

Ohio Department of Health
APPLICATION FOR PLAN REVIEW AGRICULTURAL MIGRANT LABOR CAMP

_____ Date received at ODH

Plan Approval Date _____

CAMP OPERATOR	LOCAL HEALTH DEPARTMENT
PROJECT NAME	STREET ADDRESS
STREET ADDRESS	CITY / ZIP CODE
CITY / ZIP CODE	
PROJECT PHONE #	
OWNER	CONTRACTOR
STREET ADDRESS	STREET ADDRESS
CITY / ZIP CODE	CITY / ZIP CODE
OWNER PHONE #	CONTRACTOR PHONE #
FAX #	FAX #

Number of proposed new units _____ Number of occupants in proposed new units _____

Camp's total numbers after this new construction: total housing units _____ total occupants _____

Date of expected occupancy _____ Did the camp operate last year? _____

Number of already existing units _____ Number of already existing occupants _____

Floor plans for single-story, one- or two-family units may be prepared by the camp operator.
Larger projects should have professionally prepared floor plans [e.g. by an architect, engineer, or contractor].

Reproductions from other documents are acceptable if legible. Drawings should be drawn to scale. Provide complete information as itemized in the rules. Other additional information may be requested during the review process. Incomplete plan submittal may cause delays or may be returned for additional information.

Phone: 614-644-7455

Mailing Address: Ohio Department of Health BEH/PREV
 Agricultural Labor Camp Program
 246 N. High Street
 Columbus, Ohio 43215