



**HEATING FACILITIES AFFIDAVIT
FOR AGRICULTURAL MIGRANT LABOR CAMPS**
Migrant Labor Housing Program



Camp Operator and Location:

Camp Operator or Owner Name: _____

Camp ID: _____ Camp Name: _____

Camp Address: _____

Street Number and Name City Zip Code County Name

Facilities Inspected:

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

**Use attachment for additional space, if needed.*

Affidavit Certification:

I, the undersigned, have personally inspected the heating system(s) described above and in the attached table and found it to be operational , safely installed, vented to prevent fire hazards and dangerous concentrations of gases, and in accordance with prevailing acceptable installation practice. For the time period indicated above and based on the construction material type and insulation rated R values, I have calculated that the heating system to be capable of maintaining each living unit as described in the table above at a minimum of 65°F.

Inspector/Contractor Name (Print): _____

Business Name: _____ Phone: _____

Business Address: _____

License Number: _____ State License Issued: _____

License Issuance Date and Expiration Date: _____ / _____

Signature: _____ Date: _____

(Or)

Name of Local Inspection Authority: _____ Permit Number: _____

Date of Final Approval: _____ *Please Attach copy of permit if applicable

Instructions

This affidavit is to be used at the request of the Field Inspector when any or all of the following occurs:

1. New Installations
2. Repair or modifications to the Heating system or electrical heater
3. Heating temperature concerns below what is required by the rules and safety concerns due to accumulation of gases and improperly vented systems

When completed, please Mail to:

Michigan Department of Agriculture and Rural Development
Environmental Stewardship Division
Migrant Labor Housing Program
P.O.BOX 30017
Lansing, MI 48909

You can also Fax the completed form:

Attention: Migrant Labor Housing at **517-284-5619** or by email to: **turrubiateso@michigan.gov**

Camp Operator and Location:

1. Provide name of Camp owner or operator as it appears on the License
2. Provide Camp ID number as it appears on the license
3. Provide Camp Name as it appears on the license
4. Provide complete Camp address as it appears on the license
5. Provide the name of the County in which the camp is located

Facilities Inspected:

Use this table to provide information on the facility inspected. Print legibly or type

1. Column 1: Specify the unit number as shown on the unit itself
2. Column 2: Indicate the date the inspection was conducted
3. Column 3: Indicate the type of heater in use
4. Column 4: Indicate the energy rating of the heater in BTU or Watts
5. Column 5: Indicate the type of fuel used by the heater
6. Column 6: Indicate the heating period date range: provide day, month and year

Affidavit Certification- Information to be provided by a licensed contractor:

1. Line 1: Provide inspector or contractor full name
2. Line 2: Provide inspector legal business name, if DBA, please indicate so
3. Line 3: Provide business legal address
4. Line 4: Provide Inspector/ contractor license number and the state where it is issued
5. Line 5: Provide date license issued and expiration date
6. Line 6: Provide licensed inspector signature and date
7. If a permit is obtained for this work from a local building authority, please provide the name of the local inspection authority, permit number and date of final approval issued. Attach a copy of permit if available
8. Note that if a building authority has issued a permit for the work, a certification by a licensed contractor is not required

