



# MONTEREY COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH BUREAU

## APPLICATION FOR PERMIT TO OPERATE EMPLOYEE HOUSING – 2024

**INSTRUCTIONS:** Complete Employee Housing form and keep a copy for your files. Submit original to the Monterey County Environmental Health Bureau at 1270 Natividad Rd., Salinas, CA. 93906. Attn: Armando Gonzalez [GonzalezA2@co.monterey.ca.us](mailto:GonzalezA2@co.monterey.ca.us) or Susan Rimando [rimandos@co.monterey.ca.us](mailto:rimandos@co.monterey.ca.us).

Date of Occupancy: From: \_\_\_\_\_ To: \_\_\_\_\_      **Yearly or Seasonal** (circle one)      **H2A Housing:** Yes or No (circle one)

Facility Name: \_\_\_\_\_

Facility Location: \_\_\_\_\_      APN #: \_\_\_\_\_

Operator's Name: \_\_\_\_\_      Operator's Phone #: \_\_\_\_\_

Operator's Address: \_\_\_\_\_

Contact Person at the time of the inspection/Title: \_\_\_\_\_      Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

**New Employee Housing Applicant Only – Provide the following information**

**Health Department Land Use:** How is sewage disposed of?     Regional Sewer     Onsite Wastewater Treatment System (OWTS, or septic system)\*\*

Will laundry facilities be available?     No     Yes, in Each Unit     Yes, Centralized on the Property

Will a kitchen/ food preparation area be available?     No     Yes, in Each Unit     Yes, Centralized on the Property

Have you discussed this project with Monterey County Housing and Community Development? \*     Yes     No

**Drinking Water Protection Services:** What is the source of drinking water?     Private Well\*\*     EHB-Regulated Water System (2-199 connections)\*\*

Regional Water Supply (200+ connections)      Provide water system name if applicable: \_\_\_\_\_

\*Note that additional Building and/or Planning requirements may apply.

\*\*If the property is not connected to regional water supply or sewer, it is necessary to submit a separate [Request for Service](#) application (subject to additional fees) to evaluate the adequacy of the OWTS and water well/system to serve the proposed project. Information about the well and current [water quality](#) analysis, and an [OWTS Performance Evaluation](#) will be required for review and acceptance. Current standards must be shown to be met before issuance of employee housing permit.

HOUSING ACCOMODATIONS	P/E	QUANTITY		FEES	TOTAL
Application	8014		X	\$139.00	
Number of Employees to be Housed	8018		X	\$27.00	
Number of Single-Family Dwellings	8025		X	\$104.00	
Number of Apartments	8029		X	\$150.00	
Number of Dormitories	8023		X	\$289.00	
Number of Mobile Homes (M.H.)	8027		X	\$104.00	
Number of Spaces Provided for M.H.	8021		X	\$27.00	
Amended Permit Fee (If applicable)	8031		X	\$20.00	
				<b>Subtotal:</b>	

**Note: If you have a re-inspection, an additional fee of \$178.00 per hour will be charged for every re-inspection performed. A separate invoice will be mailed.**

Applicant agrees to all necessary inspection's incident to issuance of a permit to operate. Applicant agrees that this project shall be operated and maintained in accordance with the applicable provisions of the Employee Housing Act, Part 1, Division 13 of the Administrative Code, Chapter 1, Subchapter 3. Applicant agrees that service of any legal notices or process will be accepted at his/her address of record. **Initial fees must be paid prior to pre-initial inspection.**

**Applicant Print Name:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***For Office Use Only:***

Re-inspection Fee (P/E 8040) \_\_\_\_\_ hours X \$178 = Total: \_\_\_\_\_      \* HDLU  DWPS - Service Request Fee: \_\_\_\_\_ hours X \$201 = Total: \_\_\_\_\_

Payment Amt: \_\_\_\_\_ Invoice #: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Record ID: \_\_\_\_\_