



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) heating 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 in accordance with prevailing acceptable installation practices, and vented to prevent fire hazards and dangerous concentrations of gases. 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 is fully capable of maintaining each living unit as described in the table above at a minimum of 65°F.

Warning: Providing false information on this form, including attesting to the installation or certification of electrical, heating, and other systems, may result in enforcement under Part 124 of the Public Health Code as well as referral to the Michigan Department of Licensing and Regulatory Affairs.

Inspector/Contractor Name (Print): _____

Business Name: _____ Phone: _____

Business Address: _____

License Number: _____ State License Issued: _____

License Issuance and Expire Dates: _____ / _____

Signature: _____ Date: _____

(Or)

Name of Local Inspection Authority: _____ Permit Number: _____

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

