



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Bureau of Environmental Health
 Community Sanitation Program
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 Governor

KARYN E. POLITO
 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

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**APPLICATION FOR CERTIFICATE OF OCCUPANCY
 FARM LABOR CAMP
 M.G.L., c111, §128G**

OWNER & ADDRESS: _____

(No P.O. Boxes)

Check as applicable:
 TRUST
 CORPORATION
 PARTNERSHIP
 INDIVIDUAL

MAILING ADDRESS, IF DIFFERENT _____

NAME AND ADDRESS OF CAMP: _____

IF YOU HOUSE WORKERS FOR OTHER FARMS, PLEASE LIST NAMES OF FARMS ON REVERSE SIDE OF THIS PAGE.

CONTACT PERSON: _____ PHONE NUMBER: _____

TYPE OF CROP: _____ FAX NUMBER: _____

NUMBER OF WORKERS TO BE HOUSED: _____ E-MAIL: _____

SOURCE OF WORKERS: _____

FIRST DATE OF ARRIVAL OF WORKERS: _____ LENGTH OF STAY: _____

DATE CAMP WILL BE READY FOR INSPECTION: _____

CAMP FACILITIES: WATER SUPPLY: PUBLIC: _____ PRIVATE: _____
 SEWAGE DISPOSAL: PUBLIC: _____ PRIVATE: _____

I hereby apply for a Certificate of Occupancy of the premises for the year **2016** and agree to operate said farm labor camp in accordance with the requirements of Chapter III of the State Sanitary Code and of the provisions of Section 128G and 128H of Chapter 111, Massachusetts General Laws.

DATE: _____ SIGNED: _____

TITLE: _____

Please mail completed and signed application as soon as possible before the expected occupancy of the farm labor camp to:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
 BUREAU OF ENVIRONMENTAL HEALTH
 COMMUNITY SANITATION PROGRAM
 250 WASHINGTON STREET - 7TH FLOOR
 BOSTON, MA 02108-4619