



**APPLICATION FOR PERMIT TO OPERATE EMPLOYEE HOUSING FACILITY**  
 Instructions on reverse side of this form

<p>1. Check the box(es) below for the type of permit applied for:                  Permit to Operate for Calendar Year(s) _____ Dates of Occupancy _____ to _____</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Renewal  <input type="checkbox"/> New Facility   <input type="checkbox"/> Permanent  <input type="checkbox"/> Temporary  <input type="checkbox"/> Seasonal                 </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Amended Permit  <input type="checkbox"/> Transfer of Ownership  <input type="checkbox"/> Change of Operator  <input type="checkbox"/> Change of Operator address  <input type="checkbox"/> Additional Employee(s) and/or MH RV lots                 </td> </tr> </table>	<input type="checkbox"/> Renewal <input type="checkbox"/> New Facility  <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Amended Permit <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Change of Operator <input type="checkbox"/> Change of Operator address <input type="checkbox"/> Additional Employee(s) and/or MH RV lots	<p><b>DEPARTMENT USE ONLY:</b></p> DTN: _____ Fee Rec: _____ Date: _____ DT.RT: _____ RT. TO: _____ RT. BY: _____
<input type="checkbox"/> Renewal <input type="checkbox"/> New Facility  <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Amended Permit <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Change of Operator <input type="checkbox"/> Change of Operator address <input type="checkbox"/> Additional Employee(s) and/or MH RV lots		

2. Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_

3. Facility Location: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. County: \_\_\_\_\_ Incorporated:  Unincorporated:

5. Operator Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

6. Operator MAILING Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

7. Legal Owner: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

8. Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ New Owner: Yes  No

<p><b>9. Community Facilities provided:</b></p> Number of Toilets: Men _____ Women _____ Number of Showers: Men _____ Women _____ Number of Lavatories: Men _____ Women _____  <input type="checkbox"/> Mess Hall or Mess Hall Kitchen <input type="checkbox"/> Community Kitchen <input type="checkbox"/> None	<p><b>10. Number of Housing Units:</b></p> _____ Dormitories _____ Single Family Dwellings _____ Duplex/Apartments _____ Railroad Cars _____ Tents _____ Employer Provided MH/RVs _____ Other (list) _____	<p><b>11. Number of Employees Housed in:</b></p> _____ Dormitories _____ Single Family Dwellings _____ Duplex/Apartments _____ Railroad Cars _____ Tents _____ Employer Provided MH/RVs _____ Other _____ <b>Total Employees</b>
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12. Number of Mobilehome/Recreational Vehicle **lots** provided for Employee owned Mobilehome/Recreational Vehicles (MH/RV): \_\_\_\_\_

**13. Complete this section to apply for a Permit to Operate:**

Total <b>Employees</b> from line 11	_____
Add <b>Lots</b> from line 12	_____
Subtotal	_____
Multiply	X \$ 27.00
Subtotal	_____
Add Permit Fee	+ \$200.00
Subtotal	_____
Penalty Fees (if applicable) Double or 10X fees	_____
<b>Total Permit Fees Due</b>	<b>\$ _____</b>

**14. Complete this section to apply for an Amended Permit to Operate:**

Additional Employees and/or MH / RV Lots	_____
Multiply	X \$ 27.00
Subtotal	_____
Add Amended Permit Fee	+ \$20.00
<b>Total Amended Permit Fee Due</b>	<b>_____</b>

Applicant agrees to all necessary inspections pertaining to issuance of a Permit to Operate. Applicant agrees that this facility shall be operated and maintained in accordance with the applicable provisions of the Employee Housing Act, Division 13, Part 1, of the Health and Safety Code, and of Title 25, California Code of Regulations, Chapter 1, Subchapter 3. **Applicant agrees that service of any legal notices or process will be accepted at his/her address of record.** I certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge.

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT USE ONLY: Approved \_\_\_\_\_ Date: \_\_\_\_\_

**Direct inquiries to: Department of Housing and Community Development, Employee Housing Program  
 2020 West El Camino Avenue, Suite 200, Sacramento CA 95833  
 PO Box 1407, Sacramento CA 95812**

## INSTRUCTION SHEET FOR APPLICATION FOR PERMIT TO OPERATE EMPLOYEE HOUSING

This is an Application for Permit to Operate an Employee Housing Facility. Please complete the application form accurately, sign, date, and return it with the appropriate fees. **BE SURE TO RETAIN A COPY FOR YOUR RECORDS.**

1. Enter the calendar year(s) within which you intend to operate the facility; enter the dates the facility will be occupied; check the appropriate box(es) for the type of permit you are applying for.
2. Enter the name of the facility and the facility's ID if known.
3. Enter the address or location of the facility.
4. Check the appropriate box if the facility is located within the unincorporated area of the county or within an incorporated city and list the name of the county.
5. Enter the name and telephone number of the facility's operator.
6. Enter the **MAILING address** of the facility's operator.
7. Enter the name and telephone number of the legal owner of the property where the facility is located.
8. Enter the mailing address of the legal owner of the property and indicate whether this is a new owner.
9. Enter the number of toilets, showers and lavatories provided for men and women. Indicate whether you intend to provide a mess hall or mess hall kitchen, community kitchen or none if no cooking facilities are available. **NOTE:** A certificate of approval is **required annually** from the Local Health Department for a mess hall or mess hall kitchen.
10. Enter the **number for the appropriate type of housing units** you intend to provide for employee use.
11. Enter the **number of employees** that will be housed in each type of housing unit.
12. Enter the **number of mobilehome/recreational vehicle lots** you intend to provide for employee owned mobilehomes and/or recreational vehicles.
13. Total the **number of employees** from line 11 and total **number of lots** provided from line 12.

Calculate the permit fee by adding the total number of **employees** from line 11, and the total number of **mobilehome/recreational vehicle lots** from line 12, and multiply by \$27.00. Add the **permit fee** of \$200.00. (Example, the permit fee for 6 employees is \$362.00, which is calculated by: 6 x \$27.00/per employee equals \$162.00, plus \$200.00, totals \$362.00. The fee for 6 employees and 6 mobilehomes/recreational vehicle lots is \$524.00, which is calculated 6 x \$27.00/per employee = \$162.00, plus 6 x \$27.00 per lot = \$162.00, plus \$200.00, totals \$524.00.

14. If you already have a permit to operate for the current year and the number of employees housed and/or the number of lots provided increases, or there is a change in ownership you must file an **Amended Permit to Operate** application. Include the amended permit fee of \$20.00, plus the \$27.00 fee for each additional employee and/or lot.
- **DATE, PRINT YOUR NAME, SIGN THE FORM AND ENTER YOUR TITLE. RETURN THE FORM AND APPLICABLE FEES TO: HCD – EMPLOYEE HOUSING PROGRAM, PO BOX 1407, SACRAMENTO, CA 95812.**
  - STATE LAW REQUIRES THAT YOU **FILE THE APPLICATION FOR PERMIT TO OPERATE AT LEAST 45 DAYS PRIOR TO THE DATE OF INITIAL OCCUPANCY.** THE APPLICATION MUST BE COMPLETED AND THE REQUIRED FEES PAID TO BE ACCEPTED. INCOMPLETE APPLICATIONS MAY BE RETURNED.
  - WHEN WE RECEIVE YOUR COMPLETED APPLICATION AND FEES, A DEPARTMENT REPRESENTATIVE WILL CONTACT YOU TO SCHEDULE AN INSPECTION. IF THE FACILITY MEETS THE MINIMUM REQUIREMENTS OF THE EMPLOYEE HOUSING ACT, YOU WILL RECEIVE A PERMIT TO OPERATE.
  - **DOUBLE FEES** ARE REQUIRED IF YOU ARE FOUND OPERATING WITHOUT A PERMIT.
  - **TEN TIMES THE FEES** ARE REQUIRED IF YOU ARE FOUND OPERATING WITHOUT A PERMIT FOR A SECOND OR SUBSEQUENT TIME WITHIN A FIVE YEAR PERIOD.
  - If you have any questions regarding the completion of this application, please direct your inquires to:  
**Department of Housing and Community Development, Employee Housing Program at (916) 445-9471.**