



Loudoun County Health Department

1 Harrison Street, S.E., Leesburg VA 20177, 2nd floor

Mailing address: P.O. Box 7000, MSC #68, Leesburg VA 20177-7000

MIGRANT LABOR CAMP - PERMIT APPLICATION

Check one:	<input type="checkbox"/> New Permit	<input type="checkbox"/> Permit Renewal	<input type="checkbox"/> No Annual Permit Fee
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Section A: Facility Information

Name of Migrant Labor Camp:		
Migrant Labor Camp Physical Address:		
City:	State:	Zip Code:
Migrant Labor Camp Mailing Address:		
City:	State:	Zip Code:
Phone #:	Email:	Fax Number:

Section B: Owner / Operator Information

Name of Legal Owner: <i>(if owner is a business, provide the name of the registered agent)</i>		
Name of Registered Agent <i>(if applicable)</i> :		
Physical Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Phone #:	Email:	Fax Number:
Name of Operator:		
Operator phone:	Operator email:	

Section C: Include the following information:

Anticipated Dates of Occupancy:	From:	To:	
Anticipated Number of Occupants:	Total:	Male:	Female:
Type of Agriculture:			
Type of Water Supply:	public water	private well	other
Type of Sewage Disposal:	public water	onsite sewage 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:			
<ul style="list-style-type: none">• 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.			

Section D: Applicant:

Signature of Applicant:	
Print Name of Applicant:	
Title of Applicant:	Date Signed:

Return completed application 30 days before proposed camp opening date to:

**Loudoun County Health Department
P.O. Box 7000, MSC#68, Leesburg, VA 20177**

Permits are not transferable