

HEATING FACILITIES AFFIDAVIT FOR AGRICULTURAL MIGRANT LABOR CAMPS



Migrant Labor Housing Program

Camp (Operator	and Location	on:					
Camp Op	perator or (Owner Name: _						
Camp ID:	:	C	Camp Name: _					
Camp Ac	ddress:							
Stree		Street Numb	treet Number and Name		City		County Name	
Facilitie	es Inspe	cted:						
	(1)	(2) Inspection	(3) Heater Make	(4) BTU or Watt	(5)	capable of ma	(6) I (mm/dd) heating is aintaining min 65年	
	Unit #	Date	or Style	ratings	Fuel Type	From	То	
*Use attach	nment for add	ditional space, if ne	eded.	l				
it to be op fire hazar material t	perational, rds and da type and in	safely installed ngerous conce	in accordance ntrations of gas R-values, I have	with prevailing es. For the time calculated that	acceptable in e period indica	istallation praction ated above, and	ne attached table and found ces, and vented to prevent I based on the construction capable of maintaining each	
electrica	al, heating		stems, may res	sult in enforce	ment under l	Part 124 of the	n or certification of Public Health Code as	
Inspector	r/Contracto	or Name (Print):						
Business Name:				Phone:				
Business	Address:							
License N	Number: _			State L	icense Issued	l:		
License I	ssuance a	nd Expire Date	s:	/				
Signature	ə:				Date:			
(Or)							
Name of	Local Insp	ection Authority	/:			_ Permit Numbe	er:	
Date of F	inal Appro	val:		*Please Attach cop	by of permit if app	olicable		

Migrant Labor Housing Heating Affidavit – Additional Facilities Inspected, Continued from Page 1

(1) Unit #	(2) Inspection	(3) Heater Make	(4) BTU or Watt	(5) Fuel Type	(6) Heating Period (mm/dd) heating is capable of maintaining min 65F	
Unit #	Date	or Style	ratings	Fuel Type	From	То