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

APPLICATION FOR PERMIT TO OPERATE EMPLOYEE HOUSING FACILITY

Submit application online at www.hcd.ca.gov or complete this form.

Section 1. PERMIT TO OEPRATE (PTO) TYPE

Permit to Operate for Calendar Year_____ **Dates of Occupancy**_____ to_____

Application Type	Permit Type	Visa Program	Amendment Type	
New Facility	Permanent	H-2A Facility	Change of Operator / Owner	Change of Occupancy Dates
Renewal	Temporary	H-2B Facility	Change of Operator / Owner Address	Change of Room Numbers
Amendment	Seasonal	N/A	Additional Employee(s) and/or MH/RV lots	

Section 2. FACILITY INFORMATION

Facility Name_____ Facility ID_____

Facility Location_____

City_____ Zip_____ County_____ ☐ Incorporated ☐ Unincorporated

Section 3. OPERATOR

Operator Name_____

Email_____ Telephone_____

MAILING Address_____ City_____ State_____ Zip_____

Secondary Operator Name (if applicable)_____

Email_____ Telephone_____

MAILING Address_____ City_____ State_____ Zip_____

Section 4. LEGAL OWNER

Name_____ Telephone_____

Address_____ City_____ State_____ Zip_____

Section 5. PERMIT INFORMATION

Community Facilities:

Toilets ..... _____

Showers..... _____

Lavatories .... _____

Mess Hall or Mess Hall Kitchen

*Local Health Dept. Certificate of Approval required

Community Kitchen

None

Housing Type	Number of Units	Number of Employees Housed
Dormitory		
Single family dwelling		
Duplex		
Apartment		
Hotel / Motel / Inn room (Room #s required)		
Tent		
Employer-provided MH / RV		
Other:_____		
Mobilehome / Recreational Vehicle Lots Provided for employee-owned MH/RV		N/A

TOTAL EMPLOYEES_____ **TOTAL MH/RV LOTS**_____

Section 6. FEE CALCULATION—PTO

Complete this section to apply for a Permit to Operate

Total Employees..... _____
Total MH/RV Lots ..... _____
Subtotal..... _____
Multiply x $27
Subtotal..... _____
Add Permit Fee + $200
Subtotal..... _____
Penalty Fees (if applicable) ..... _____
Total Permit Fees Due..... _____

Section 7. FEE CALCULATION—AMENDED PTO

Complete this section to apply for an Amended Permit to Operate

Additional employees and/or MH/RV Lots..... _____
Multiply x $27
Subtotal..... _____
Add Amended Permit Fee + $20
Total Amended Permit Fee Due..... _____

Section 8. APPLICATION CERTIFICATION

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, Health and Safety Code, division 13, part 1, and California Code of Regulations, title 25, 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:

DTN_____ ROUTED DATE_____ ROUTED BY_____ RT to: NAO SAO

APPROVED_____ DATE_____

INSTRUCTIONS

Please complete the application form accurately, sign, date, and return it with the appropriate fees. RETAIN A COPY FOR YOUR RECORDS. This application may be completed using online services at www.hcd.ca.gov or submitted by email to EH@hcd.ca.gov or by mail to:

HCD—Employee Housing Program
P.O. Box 278180
Sacramento, CA 95827-8180

Section 1. PERMIT TO OPERATE (PTO) TYPE

Permit to Operate Calendar Year—Enter the calendar year you plan to operate the facility.

Dates of Occupancy—Enter the dates the facility will be occupied.

Application Type—Check the box for the type of application you are submitting: new employee housing facility PTO, PTO renewal for an existing facility, or amendment to your current PTO.

Permit Type—Check the box for the type of permit you are applying for: permanent, temporary, or seasonal.

Visa Program (if applicable)—Check the box for H-2A if you plan to house H-2A visa program workers or H-2B if you plan to house H-2B visa program workers in the facility. Check N/A if you are not participating in a visa program.

Amendment Type—If you are submitting an amendment, check the box to indicate the type(s) of amendment you are applying for. Include a copy of the current Permit to Operate (PTO).

Section 2. FACILITY INFORMATION

Enter the facility name, facility ID number (if known), address or location of the facility, and county where the facility is located. Check the appropriate box to indicate if the park is located in an incorporated city or unincorporated area. If unknown, check with your local government (city or county) for a determination.

Section 3. OPERATOR

Enter the name, email, telephone number, and MAILING address for the operator and if applicable, for the secondary operator. If no secondary operator, leave blank.

Section 4. LEGAL OWNER

Enter the name, telephone number, and address for the legal owner of the property.

Section 5. PERMIT INFORMATION

Community Facilities—Enter the number of toilets, showers, and lavatories provided for employee use. 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.

Housing Type Table: Number of Housing Units—Enter the number of each type of housing units provided for employee use. Provide a description of “Other” housing type. If you are housing in a hotel, motel, inn, etc., provide a list of room numbers you are occupying on a Facility Room Number List, form HCD EH 209, or a similar format.

Housing Type Table: Number of Employees Housed—Enter the number of employees that will be housed in each type of housing unit.

Housing Type Table: Mobilehome/Recreational Vehicle Lots—Enter the number of mobilehome/recreational vehicle (MH/RV) lots you intend to provide for employee-owned mobilehomes and/or recreational vehicles. Note: If you are providing lots, you do not need to include the number of employee housed in employee-owned MHs/RVs.

TOTAL EMPLOYEES—Enter the total number of employees on the Total Employees line.

TOTAL MH/RV LOTS—Enter the total number of mobilehome/recreational vehicle (MH/RV) lots you intend to provide for employee-owned mobilehomes and/or recreational vehicles.

Section 6. FEE CALCULATION—PTO

Complete this section if you are applying for a new facility PTO or renewal of an existing facility’s PTO only. Enter the total number of employees from Section 5, TOTAL EMPLOYEES. Enter the total number of lots from Section 5, TOTAL MH/RV LOTS.

Subtotal the total number of employee and lots and multiply by $27. Add the $200 permit fee. Add any applicable penalty fees. **DOUBLE FEES** are required if you are found operating without a PTO. **TEN TIMES THE FEES** are required if you are found operating without a PTO for a **second or subsequent time within a 5-year period**. Enter the total on the **Total Permit Fees Due** line.

Example: You are housing 6 employees in a dormitory and have 4 MH/RV lots available for employee-owned MHs/RVs. Fee calculation: 6 employees plus 4 lots is equal to 10. Multiply 10 by $27 per employee/lot fee—$270. Add the $200 permit fee—$470. No penalty fees due so the total permit fees due is equal to $470.

Section 7. FEE CALCULATION—AMENDED PTO

Complete this section if you are applying for an amendment to an existing PTO. An amended PTO is required if you already have a PTO for the current year and any of the originally submitted information changes (i.e., number of employee/lots, operator name or address, occupancy dates, room numbers, etc.). Submit a copy of the existing PTO with your amended PTO application.

If applicable, enter the total number of employee/lots you are adding to the PTO (do not include employees/lots you already paid for on the original PTO). Multiply the additional employees/lots by $27. Add the $20 amended permit fee. Enter the total on the Total Amended Permit Fee Due line.

Example: You are changing the mailing address of the Operator only. Total number of additional employees/lots equals 0—0 times $27 is $0. Add the $20 amended permit fee. Total fees due is equal to $20.

Section 8. APPLICATION CERTIFICATION

Print your name and title. Sign and date the application.

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 complete 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.

If you have any questions regarding this application, please contact HCD at EH@hcd.ca.gov.