


# APPLICATION FOR A MIGRANT LABOR CAMP OPERATION PERMIT

Attach a site map of the camp showing all lodging and sanitary facilities.

|  | BRHD Local Environmental Health Offices  |  | Phone        | FAX          |
|---|--|--|--------------|--------------|
|   | Charlottesville/Albemarle, 1138 Rose Hill Drive, Charlottesville, VA 22903                     |  | 434-972-6219 | 434-972-4310 |
|   | Fluvanna County, Route 15, County Office Bldg., PO Box 136, 132 Main Street, Palmyra, VA 22963 |  | 434-591-1965 | 434-591-1966 |
|   | Greene County, 50 Stanard Street, PO Box 38, Stanardsville, VA 22973                           |  | 434-985-2262 | 434-985-4822 |
|   | Louisa County, 101 Woolfolk Avenue, Suite 203 Louisa, VA 23093                                 |  | 540-967-3707 | 540-987-3733 |
|   | Nelson County, 1645 Thomas Nelson Highway, Arrington, VA 22922                                 |  | 434-263-4297 | 434-263-4304 |

Application for:  New Establishment     Permit Renewal     Change of Owner     Other \_\_\_\_\_

Please check the box by the address you would like VDH to send correspondence to.

## Section A: Facility Information

|   |        |             |
|---|--------|-------------|
| Facility Name:                                      |        |             |
| <input type="checkbox"/> Facility Physical Address: |        |             |
| City:   | State: | Zip Code:   |
| <input type="checkbox"/> Facility Mailing Address:  |        |             |
| City:   | State: | Zip Code:   |
| Phone #:  | Email: | Fax Number: |

## Section B: Operator/Owner Information

|  |        |             |
|--|--------|-------------|
| Name of Legal Owner (if owner is a business, provide the name of the registered agent) : |        |             |
| Name of Registered Agent (if applicable):  |        |             |
| <input type="checkbox"/> Physical Address:   |        |             |
| City:  | State: | Zip Code:   |
| <input type="checkbox"/> Mailing Address:  |        |             |
| City:  | State: | Zip Code:   |
| Phone #:   | Email: | Fax Number: |
| Legal Name of Operator:  |        |             |
| <input type="checkbox"/> Physical Address:   |        |             |
| City:  | State: | Zip Code:   |
| <input type="checkbox"/> Mailing Address:  |        |             |
| City:  | State: | Zip Code:   |
| Phone #:   | Email: | Fax Number: |

## Section C: Operational Information

|  |  |                  |
|--|--|------------------|
| Anticipated Dates of Occupancy:  | From:  | To:              |
| Anticipated Number of Occupants:   | Total:   | Male:    Female: |
| Type of Agriculture:   |  |                  |
| Type of Water Supply:<br>(Select the correct option)   | <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well<br><input type="checkbox"/> Other: _____  |                  |
| Type of Sewage Disposal:<br>(Select the correct option)  | <input type="checkbox"/> Municipal <input type="checkbox"/> Septic System<br><input type="checkbox"/> Other: _____ |                  |
| *If the camp was constructed prior to April 3, 1980, the camp operator elects to be governed by: | <input type="checkbox"/> ETA Regulations (20CFR 654)<br><input type="checkbox"/> OSHA Regulations (20CFR 1910)     |                  |

By signing this application, I certify the following statements:

- The foregoing statements and answer are true, and I have not suppressed any information that might affect the approval of this application. I am aware that submitting false information or omitting information in connection with this application may delay processing of my application.
- I have read, understand, and will comply with Title 32.1, Chapter 6, Article 6 of the Code of Virginia, the Rules and Regulations Governing the Construction and Maintenance of Migrant Labor Camps (12VAC5-501 et seq.) and any applicable federal, state, or local laws.
- I/we understand that after the issuance of the Health Department Permit requested, the Commissioner of Health or his authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required.
- I understand this form contains information that could be subject to disclosure under §2.2-3700 of the Code of Virginia.

Signature of Authorized Individual:

Print Name of Authorized Individual:

Title of Authorized Individual:

Date Signed: