

# Chickahominy Health District: Migrant Labor Camp Permit Application

## **Section A: Facility Information**

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**

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)	<input type="checkbox"/> Municipal <input type="checkbox"/> Private Well <input type="checkbox"/> Other: _____		
Type of Sewage Disposal: (Mark "x" in the correct box)	<input type="checkbox"/> Municipal <input type="checkbox"/> Septic System <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) <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:

Charles City Health Department  
7501 Adkins Road  
Charles City, VA 23030  
(804) 829-2490

Goochland Health Department  
P.O. Box 178  
Goochland, VA 23063  
(804) 556-5843

Hanover Health Department  
12312 Washington Highway  
Ashland, VA 23005  
(804) 365-4313

New Kent Health Department  
12025 Courthouse Circle, POB 86  
New Kent, VA 23124  
(804) 966-9640