

APPLICATION FOR PERMIT TO OPERATE EMPLOYEE HOUSING/LABOR CAMP

Dates of Occupancy: From: _____ To: _____ Year: _____

Camp Operations:	New Camp: <input type="checkbox"/>	Annual Renewal: <input type="checkbox"/>	Amended Permit: <input type="checkbox"/>
Camp Name:			I.D. No. 44- _____ -EH
Camp Location:			City: _____
Operator's Name:			Phone: _____
Operator's Address:			City: _____
Facility Owner:			Phone: _____
Facility Owner's Address:			City: _____

Community Facilities:

Water Source:-----	Public Water System: <input type="checkbox"/> Name: _____	Private Water System: <input type="checkbox"/>	
Men's Facilities:-----	# of Toilets: _____	# of Showers: _____	# of Lavatories: _____
Women's Facilities:--	# of Toilets: _____	# of Showers: _____	# of Lavatories: _____
Community Kitchen:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	

Housing Facilities:

Number of Dormitories:	<input style="width: 90%;" type="text"/>	Number of Employees Housed in Dormitories:	<input style="width: 90%;" type="text"/>
Number of Family Units:	<input style="width: 90%;" type="text"/>	Number of Employees Housed in Family Units:	<input style="width: 90%;" type="text"/>
Employees housed in mobile homes and R.V.'s provided by the employer: -----			<input style="width: 90%;" type="text"/>
Employees housed in mobile homes and R.V.'s owned by the employee:-----			<input style="width: 90%;" type="text"/>
Total number of employees in all accommodations: -----			<input style="width: 90%;" type="text"/>

Fees:

Application Fee:	<input style="width: 90%;" type="text"/>
Capacity \$ _____ per Employee:	<input style="width: 90%;" type="text"/>
Total Fee:	<input style="width: 90%;" type="text"/>

An amended permit is required whenever there is a change in the number of employees housed, change in ownership, or change in operation after the original permit is issued for the calendar year.

Applicant agrees to all necessary inspections required as a condition for a permit to operate. Applicant agrees that this project (camp) shall be operated and maintained in accordance with applicable provisions of the Title 25 of the California Code of Regulations and governed by the California Health and Safety Code (commencing with Section 17000.) Applicant agrees that service of any legal notices or process will be accepted at his/her address of record.

Date: _____ Applicant's Signature _____ Title _____

DEPARTMENTAL USE ONLY

Reviewed by: _____ Title: _____ Date _____