Department of Housing and Community Development Division of Codes and Standards Employee Housing Program



EMPLOYEE HOUSING REQUESTED INSPECTION DATE

HCD EH 207 (Rev. 11/20)

Dear Employee Housing Facility Operator:

Regulations for the Employee Housing Program require the California Department of Housing and Community Development (HCD) inspect employee housing facilities within 45 days following receipt of an application for a Permit to Operate. However, HCD is aware that a majority of the employee housing facilities are only operated during certain times of the calendar year.

Please note: due to program timeframes and limitations, not every facility is inspected every calendar year. If your facility has been selected for inspection, you will be contacted by the District Representative assigned to inspect your facility.

In order for HCD to best schedule inspections of employee housing facilities and to provide better service to owners/operators, the following information is requested, whether your employee housing facility is operated temporarily, seasonally, or permanently year-round:

1.	Facility ID #:	
	Facility Address:	
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3.	Anticipated date(s) of occupancy:	
	. , , , , , , , , , , , , , , , , , , ,	Write "YEAR-ROUND" if applicable.
4.	Approximate date of requested inspection: _	
		Must be at least 45 days prior to anticipated occupancy date.
5.	Contact name for scheduling inspection:	
6.	Telephone number for scheduling inspection	า:

On the reverse side of this form are instructions for providing directions to locate your employee housing facility. After completing the reverse side of this form, and providing the information requested above, attach this letter to the *Application for a Permit to Operate Employee Housing Facility, form HCD EH 204*, and return them, along with payment, to the following address:

P.O. Box 278180 Sacramento, CA 95827-8180

If you have any questions regarding this form or the application process, please contact the Employee Housing Program at (800) 952-8356 or EH@hcd.ca.gov.

Occi	upancy Date	S:	Facility ID#:					
map resp	will assist th onsible perso	irections below for locating you be inspector to locate the emp on, in a timely and effective m and attach to this form.	loyee housing facilit	y, as well	as the facility's			
3	 Identify all nearby roads and freeways. Indicate any on-site driveways or access roads that lead to the area the employee housing facility is located. Identify helpful markers. Identify the location of the office or the responsible person's residence. 							
Comments:								