



## **TEMPORARY LABOR COMMUNITY PERMIT APPLICATION**

Application Date: \_\_\_\_\_

Parcel # \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Street Address City State Zip

Mail Address: \_\_\_\_\_  
Street Address City State Zip

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### **FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION:** (see Rule R392-501)

- ☐ Drinking water source. If hauled, a copy of the contract with a permitted Commercial Water Hauler must be submitted..
- ☐ Wastewater Disposal (onsite wastewater system OR temporary sewage holding tank) Onsite Wastewater system must have an operating permit from TriCounty Health Department.\* If holding tanks are used, a copy of the contract with a permitted Liquid Waste Operator for service must be submitted. Holding tanks must meet rule requirements
- ☐ Food Service permit application and fees\* (if applicable)
- ☐ Solid Waste disposal. Company information for garbage disposal

**\*ADDITIONAL APPLICATIONS AND FEES MAY BE REQUIRED BASED ON SERVICES PROVIDE BY YOUR FACILITY.  
THE FACILITY MUST HAVE A PRE OPENING INSPECTION PERFORMED BY TRICOUNTY HEALTH PRIOR TO USE.**

**PERMIT FEE FOR TEMPORARY LABOR COMMUNITY \$700.00**

### **HEALTH DEPARTMENT USE ONLY**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_

