



**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.

<p align="center">PERMIT IS REQUIRED AS FOLLOWS:</p> <p>[] Annual Renewal</p> <p>[] Capacity Change: From _____ to _____ spaces</p>	<p>[] Ownership change: From _____ to below _____</p> <p>[] Park or Camp Name Change: From _____ to below _____</p> <p>[] New or Modified Park or Camp</p>
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Name of Park or Camp _____ () Telephone _____

Location of Park or Camp _____

Owner's Name & Address _____ () Telephone _____

Manager's Name & Address _____

NUMBER OF SPACES

<u>MOBILE HOME</u>	<u>Migrant Spaces</u>	<u>LODGING</u>	<u>RECREATIONAL VEHICLE</u>		<u>RECREATIONAL CAMPS</u>				
			<u>RV</u>	<u>Tent</u>	<u>Barracks</u>	<u>Cabins</u>	<u>Tents</u>	<u>Total Occupants</u>	

SANITARY FACILITIES AT RECREATIONAL VEHICLE PARK OR RECREATIONAL CAMP

	<u>TOILETS</u>	<u>LAVATORIES</u>	<u>SHOWERS</u>	<u>URINALS</u>	<u>WATER SUPPLY STATIONS</u>	<u>SEWAGE DUMP STATIONS</u>
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.

<p align="center">WATER SUPPLY</p> <p>[1] Community Offsite</p> <p>[2] Community/Public Drinking Water System Onsite</p> <p>[3] Non-Community Public Drinking Water System</p> <p>[4] Non-Transient Non-Community</p> <p>[5] Other Public Drinking Water Systems (10D-4)</p>	<p align="center">SEWAGE DISPOSAL</p> <p>[1] Municipal</p> <p>[2] Central System Serving Only Park or Camp</p> <p>[3] Septic Tanks or (Other Individual System)</p> <p>[4] Combination of Central System & Septic Tank</p> <p>[5] Combination of Municipal and Septic Tank</p>
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RECOMMENDATION: Approval []
Disapproval []

Signature of Health Official