



**APPLICATION FOR ALTERNATE APPROVAL
EMPLOYEE HOUSING**

HCD EH 213 (Rev. 11/20)

NOTE: Submit this application together with substantiating data or plans to the enforcement agency having jurisdiction. Application fee of \$25.00 for each request, payable to Department of Housing and Community Development, shall accompany each application.

Pursuant to provisions of the California Health and Safety Code, I hereby make application for an alternate approval of the following:

- Name of Project: _____
 - Address/Location: _____
- Operator: _____
 - Address: _____
- Specific Description of Product and/or installation and use: _____

- Data (Plans, specifications, etc.) submitted herewith: _____

- Evidence of local agency approvals, if required: _____

- Synopsis of Employees' views: _____
- Applicant: _____ Title: _____
 - Address: _____
 - Telephone Number: _____ Email Address: _____

I understand that in order for an alternate to be approved, it shall be at least the equivalent of that prescribed by the California Health and Safety Code and related regulations in quality, strength, effectiveness, fire resistance, durability, safety, and for the protection of life and health.

This application is made with the understanding that the alternate may or may not be approved, without refund of fee, and that if approved, such approval may be revoked or conditions thereof modified for just cause. Applicant agrees to furnish additional substantiating data when considered necessary by the Division of Codes and Standards. If you have any questions, please contact the Employee Housing Program at (800) 952-8356 or EH@hcd.ca.gov.

Signature of Applicant: _____ Date: _____

Enforcement Agency or Area Supervisor: Please forward with your comments/recommendations to:

HCD—Division of Codes and Standards
Employee Housing Program
P.O. Box 278180
Sacramento, CA 95827