



**Cherokee County Health Department**  
 Phone (828) 835-3853 · Fax (828) 835-7854  
**APPLICATION FOR MIGRANT HOUSING**

OFFICE USE	
_____	Amt
_____	Date
_____	Initials
_____	Receipt #

**LANDOWNER** \_\_\_\_\_

**PERSON REQUESTING SERVICE** \_\_\_\_\_ **PHONE # ( )** \_\_\_\_\_

**PROPERTY ADDRESS:**  
 \_\_\_\_\_

**PROPERTY LOCATION (DIRECTIONS)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Migrant Housing NAME:** \_\_\_\_\_

**ANY CHANGES TO THE Housing:**  
 \_\_\_\_\_

**WATER TYPE:**  MUNICIPAL  WELL \_\_\_\_\_

**MIGRANT CAMP: # MIGRANTS** \_\_\_\_\_ **# BEDROOMS:** \_\_\_\_\_ **ON SEPTIC PERMIT**

**# SEPTIC** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

**DATE** \_\_\_\_\_ **Migrant Housing Owner/Applicant**