

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS**

2020 W. El Camino Avenue, Suite 200, Sacramento, CA 95833
P.O. Box 1407, Sacramento, CA 95812-1407
(916) 445-9471 / FAX (916) 263-5348
From TDD Phones 1-800-735-2929
www.hcd.ca.gov



CERTIFICATE OF NON-OPERATION

NOTICE: Health and Safety Code Section 17037.5 requires any person no longer operating or maintaining employee housing for 5 or more employees to file a Certificate of Non-Operation with the enforcement agency for two years following the discontinuation. Return your completed form to the address above. For additional information contact the Department's Employee Housing Program at (916) 445-9471.

Certificate for Calendar Year _____ Employee Housing Facility ID. No. _____

Employee Housing Facility Name _____

Facility Address _____

Operator Name _____

Operator Mailing Address _____

Operator Telephone Number _____

Property Owner Name _____

Owner Address _____

REASON FOR DISCONTINUED OPERATION (Check One and Complete as Appropriate)

- Property sold to: _____ on: _____
New Owner Address: _____
New Owner Telephone Number: _____
- Housing destroyed (Date): _____
- Housing facility exists, but will **not** be occupied by any employees for any part of the calendar year.
- Facility will only be occupied by _____ (less than 5) employees during the calendar year.
- Other, please explain: _____

Certification: I, _____, as _____,
(Print name) (Title)

certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge and belief.

Signature _____ Date _____

DEPARTMENT USE ONLY: Approved _____ Date _____ DTN: _____