** Chickahominy Health District**  ****

 **Migrant Labor Camp Permit Application**

**Section A: Facility Information**

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| Facility Name: |
| Facility Physical Address: |
| City: | State: | Zip Code: |
| Facility Mailing Address: |  |  |
| City: | State: | Zip Code: |
| Phone #: | Email: | Fax Number: |

**Section B: Operator/Owner Information**

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| --- |
| Name of Legal Owner (if owner is a business, provide the name of the registered agent) : |
| Name of Registered Agent (if applicable): |
| Physical Address: |
| City: | State: | Zip Code |
| Mailing Address: |  |  |
| City: | State: | Zip Code: |
| Phone #: | Email: | Fax Number: |
| Legal Name of Operator: |
| Physical Address: |  |  |
| City: | State: | Zip Code: |
| 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: (Mark “x” in the correct box) | **[ ]** Municipal [ ]  Private Well [ ]  Other:\_\_\_\_\_\_\_\_\_ |
| Type of Sewage Disposal: (Mark “x” in the correct box) | **[ ]** Municipal [ ]  Septic System [ ]  Other:\_\_\_\_\_\_\_\_\_ |
| \*If the camp was constructed prior to April 3, 1980, the camp operator elects to be governed by: | **[ ]**  ETA Regulations (20CFR 654) [ ]  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.
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|  |
| Signature of Authorized Individual: |
| Print Name of Authorized Individual: |
| Title of Authorized Individual: | Date Signed: |

|  |  |
| --- | --- |
| Charles City Health Department7501 Adkins RoadCharles City, VA 23030(804) 829-2490 | Goochland Health DepartmentP.O. Box 178Goochland, VA 23063(804) 556-5843 |
| Hanover Health Department12312 Washington HighwayAshland, VA 23005(804) 365-4313 | New Kent Health Department12025 Courthouse Circle, POB 86New Kent, VA 23124(804) 966-9640 |