



APPLICATION FOR ANNUAL PERMIT TO OPERATE EMPLOYEE HOUSING FACILITY

IMPORTANT: PLEASE COMPLETE ALL SECTIONS AND RETURN WITH PAYMENT

1. Check the box(es) for the type of permit applied for:

- Renewal** Permanent Amended Permit
 New Facility Temporary Transfer of Ownership
 Seasonal Change of Operator
 Change of Operator Address
 Additional Employee(s) and/or MH RV Lots

DEPARTMENT USE ONLY

PR#: _____

State ID: _____

Fee Rec: _____

Date: _____

2. Facility Name: _____

3. Facility Location: _____ City: _____ Zip: _____

4. Operator Name: _____ Phone Number: _____

5. Operator Mailing Address: _____ City: _____ Zip: _____

6. Legal Owner: _____ Phone Number: _____

7. Legal Owner Address: _____ City: _____ Zip: _____

New Owner? Yes No

8. Community Facilities Provided:

of Toilets: Men: _____ Women: _____

of Showers: Men: _____ Women: _____

of Lavatories: Men: _____ Women: _____

Mess hall or mess hall kitchen

Community kitchen

None

9. # of Housing Units:

Dormitories: _____

Duplex/Apartments: _____

Single-Family Units: _____

Employer Provided
MH/RVs

Other: _____

10. # of Employees Housed In:

Dormitories: _____

Duplex/Apartments: _____

Single-Family Units: _____

Employer Provided MH/RVs

Other: _____

Total # of Employees: _____

11. # of Mobile Home/Recreational Vehicle (RV) lots provided for employee owned Mobile Home/RVs: _____

**COMPLETE THIS SECTION TO
APPLY FOR A PERMIT TO OPERATE**

Total # of Employees and lots from **line 10 and 11**(see calculation formula on the reverse side): _____

x \$27.00

Subtotal _____

Add Permit Fee (smchealth.org/ehfees) + \$200.00 _____

*Add Penalty Fee (if applicable): _____

Double or 10x Fees: _____

TOTAL PERMIT FEES DUE: _____

**COMPLETE THIS SECTION FOR
AN AMENDED PERMIT TO OPERATE**

Additional Employees and/or MN/RV lots: _____

Multiply

Subtotal: _____

*Add Amended Permit Fee: _____

TOTAL AMENDED PERMIT FEES DUE: _____

**Visit smchealth.org/ehfees to view current housing fees.*

Applicant agrees to all necessary inspections pertaining 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 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 (Print): _____

Date: _____

Applicant Signature: _____

Title: _____

*Email: _____

***Email will be kept confidential and used solely to provide notifications from Environmental Health Services.**



APPLICATION INSTRUCTION SHEET FOR PERMIT TO OPERATE

This is an application for a permit to operate an employee housing facility. Complete the application form accurately, sign and date, and return it with appropriate fees. Visit smchealth.org/ehfees to view current fees. **Please make a copy for your records.**

1. Check the appropriate box(es) for the type of permit you are applying for.
2. Enter the name of the facility.
3. Enter the address or location of the facility.
4. Enter the facility operator's name and phone number.
5. Enter the mailing address of the facilities operator.
6. Enter the name and telephone number of the legal owner of the property where the facility is located.
7. Enter the mailing address of the legal owner of the property and indicate whether this is a **new owner**.
8. 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 if none of the cooking facilities are available. NOTE:** A certificate of approval is required annually from Environmental Health Services for a mess hall or mess hall kitchen.
9. Enter the **number for the appropriate type of housing units** you intend to provide for employee use.
10. Enter the **number of employees** that will be housed in each type of housing unit.
11. Enter the **number of mobile home/recreational vehicle lots** you intend to provide for employee owned mobile homes and/or recreational vehicles.
12. Total the **number of employees** from line 10 and total **number of lots** provided from line 11.

Calculate the permit fee by adding the total number of employees from line 10, and the total number of mobile home/recreational vehicle lots from line 11, and multiply x \$27.00. Add the current annual permit fee (found at smchealth.org/ehfees)

Example: The permit fee for 6 employees, which is calculated 6 x \$27.00/per employee = \$162.00, plus \$200.00 annual permit fee, totals =\$362.00. The fee for 6 employees and 6 mobile home/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 (or current permit fee) totals \$524.00.

13. 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 increase, or there is a change in ownership you must file an **amended permit to operate**. Include the amended permit fee found at smchealth.org/ehfees, plus the \$27.00 fee for each additional employee and/or lot.

DATE, PRINT YOUR NAME, SIGN THE FORM, AND ENTER YOUR TITLE.

STATE LAW REQUIRES THE APPLICATION FOR PERMIT TO OPERATE TO BE SUBMITTED 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 WILL BE RETURNED.

WHEN ENVIRONMENTAL HEALTH SERVICES RECIEVES YOUR COMPLETED APPLICATION AND FEES, A DIVISION REPRESENTATIVE WILL CONTACT YOU TO SCHEDULE AN INSPECTION. IF THE FACILITY MEETS THE MINIMUM REQUIREMENTS OF THE EMPLOYEE HOUSING ACT, YOU WILL RECEIVE A TEMPORARY PERMIT TO OPERATE, WITH A PERMANENT PERMIT TO OPERATE TO FOLLOW.

DOUBLE FEES ARE REQUIRED IF YOU ARE FOUND TO BE OPERATING WITHOUT A PERMIT.

TEN TIMES THE PERMIT FEE ARE REQUIRED IF YOU ARE FOUND OPERATING WITHOUT A PERMIT FOR A SECOND SUBSEQUENT TIME WITHIN A FIVE YEAR PERIOD.

For additional information or questions regarding the completion of this application, please contact San Mateo County Environmental Health Services' Housing Program at (650) 372-6200.