

Commonwealth of Pennsylvania  
Department of Agriculture  
Bureau of Food Safety and Laboratory Services  
2301 N Cameron Street  
Harrisburg PA 17110  
717-787-4315

**SEASONAL FARM LABOR CAMP  
PLAN REVIEW**

**I. CAMP INFORMATION**    \*\* One (1) housing unit per Plan Review

Name of Employer/Farm Labor Contractor \_\_\_\_\_

Mailing Address of Employer/Farm Labor Contractor  
\_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of legal Landowner(s) on whose land farmworkers will be housed (person, LLC,  
Company, etc...) \_\_\_\_\_

Name given to "camp" \_\_\_\_\_

Address of "camp" \_\_\_\_\_  
Street                      City                      Zip Code                      **County**

Type of Housing Unit: Apartment    House    Trailer    Motel    Barracks  
Other: \_\_\_\_\_

Anticipated number of farmworkers living in the above listed "camp". \_\_\_\_\_

Persons living in "camp" are: (circle any which applies)

MALE    FEMALE    BOTH  
RELATED (mother, father, children, siblings)    UNRELATED

The commodity and/or labor being performed is:  
\_\_\_\_\_

The "camp" will be occupied from \_\_\_\_\_ to \_\_\_\_\_

The workers in this "camp" are through the H2A Federal Guest Worker Program?  
YES                      NO

## **II. WATER SUPPLY**

Water Supply for the “camp” is (circle one): DEP = Department of Environmental Protection

PRIVATE WELL\*      PRIVATE WELL/DEP INSPECTED      PUBLIC SUPPLY

\*If private well is selected: **please attach a copy of a valid water test** from a DEP approved laboratory showing results for Coliform and Nitrate/Nitrite. Permits will not be issued without an approved water supply and test results.

Public Water Supplier (if applicable): \_\_\_\_\_

## **III. OCCUPANCY PERMIT**

If the “camp” is housing more than one farmworker, annually or seasonally, a *Use and Occupancy Permit* is needed from either your local municipality or PA Department of Labor and Industry. This Occupancy Permit will validate that the “camp” meets all “Uniform Construction Code” Regulations for use as a Seasonal Farm Labor Camp. This is NOT needed for family living units (mother, father, siblings).

**A copy of this Occupancy Permit, if required, must be attached for a permit to be issued if required.**

Name of Municipality “camp” is located in \_\_\_\_\_  
TOWNSHIP/ BORO/CITY      COUNTY

## **IV. HOUSING FLOOR PLANS**

**Please attach a copy of floor plans for your “camp” housing.** Plans should be not less than 8” x 11” sheets of paper, be neat and legible and include:

All rooms in the camp, room dimensions, window dimensions, egresses/fire escapes, locations/types of fire extinguishers, water connections, sinks, toilet facilities, laundry facilities, kitchens and living room facilities (if applicable), outlet numbers and locations, lighting locations and types, numbers of beds per sleeping room, location of first aid kits, and any other relevant information necessary to evaluate the camp for compliance with Chapter 82, Seasonal Farm Labor Camps. See Checklist for Seasonal Farm Labor Camp Plan Review, attached.

## **V. APPLICATION FOR SEASONAL FARM LABOR CAMP PERMIT**

Please **complete and attach** a copy of the “Application for Seasonal Farm Labor Camp Permit”. *Under Chapter 3, Section 303 of Act 93, the Seasonal Farm Labor Law, an application for permit shall be made at least 60 days prior to the first date of occupancy; and the camp shall be ready for inspection at least 45 days before it is occupied.*

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I, \_\_\_\_\_(Employer/FLC name), certify that the above information is true and accurate and are henceforth applying for a Plan Review of my proposed Seasonal Farm Labor Camp.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Attached to the plan review (if applicable): Water Tests, Occupancy Permits, Housing Floor Plans, and Camp Application.**

This Plan Review should be sent to the appropriate Regional Office as listed on the cover letter.

*Your application/plans will be reviewed within 10 day of receipt. You will be contacted with your approval/disapproval following this review. An on site inspection will occur before permitting.*

**Official Use Only:** Date Received \_\_\_\_\_ Reviewer \_\_\_\_\_  
Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Camp Number \_\_\_\_\_