



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.

PERMIT IS REQUIRED AS FOLLOWS:	[ ] Ownership change: From _____ to _____ below
[ ] Annual Renewal	[ ] Park or Camp Name Change: From _____ to below
[ ] Capacity Change: From _____ to _____ spaces	[ ] New or Modified Park or Camp

Name of Park or Camp \_\_\_\_\_ ( ) Telephone \_\_\_\_\_

Location of Park or Camp \_\_\_\_\_

Owner's Name & Address \_\_\_\_\_ ( ) Telephone \_\_\_\_\_

Manager's Name & Address \_\_\_\_\_

NUMBER OF SPACES

MOBILE HOME	Migrant Spaces	LODGING	RECREATIONAL VEHICLE		RECREATIONAL CAMPS			
			RV	Tent	Barracks	Cabins	Tents	Total Occupants
_____	_____	_____	_____	_____	_____	_____	_____	_____

SANITARY FACILITIES AT RECREATIONAL VEHICLE PARK OR RECREATIONAL CAMP

	TOILETS	LAVATORIES	SHOWERS	URINALS	WATER SUPPLY STATIONS	SEWAGE DUMP STATIONS
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.	WATER SUPPLY	SEWAGE DISPOSAL
[ 1 ]	Community Offsite	[ 1 ] Municipal
[ 2 ]	Community/Public Drinking Water System Onsite	[ 2 ] Central System Serving Only Park or Camp
[ 3 ]	Non-Community Public Drinking Water System	[ 3 ] Septic Tanks or (Other Individual System)
[ 4 ]	Non-Transient Non-Community	[ 4 ] Combination of Central System & Septic Tank
[ 5 ]	Other Public Drinking Water Systems (10D-4)	[ 5 ] Combination of Municipal and Septic Tank

**RECOMMENDATION:** Approval [ ]  
Disapproval [ ]

\_\_\_\_\_  
Signature of Health Official