

# Commonwealth of Virginia

Thomas Jefferson Health District  
Charlottesville-Albemarle Health Department  
Fluvanna County Health Department  
Greene County Health Department  
Louisa County Health Department  
Nelson County Health Department



**HEADQUARTERS**  
Environmental Health Services  
1138 Rose Hill Drive  
PO Box 7546  
Charlottesville, VA 22906  
(434) 972-6259

## Application For Migrant Labor Camp Permit

**Name of Migrant Camp:** \_\_\_\_\_

**Physical Location:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of County:** \_\_\_\_\_

**Telephone Number:** (    ) \_\_\_\_\_

**Parcel Number:** \_\_\_\_\_

**Fax Number:** (    ) \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_

**Telephone** \_\_\_\_\_

\_\_\_\_\_

**Name of Operator:** \_\_\_\_\_

\_\_\_\_\_

**Address of Operator:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\_\_\_\_\_

**If camp was built prior to April 3, 1980, camp elects to be governed by:**

ETA Regulations (20CFR654) \_\_\_\_\_

OSHA Regulations (20CFR1910) \_\_\_\_\_

**Camp Opening Date:** \_\_\_\_\_

**Camp Closing Date:** \_\_\_\_\_

**Maximum Number of Occupants:** \_\_\_\_\_

**Number of Migrant Workers:** \_\_\_\_\_

**Type of Agriculture:** \_\_\_\_\_

*I/we understand that after 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..*

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_