

APPLICATION PACKET

SEASONAL FARM LABOR CAMPS

Title 7, Agriculture, Chapter 82, Seasonal Farm Labor Camps: "A person who owns land, buildings or facilities may not allow the operation, use or occupancy thereof as a seasonal farm labor camp without first obtaining a permit authorizing the operation and occupancy of the seasonal farm labor camp from the Department."

The following forms with all necessary accompanying documentation must be completed and returned to the Department for permitting of a Seasonal Farm Labor Camp. Housing must be inspected and approved by the Department prior to occupancy.

- 1) Determination of Housing
- 2) Plan Review
- 3) Attachments & Submission Instructions

Applications must be submitted to the Department at least **60 days prior** to the **intended date of occupancy**. Camps who are applying for H2A workers are encouraged to submit this application even earlier to allow adequate time for processing and inspection.

Upon receiving the application, an inspector will be in contact to review the plans and schedule a pre-permit inspection. Please note failure to provide all required information could delay your permitting process.

Please allow 4 - 6 weeks for processing. Inquiries regarding your application status should be directed to 717-787-4315.

SECTION 1:

DETERMINATION OF HOUSING

When making the determination of whether camp housing exists, the definitions of Act 93, the Seasonal Farm Labor Act, and Chapter 82, PDA regulations apply. Terms not defined by the Act or regulations are assigned a meaning so that a common reference is available to make decisions.

This questionnaire will determine if the proposed housing meets the definition of a 'Seasonal Farm Labor Camp' (SFLC) as defined by Chapter 82.1.

1.	Is housing of any kind (including family units – mother, father, and siblings) provided by the employer/farm labor contractor or their designees to one or more agricultural employees at any time during the year?
	 ☐ YES – Continue to question #2 ☐ NO – This is NOT a camp subject to permitting. No further action required.
2.	What period of time is housing provided?
	☐ Days ☐
	 ☐ Weeks ☐ Months ☐ This is a camp subject to permitting. Proceed to Section 2 of the application.
	☐ Year-round – Continue to question #3
3.	 Are <i>four or more unrelated persons</i> provided housing at any time during a given year? a. Four or more unrelated persons means at least four (4) persons are provided housing by a grower and at least one (1) of these four persons is unrelated to the others. b. Unrelated persons means persons not related by blood or marriage. Persons considered related under this Act are husband, wife, their children, parents, brothers and sisters. Cousins or Aunt/Uncles and other relationships are considered unrelated.
	 NO − Continue to question #4 YES − This is a camp subject to permitting. Proceed to Section 2 of the application.
1.	Do you, or any of your blood / marriage relatives, own, rent, lease or by contract or other arrangement, provide housing to ANY farmworker, whether your employee or another employer's employee?
	 NO − This is NOT a camp subject to permitting. No further action required. YES − you must answer the following questions:
	a. I / they own housing quarters but lease to another employer; AND a total of 4 or more farmworkers that are employed year-round live in these housing unit(s). (The total number of farmworkers must include my employees AND any other employer's employees).
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
	Name of employer/lessee Total # of my employees in these housing unit(s) Total # of another employer's employees in these housing unit(s)
	□ NO – This is NOT a camp subject to permitting. No further action required.
	- · · · · · · · · · · · · · · · · · · ·

b.	I / they own housing quarters but lease to another employer, AND there are these housing units. (Seasonal workers may include my employees AND a employees.)	
	$\ \ \ \ \ \ \ \ \ \ \ \ \ $	
c.	$\rm I/they$ own, rent, lease (or obtain through any other arrangement) two or mapartments that in aggregate shelter 4 or more unrelated farmworkers. (The must include my employees AND any other employer's employees).	
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	the application.
	Total number of families provided shelter Total number of housing units	
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	required.
Be advised, ad form.	ditional questions may need to be asked in order to clarify any of the an	swers in the determination
SECTION	2:	
	PLAN REVIEW	
PART A: Type		
	gle family house	
	o-family (Duplex) house	
=	vnhouse	
	artment complex	
=	tel/Motel	
	bile home	
☐ Baı	racks (multiple buildings)	
Oth	er:	
PART B: Reas		
	w construction of a SFLC	
	model of an existing SFLC	
	cupancy change of an existing SFLC	
	er, describe	
CAMP OCCU	IPANCY:	
Anticipated dat	te the camp will be occupied (workers arriving):	(date)
Anticipated date for occupancy at le	te camp will be ready for inspection by PDA:east 45-60 days prior to the date of occupancy to ensure ample processing time)	(date) (camp should be ready
The camp is op	en:	
	en year-round (Non-H2A Year-Round)	
	en seasonally (Non-H2A Seasonal)	
	mp will be occupied from (month) to	(month)
Anticipated nu	mber of farmworkers who will be living in the camp:	

Workers in this camp are through the H2A Federal Gu	nest Worker Program? YES NO
Persons living in camp are: (check all that apply) Male Female Mixed sex Related (mother, father, children, siblings) Unrelated	
The commodity and/or labor being performed is: Dairy Landscaping Livestock/Breeding Mushroom Nursery – Plant Christmas Tree	☐ Orchard – Apple ☐ Orchard – Fruit ☐ Produce – General ☐ Produce – Tomato ☐ Produce – Vegetable ☐ Numerous Commodities
SECTION 3:	P INFORMATION
NAME OF CAMP:	THEORINATION
PHYSICAL ADDRESS OF CAMP:	
Street number and name City	State Zip code
County	Local municipality (City/Township/Borough)
MAILING ADDRESS (if different than above):	
Street number and name City	State Zip code
NAME OF EMPLOYER/FARM LABOR CONTR	ACTOR:
Name	Title
Phone number	Email
NAME OF CONTACT PERSON ONSITE FOR IN	NSPECTIONS (if different than employer/contractor):
Name	Title
Phone number LEGAL OWNER MAILING ADDRESS (if different	Email than above mailing address):

Owner street number and name	City	State	Zip code
()	()		
Owner phone number	Owner fax number	Ow	ner e-mail
The owner of a seasonal farm labor facilities used or occupied as a seas contracted shall be obtained in writ	sonal farm labor camp. Use of cor	nmercial buildings not o	wned by the employer/farm labor
SECTION 4:	WATER SEWER WAS	CTE INICADMATIA) NI
	WATER, SEWER, WAS	SIE INFORMATIO	<u>JN</u>
	ounty visit their <u>website</u> or call ctory compliance with the lates	717-787-9633 for more tedition of the Public	11 0
The camp is using: A municipal (common Provide name of municipal) AND copy of water bill	pal water supplier: l.		·
Provide name of the reg	rater supply that is not owned/oulated water supplier and its Pu	ablic Water System ID	
	ublic water supply regulated by WS) ID#:		onmental Protection (DEP). Provide approval Letter
	supply (ex: well water). Prov rm (4 initial samples in 24 hour		EP AND current water supply test for Nitrate/Nitrite.
If other/private, water so	ource type is (check one):		
☐ BURIED ☐ SPRING	☐ SURFACE ☐ ABOVE GROUND	☐ RECIRCULATI	
SEWAGE: The camp is using: A municipal/public s	sewage disposal system. <u>Sewa</u> g	ge Authority:	
For on-lot sewage dispo and discuss if the curren		local Sewage Enforce propriate for your cam	ment Officer for your municipality up. This would not apply if the camp
REFUSE:			
	use collector is		(company name)
L LList any other refuse	/waste collection companies (e	ex: grease collection)	

SECTION 5:

BUILDING AND ZONING CODES

BUILDING CODES

An applicant intending to construct or alter an existing building, shall obtain zoning and building code permit approvals from the appropriate jurisdictional authority. Under the Pennsylvania Construction Code Act 45 of 1999, municipalities which passed ordinance to enforce the UCC ('opts-in') became the authority having jurisdiction for all UCC enforcement within that municipality; whereas, 'opt-outs' are municipalities who have relinquished all UCC enforcement authority to either the Department of Labor & Industry (L&I) for commercial building codes or certified third-party agencies for enforcement of residential building codes.

A listing of all of Pennsylvania's municipalities and their decisions regarding local enforcement of the UCC can be accessed on the Department of Labor and Industry's website under "Municipal Elections and Contact Information".

In 'opt-out' municipalities, certified third-party agencies are responsible for the plan review and inspection of residential buildings to verify compliance with applicable building codes prior to occupancy. A list of certified third-party agencies can be found on the Department of Labor and Industry's website under "Code Official and Third Party Agency" Info".

Proof of inspection and compliance with the UCC shall be provided to PDA by the SFLC owner/operator upon applying for a SFLC permit. A building/structure must have building code approval including electrical, plumbing, ventilation, structural, etc. from the appropriate jurisdictional authority prior to operation and permitting by the Department.

structural, etc. from the appropriate jurisdictional authority prior to operation and permitting by the Department.
TYPE OF BUILDING: Commercial building
☐ Seasonal Farm Labor Camp is a commercial building constructed before 2004, with no changes the building use and an existing occupancy permit exists.
☐ Seasonal Farm Labor Camp is a commercial building constructed before 2004, with changes the building use and/or no existing occupancy permit exists. Proof of compliance with the UCC as an uncertified building shall be obtained from the 'opt-in' municipality or Department of Labor and Industry for 'opt-out' municipalities.
☐ Seasonal Farm Labor Camp is a commercial building constructed after 2004 and has obtained an occupancy permit verifying the camp complies with all "Uniform Construction Code" Regulations. Attached a copy of the occupancy permit with this application.
Residential building Seasonal Farm Labor Camp is a residential building constructed before 2004 and is not subject to an occupancy permit.
☐ Seasonal Farm Labor Camp is a residential building constructed or altered after 2004 and has obtained an occupancy permit verifying the camp complies with all "Uniform Construction Code" Regulations. Attached a copy of the occupancy permit with this application.
ZONING: Seasonal Farm Labor Camp is compliant with local zoning requirements.
ELECTRICAL: Proof of Electrical Certification or Original Electrical Inspection Certificate.

SECTION 6:

OWNERSHIP INFORMATION

Title 7, Agriculture, Chapter 82, Seasonal Farm Labor Camps: "A person who owns land, buildings or facilities may not allow the operation, use or occupancy thereof as a seasonal farm labor camp without first obtaining a permit authorizing the operation and occupancy of the seasonal farm labor camp from the Department." The applicant verifies by signature below, that they are the "employer or farm labor contractor" of the seasonal farm labor camp that is the subject of this application. The applicant verifies that all statements and information in this application is true and correct to the best of the applicant's knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities.

Signature Legibly Print Name		Signature – General Partner Legibly Print Name				
				Signature –	Signature – General Partner	
				Legibly Print Name		
Date	Date of Birth	Date	Date of Birth	Date	Date of Birth	
	ATION OR ASSOCIA	ΓΙΟΝ / NON-PROFI	T ENTITY:			
Name of Corporation	n or Non-Profit Entity					
Name of current CEO	O/President/or similar	Official Title		Date of Birth of CEO/F	Date of Birth of CEO/President/or similar	
Signature of Corpora	ate / Association / Non-Profit Off	icial		Official Title of Signat	tory	
Legibly Print Name				Date		
Name of LLC or LLI	LIABILITY COMPA	NY (LLC) OR LIMI	TED LIABILIT	1 PARTNERSHIP	(LLP):	
Name of Senior Offi	cial/General Partner, or Similar	Official Title		Date of Birth of Senior Of	ficial/General Partner, or Similar	
Signature – Member		Date	Signature – Men	nber	Date	
Legibly Print Name			Legibly Print Na	me		
facilities used	a seasonal farm labor can or occupied as a seasonal tor shall be obtained prior	farm labor camp. Use	of a commercial bu	uildings not owned by	the employer/farm labor	
Name of land owner	(print)	Official Title				
Signature of land ow	vner	Date				

SECTION 7:

HOUSING FLOOR PLANS

All applicants must SUBMIT copies of a floor plan for each building/structure to be used in the 'camp'. Plans may be hand drawn but must be to approximate scale, neat and legible. Plans will NOT be returned.

Plans shall include the following:

- 1. All rooms in the camp including room dimensions to approximate size.
- 2. Number of beds per sleeping room and identification of any bunk beds.
- 3. Windows including dimensions
- 4. Egress/fire escapes
- 5. Toilet and bathing facilities
- 6. Laundry facilities (if applicable). If not provided a laundry/transportation agreement is required
- 7. Kitchen and living room facilities (if applicable)

SECTION 8: ALL APPLICANTS READ AND SIGN

Please check and sign you have included all required supporting documentation along with submission of the completed application.

Sectio	n 4:
	Proof of municipal water supply (ex. A copy of a water bill)
	OR
	DEP Approval Letter for a non-community public water system
	OR
	Non-public water supply results AND affidavit / DEP documentation
Section	ı 5:
	Commercial building constructed before 2004. Proof of compliance with the UCC as an uncertified building shall be obtained from the 'opt-in' municipality or Department of Labor and Industry for 'opt-out' municipalities.
	Commercial building constructed after 2004. Attached a copy of the occupancy permit with this application.
	Residential building constructed or altered after 2004. Attached a copy of the occupancy permit with
	this application.
	Attached Proof of Electrical Certification or Original Electrical Inspection Certificate.
Section	ı 6:
	Written verification for the use of a commercial buildings not owned by the employer/farm labor contractor.
Section	n 7:
	Housing Floor Plans. **Plans may be hand drawn, but must be to approximate scale, neat and legible. Plans will NOT be returned.
prepared and restatements subj	all required documentation outlined above that are applicable to this plan review application. I have eviewed the statements made above. I verify these statements to be true and accurate and make these ect to the criminal penalties of 18 Pa.C.S.A. Section 4904 (relating to unsworn falsification to authorities). vide documentation or sign this acknowledgement will result in a delay of processing and/or the ay be denied.
Applicant Nan	ne (print):
Applicant Sign	nature: Date:
2301 N. C	Bureau of Food Safety and Laboratory Services ameron St. Suite 112 Harrisburg, PA 17110-9408 717 787 4315 https://www.agriculture.pa.gov/consumer_protection/FoodSafety

All material must be submitted at least <u>60 days prior</u> to the **first day of occupancy**. Failure to provide all required information could delay your plan review.

The Department of Agriculture will review the plans and notify you of its approval/disapproval. Please allow $\underline{4-6}$ weeks for processing. Once you receive your approval, notify your Inspector or regional office at least 30 days prior to operation to arrange an inspection. Inquiries regarding your application status should be directed to 717-787-4315.

All material must be fully completed and returned with any necessary accompanying documentation to:

RA-AGPLANREVIEW@pa.gov

or mail / fax to:

Pennsylvania Department of Agriculture Bureau of Food Safety and Laboratory Services Attn: Plan Review 2301 N. Cameron St, Room 112 Harrisburg, PA 17110

Fax: 717-787-1873