County of Santa Cruz

HEALTH SERVICES AGENCY
Environmental Health Division
701 Ocean St. Room 312, Santa Cruz, CA 95060
(831) 454-2022 TDD/ TTY: Call 711
www.scceh.org

APPLICATION FOR PERMIT TO OPERATE EMPLOYEE HOUSING/LABOR CAMP

Dates of Occupancy: From: To: Year:

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Camp Operations: New Camp: ☐ Annual Renewal: ☐ Amended Permit: ☐

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:

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Community Facilities:

Water Source: ☐ Public Water System: Name:_____ ☐ Private Water System

Men's Facilities: # of Toilets: # of Showers: # of Lavatories:

Women's Facilities: # of Toilets: # of Showers: # of Lavatories:

Community Kitchen: ☐ Yes ☐ No

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Housing Facilities:

Number of Dormitories:		Number of Employees Housed in Dormitories:	
Number of Family Units:		Number of Employees Housed in Family Units:	
		Employees housed in mobile homes and R.V.'s provided by the employer:	
		Employees housed in mobile homes and R.V.'s owned by the employee:	
		Total number of employees in all accommodations:	

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Fees:

Application Fee:	$
Capacity x $ _____ per Employee:	$
Total Fee:	$

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.

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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.

Applicant's Signature _____ Title _____ Date: _____

========== DEPARTMENTAL USE ONLY==========

Reviewed by: _____ Title: _____ Date _____