Farm Labor Contractor, farmer, grower, or rew leader furnishing housing to your migrant or seasonal workers as an incidence of employment as living quarters whether or not ret 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 rew leader but you are retring. Leasing or the owner of any buildings, structures, mobile homes or other types of housing establishment being provided and indicate the number of units B. 1. Indicate the type of housing units provided and indicate the number of units C. Indicate the type of housing units provided and indicate the number of units Date farming living units Duplexes: Duple | Period of Operation (please indi | cate the specific period of time t | ne nousing establishing | ents will be operating) | | 10 | | |
| for each (Mark "X" in the box(es)): applicable and indicate the numbers): applicable and indicate the numbers): applicable and indicate the numbers): Multi-family living units Duplexes Mobile homes Ellow flousing Contral Kitchen for people Batracks Other (Specify) Dormitories Other (Specify) Batracks Other (Specify) Septic System Other Private Well Other Private Well Other Private Well Other Private Well Other Batracks Date of Application 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 Date of Application Approval Permit Summary: Reco Mered Class of Water System Disapproval < | Mark "X" in the correct box 1. If you are a Farm Lal as living quarters when Migrant Labor Can 2. If you are not a Farm or other types of hous | to Contractor, farmer, grower, of ether or not rent is paid, please n np: | or crew leader furnishi nark Migrant Labor Ca ver, or crew leader but pied by five or more m | ng housing to your min amp as the type of hou you are renting, leasing igrant and seasonal wo | grant or seasonal wor sing establishment be g or the owner of any | kers as an ind ing provided buildings, st | cidence of employment | |
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| Image: Section Must be Completed for A and B Above Central Kitchen for | | | 2 number of units | | | na the numbe | I TOT Each (IVIAIK A II | |
| 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)) Type of Sewage Disposal: (Mark "X" the correct box(es)) Municipal | Multi-family living units Mobile homes Quadruplexes Rooming Houses Barracks | Triplexes HUD Housing _ Apartments | | Central Kitchen for Toilets: Men Urinals Laundry Facilities | people | ☐ Showers ☐ Hand Wa ☐ Drinking | ashing Sinks g fountains | |
| 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 Private Well Other Private Well Other 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 Below for Completion by DOH Officials mendation Action Below for Completion by DOH Officials Previous Permit Summary: Reco Date Permit Issued Date Permit Issued Date System Date Permit System | | | | | | | | |
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| Signature of Operator/Owner Date of Application Below for Completion by DOH Officials Permit Summary: Reco Date Application Received Approval Previous Permit Number Approval Date Permit Issued Disapproval Class of Water System Disapproval Water Supply Approval Authorized Signature Date Sewage Disposal Approval Authorized Signature Date | Type of Water Supply Provided: Mu Priv | : (Mark "X" in the correct box(es micipal vate Well | s)) | Mun Septi | icipal | | | |
| Below for Completion by DOH Officials Permit Summary: Reco Date Application Received | I agree to operate and maintain t | he facility described above in co | ompliance with Chapte | r 64E-14, Florida Adm | inistrative Code and | any other ap | plicable code. | |
| Permit Summary: Reco mmendation Action Date Application Received | Signature of Operator/Owner | | | Date of Appli | cation | | | |
| Date Application Received | | Below f | or Completion by DC | OH Officials | | | | |
| Previous Permit Number Disapproval Disapproval Disapproval Disapproval Authorized Signature Date Author ized Signature Date ized Signature Date | 5 | | _ | Action | | | roved | |
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