



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

<p>1. Check all boxes that apply.</p> <p>Permit to Operate for Calendar Year _____ Dates of Occupancy _____ to _____</p> <table style="width:100%;"> <tr> <td style="width:33%;"><input type="checkbox"/> Renewal</td> <td style="width:33%;"><input type="checkbox"/> Permanent</td> <td style="width:33%;"><input type="checkbox"/> Amendment:</td> </tr> <tr> <td><input type="checkbox"/> New Facility</td> <td><input type="checkbox"/> Temporary</td> <td><input type="checkbox"/> Change of Operator/Owner</td> </tr> <tr> <td><input type="checkbox"/> H2A Facility</td> <td><input type="checkbox"/> Seasonal</td> <td><input type="checkbox"/> Change of Operator/Owner address</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Additional Employee(s) and/or MH/RV lots</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change of Occupancy Dates</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Change of Room Numbers</td> </tr> </table>	<input type="checkbox"/> Renewal	<input type="checkbox"/> Permanent	<input type="checkbox"/> Amendment:	<input type="checkbox"/> New Facility	<input type="checkbox"/> Temporary	<input type="checkbox"/> Change of Operator/Owner	<input type="checkbox"/> H2A Facility	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Change of Operator/Owner address			<input type="checkbox"/> Additional Employee(s) and/or MH/RV lots			<input type="checkbox"/> Change of Occupancy Dates			<input type="checkbox"/> Change of Room Numbers	<p>DEPARTMENT USE ONLY:</p> <p>DTN: _____</p> <p>RT Date: _____</p> <p>RT. By: _____</p> <p>RT To: <input type="checkbox"/> NAO <input type="checkbox"/> SAO</p>
<input type="checkbox"/> Renewal	<input type="checkbox"/> Permanent	<input type="checkbox"/> Amendment:																	
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		<input type="checkbox"/> Change of Occupancy Dates																	
		<input type="checkbox"/> Change of Room Numbers																	

2. Facility Name: _____ Facility ID: _____

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

4. County: _____	<input type="checkbox"/> Incorporated <input type="checkbox"/> Unincorporated	5. Operator Telephone: _____
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6. Operator Name: _____ Email: _____

7. MAILING Address: _____ City: _____ Zip Code: _____

8. Legal Owner: _____ Telephone: _____

9. Owner Address: _____ City: _____ Zip Code: _____

<p>10. Community Facilities provided:</p> <p>Number of Toilets:Men _____ Women _____</p> <p>Number of Showers:Men _____ Women _____</p> <p>Number of Lavatories:Men _____ Women _____</p> <p><input type="checkbox"/> Mess Hall or Mess Hall Kitchen <small>*Certificate of Approval from Local Health Department required</small></p> <p><input type="checkbox"/> Community Kitchen</p> <p><input type="checkbox"/> None</p>	<p>11. Number of Housing Units:</p> <p><input type="checkbox"/> Dormitories</p> <p><input type="checkbox"/> Single Family Dwellings</p> <p><input type="checkbox"/> Duplexes</p> <p><input type="checkbox"/> Apartments</p> <p><input type="checkbox"/> Hotel/Motel/Inn (Room #s required)</p> <p><input type="checkbox"/> Tents</p> <p><input type="checkbox"/> Employer Provided MH/RVs</p> <p><input type="checkbox"/> Other: _____ <small>Describe "Other" Housing</small></p>	<p>12. Number of Employees Housed in:</p> <p><input type="checkbox"/> Dormitories</p> <p><input type="checkbox"/> Single Family Dwellings</p> <p><input type="checkbox"/> Duplexes</p> <p><input type="checkbox"/> Apartments</p> <p><input type="checkbox"/> Hotel/Motel/Inn</p> <p><input type="checkbox"/> Tents</p> <p><input type="checkbox"/> Employer Provided MH/RVs</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Total Employees</p>
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13. Number of mobilehome/recreational vehicle (MH/RV) **lots** provided for **employee-owned** MH/RVs: _____

14. Complete this section to apply for a Permit to Operate:

Total **Employees** from Section 12..... _____

Add **Lots** from Section 13..... _____

Subtotal..... _____

Multiply..... X \$ 27.00

Subtotal..... _____

Add Permit Fee..... + \$200.00

Subtotal..... _____

Penalty Fees (if applicable)

Double or 10X fees..... _____

Total Permit Fees Due..... \$ _____

15. 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

Total Amended Permit Fee Due..... \$ _____

DEPT. USE ONLY: Refund Due: \$ _____ Requested: _____

16. Applicant agrees to all necessary inspections pertaining to issuance of a Permit to Operate and 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 California 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: _____

Submit application to: Department of Housing and Community Development, Employee Housing Program
9342 Tech Center Drive, Suite 500, Sacramento, CA 95826
PO Box 278180, Sacramento, CA 95827-8180

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. **RETAIN A COPY FOR YOUR RECORDS.**

Section 1. Permit to Operate: Enter the calendar year you plan to operate the facility; include the dates the facility will be occupied in the "Dates of Occupancy" area. Check the appropriate box for the type of application you are submitting: **renewal** of an existing facility, **new facility**, or **amendment**. Check the box for the type of permit you are applying for: permanent, seasonal, or temporary. Check the H2A box if you plan to house H2A workers in the facility. If you are submitting an amendment; check the box to indicate the type(s) of amendment you are applying for and include a copy of the current Permit to Operate (PTO).

Sections 2–4: Enter the facility name, facility ID (if known), address or location of the facility, and county where the facility is located. Check the appropriate box if the facility is located within the unincorporated area of the county or within an incorporated city. If unknown, you may check with the local government for a determination.

Sections 5–7: Enter the Operator name, telephone number, MAILING address, and email address for the Operator.

Sections 8–9: Enter the name, telephone number, and address for the legal owner of the property.

Section 10. Community Facilities: Enter the number of toilets, showers, and lavatories provided for men and women. Indicate if 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.

Section 11. Number of Housing Units: Enter the **number of housing units** you intend to provide for employee use. Provide a description of "Other" housing units. If you are housing in a hotel, motel, inn, etc., a list of room numbers you are occupying is required.

Section 12. Number of Employees Housed: Enter the **number of employees** that will be housed in each type of housing unit. Provide the total number of employees on the "Total Employees" line.

Section 13. Mobilehome/Recreational Vehicle Lots: Enter the **number of mobilehome/recreational vehicle lots** you intend to provide for employee-owned mobilehomes and/or recreational vehicles.

Section 14: Complete this worksheet if you are applying for a **renewal** or a **new facility** only. Enter the **total number of employees** from Section 12 and the **total number of lots** from Section 13.

Calculate the permit fee by adding the total number of **employees** from Section 12, and the total number of **mobilehome/recreational vehicle lots** from Section 13, 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.

Section 15: Complete this worksheet if you are applying for an **amendment** to an existing PTO. If you already have a permit to operate for the current year and anything on your PTO changes (i.e., changes in number of employees housed or lots provided, operator/legal owner, occupancy dates, room numbers, etc.). Include the amended permit fee of \$20.00, plus the \$27.00 fee for each additional employee and/or lot.

Section 16: Print your name, sign and date the form, and enter your title. Return completed form and applicable fees to: HCD – EMPLOYEE HOUSING PROGRAM, P.O. BOX 278180, SACRAMENTO, CA 95827.

California state law requires that you file the application for PTO **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 to the applicant.

Upon receipt of your completed application and fees, an HCD representative may contact you to schedule an inspection. If the facility meets the minimum requirements of the Employee Housing Act, a PTO will be issued.

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 this application, please contact HCD at **(800) 952-8356** or EH@hcd.ca.gov.