

County of Nevada - Planning Department
Employee Housing Information Form
for Employer-provided housing in compliance with
California Health & Safety Code Sections 17000 et seq.
This form to be retained in the Building Permit file

Employee Housing site: APN(s) _____ Acreage: _____

Employee Housing is for (list number of employees):
_____ Agricultural worker(s) or _____ Non-agricultural worker(s)

Employee housing will be located (on or off site of the business operation): ___ Onsite or ___ Offsite

Property Owner Name(s): _____

Property Owner Mailing Address: _____

Property Owner Telephone: _____ Email: _____

Non-Agricultural employee housing:

Employer's type of business: _____

Employer's business site address: _____

Agricultural employee housing:

Type of agricultural operation, e.g., crops, animal husbandry: _____

Provide proof of application for an HCD Permit to Operate: Permit # _____, or, ___ HCD application is attached.

I, _____ understand that any permits issued or granted by the County of Nevada are subject to final issuance of a Permit to Operate by the State Department of Housing and Community Development, and do hereby declare, subject to penalty of perjury, that the foregoing information is true and correct and that occupancy of the herein described employee housing will be limited to employees as permitted pursuant to California Health and Safety Code Sections 17000-17043, known as the Employee Housing Act.

Property Owner Signature

Date

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Planning Department use only:

_____ Zoning Site under Williamson Act contract? ___ yes ___ no

Conditional Approval by: _____ Date: _____