



STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR MOBILE HOME PARK, MOBILE HOME PARK HOUSING MIGRANT FARMWORKERS,
LODGING PARK, RECREATIONAL VEHICLE PARK AND RECREATIONAL CAMP

Authority: Chapter 513 & 381, FS, Chapter 64E-15, FAC

DATE Current Permit Number

Check type of permit for which application is made. Application is hereby made to the Department of Health for a () mobile home park, () *mobile home park with farmworkers, () recreational vehicle park, () lodging park, or () recreational camp permit.

*A mobile home park which houses 5 or more migrant farmworkers.

PERMIT IS REQUIRED AS FOLLOWS:
[] Annual Renewal
[] Capacity Change: From to spaces
[] Ownership change: From to below
[] Park or Camp Name Change: From to below
[] New or Modified Park or Camp

Name of Park or Camp () Telephone
Location of Park or Camp
Owner's Name & Address () Telephone
Manager's Name & Address

NUMBER OF SPACES

Table with columns: MOBILE HOME, Migrant Spaces, LODGING, RECREATIONAL VEHICLE (RV, Tent), RECREATIONAL CAMPS (Barracks, Cabins, Tents, Total Occupants)

SANITARY FACILITIES AT RECREATIONAL VEHICLE PARK OR RECREATIONAL CAMP

TOILETS LAVATORIES SHOWERS URINALS WATER SUPPLY STATIONS SEWAGE DUMP STATIONS
MALE
FEMALE

It is hereby certified that the water supply system and the sewage system have been installed in accordance with the plans and specifications approved by the Department of Environmental Protection and/or the Department of Health. It is agreed that the undersigned owner and manager is familiar with and will adhere to the provisions of Chapter 513, Florida Statutes, as well as Chapter 64E-15, Florida Administrative Code.

Signature of Owner, Manager or Agent

FOR COMPLETION BY HEALTH DEPARTMENT STAFF

INSTRUCTIONS: Circle the appropriate number that applies to the water system and sewage system being used.

WATER SUPPLY: [] Community Offsite, [] Community/Public Drinking Water System Onsite, [] Non-Community Public Drinking Water System, [] Non-Transient Non-Community, [] Other Public Drinking Water Systems (10D-4)
SEWAGE DISPOSAL: [] Municipal, [] Central System Serving Only Park or Camp, [] Septic Tanks or (Other Individual System), [] Combination of Central System & Septic Tank, [] Combination of Municipal and Septic Tank

RECOMMENDATION: Approval []
Disapproval []

Signature of Health Official