



EMPLOYEE HOUSING PROGRAM



SAN MATEO COUNTY HEALTH
**ENVIRONMENTAL
HEALTH SERVICES**

San Mateo County Environmental Health Services

- A division of the San Mateo County Health.
- Provides a variety of ongoing services to the community through a variety of regulatory programs.
- Focused on a safe and healthful environment through education, monitoring, and enforcement.





SAN MATEO COUNTY HEALTH
**ENVIRONMENTAL
HEALTH SERVICES**

Employee Housing Program



- EHS works under The California Department of Housing and Community Development (HCD) Employee Housing Program.
- EHS is responsible for regulating the construction, maintenance, use, and occupancy of privately-owned or -operated employee housing facilities that provide housing for five or more employees.
- The goal is to ensure employee health, safety, and general welfare.

Program Purpose and Scope



SAN MATEO COUNTY HEALTH
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HEALTH SERVICES**

Program Purpose and Scope

Local Enforcement Agency:

**EHS regulates the
Employee Housing
Act (California Health
& Safety Code
§17000)**

**(California Code of
Regulations Title 25)**

Housing Types:

- **Single family dwelling**
- **Apartments**
- **Duplexes**
- **Manufactured homes**
- **Trailers**

Housing Types:

- **Dormitories**
- **Boarding houses**
- **Bunkhouses**
- **Mobile homes**
- **RVs**
- **and more**



What does EHS inspect?

- EHS inspects for properly maintained housing.
- Inspections include:
 - Facilities open areas
 - Common Restrooms
 - Common Kitchens
 - Buildings/Units
 - Equipment and electric
 - Gas related systems if any
 - Sewer/septic systems
 - Utility/service connections
 - Proper unit identification
 - Proper lot line identification
 - Hazards
 - Fire issues
 - Safety issues
 - And more



Employee Housing Facility Inspection Booklet

State of California
Business, Consumer Services and Housing Agency
Department of Housing and Community Development
Division of Codes and Standards



EMPLOYEE HOUSING FACILITY INSPECTION INFORMATION BOOKLET FOR OWNERS, OPERATORS, AND RESIDENTS

- Review important information for owners, operators, and residents of employee housing facilities regarding inspections, violations, and legal requirements
- Understand about the planned inspection of your employee housing facility
- Save this booklet for future reference

Estado de California
Agencia de Negocios, Servicios al Consumidor y Vivienda
Departamento de Vivienda y Desarrollo Comunitario
División de Códigos y Normas



FOLLETO INFORMATIVO DE INSPECCIÓN DE INSTALACIONES DE VIVIENDA PARA EMPLEADOS PARA PROPIETARIOS, OPERADORES Y RESIDENTES

- Repasar información importante para propietarios, operadores y residentes de instalaciones de vivienda para empleados en relación con inspecciones, infracciones y requisitos legales.
- Entender acerca de la inspección planificada de sus instalaciones de vivienda de empleados.
- Guarde este folleto para futuras consultas

• [Employee Housing Facility Inspection Booklet \(PDF\)](#)

• [Folleto de Inspección de las Instalaciones de Vivienda para Empleados \(PDF\)](#)



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What are the expectations for Employee Housing Operators?

Permit to Operate (PTO) Requirements

- Application form and permit fees submitted annually by December 15th.
- Inspections are scheduled and begin January.
- Routine inspections are completed annually.
- Complaint inspections are done as needed.



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SAN MATEO COUNTY HEALTH
**ENVIRONMENTAL
HEALTH SERVICES**

Environmental Health Services

Housing Program

2000 Alameda de las Pulgas, Suite #100
San Mateo, CA 94403
Phone: (650) 372-6200 | Fax: (650) 627-8244
smchealth.org/housing

APPLICATION FOR ANNUAL PERMIT TO OPERATE EMPLOYEE HOUSING FACILITY

IMPORTANT: PLEASE COMPLETE ALL SECTIONS AND RETURN WITH PAYMENT

1. Check the box(es) for the type of permit applied for:

- ☐ Renewal ☐ Permanent ☐ Amended Permit
☐ New Facility ☐ Temporary ☐ Transfer of Ownership
☐ Seasonal ☐ Change of Operator

- ☐ Change of
Operator Address

☐ Additional Employee(s)
and/or MH RV Lots

DEPARTMENT USE ONLY

PR#:

State ID:

Fee Rec:

Date:

2. Facility Name: _____

3. Facility Location: _____ City: _____ Zip: _____

4. Operator Name: _____ Phone Number: _____

5. Operator Mailing Address: _____ City: _____ Zip: _____

6. Legal Owner: _____ Phone Number: _____

7. Legal Owner Address: _____ City: _____ Zip: _____

New Owner? ☐ Yes ☐ No

8. Community Facilities Provided:

9. # of Housing Units:

10. # of Employees Housed In:

of Toilets: Men: _____ Women: _____ Dormitories: _____ Dormitories: _____

of Showers: Men: _____ Women: _____ Duplex/Apartments: _____ Duplex/Apartments: _____

of Lavatories: Men: _____ Women: _____ Single-Family Units: _____ Single-Family Units: _____

☐ Mess hall or mess hall kitchen

Employer Provided

Employer Provided MH/RVs

☐ Community kitchen

MH/RVs

Other: _____

☐ None

Other: _____

Total # of Employees: _____

11. # of Mobile Home/Recreational Vehicle (RV) lots provided for employee owned Mobile Home/RVs: _____

**COMPLETE THIS SECTION TO
APPLY FOR A PERMIT TO OPERATE**

Total # of Employees and lots from line 10 and
11 (see calculation formula on the reverse side): _____

x \$27.00

Subtotal

Add Permit Fee (smchealth.org/ehfees)

+ \$200.00

*Add Penalty Fee (if applicable): _____

Double or 10x Fees: _____

TOTAL PERMIT FEES DUE: _____

**COMPLETE THIS SECTION FOR
AN AMENDED PERMIT TO OPERATE**

Additional Employees and/or MN/RV lots: _____

Multiply

X \$27.00

Subtotal: _____

*Add Amended Permit Fee:

\$20.00

TOTAL AMENDED PERMIT FEES DUE: _____

*Visit smchealth.org/ehfees to view current housing fees.

Applicant agrees to all necessary inspections pertaining to issuance of a Permit To Operate. Applicant agrees that this facility shall be operated and maintained in accordance with the applicable provisions of the Employee Housing Act, Division 13, Part 1, of the Health and Safety Code, and of Title 25, California Code of Regulations, Chapter 1, Subchapter 3. Applicant agrees that service of any legal notices or process will be accepted at 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 (Print): _____ Date: _____

Applicant Signature: _____ Title: _____

*Email: _____

*Email will be kept confidential and used solely to provide notifications from Environmental Health Services.

Rev. 01/29/2015

San Mateo County Farm Labor Housing Application



SAN MATEO COUNTY HEALTH
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How to file a complaint

- Online at <https://smchealth.org/division/divisions/environmental-health-services/file-a-complaint/>
- Call us at 650-372-6200
- Email us at FarmworkerHousingSupport@smcgov.org

File A Complaint

Environmental Health Services

- Office of the Health Officer ▾
- Aging & Disability Services ▾
- Emergency Medical Services ▾
- Public Health, Policy & Planning ▾
- Behavioral Health & Recovery Services ▾
- Environmental Health Services ^
- About Environmental Health Services
- Contact Us
- MyEHS Portal
- Permits & Business Services ▾
- Environmental Health Services Fees
- Waste, Recycling & Safe Disposal ▾
- Pollution Prevention & Community Programs ▾
- File A Complaint** ^
- Pests & Wildlife Problems
- Housing Problems
- Grocery Problems
- Restaurant Problems
- EHS Updates
- EHS Events
- Correctional Health Services ▾
- Family Health Services ▾

Divisions / Environmental Health Services / File A Complaint

Report a problem with your apartment, a meal you ate at a restaurant or find out how to dispose of a dead animal on your property.

Pests & Wildlife Problems

Report concerns about rodents, mosquitoes and other pests that may affect public health.

[Read More](#)

Housing Problems

Report issues related to substandard housing conditions such as mold, pests or lack of utilities.

[Read More](#)

Grocery Problems

Submit concerns about safety, cleanliness or violations at grocery stores and markets.

[Read More](#)

Restaurant Problems

Report foodborne illness or unsafe food handling at restaurants and other food facilities in San Mateo County.

[Read More](#)

File a complaint

You can file an Environmental Health Services complaint for food, housing, swimming pools, illegal dumping of hazardous waste, discharge to storm drain system, or failed septic system.

[File a complaint](#)

File a complaint

You can file an Environmental Health Services complaint for food, housing, swimming pools, illegal dumping of hazardous waste, discharge to storm drain system, or failed septic system.

File a complaint



- A complaint number will be generated.
- The complaint is assigned to an inspector within 24 hours.
- The nature of the complaint will determine if a letter of allegation will be issued or if an inspection is needed immediately.



SAN MATEO COUNTY HEALTH
**ENVIRONMENTAL
HEALTH SERVICES**

[Home](#) [Pay via Invoice Number](#) [File a Complaint](#) [Request Public Records](#) [Complaint Status Tracking](#) [Inspection Report Search](#)

File a Complaint

File a complaint against a business. You can identify yourself or file anonymously.

Complaint Form

This form is to be used only for non-emergency complaints.

If this is an emergency, please contact your local police, fire department, or hospital by calling 9-1-1.

Complaints can be reported over the phone at (650) 372-6200 or online using this form. Environmental Health Services Staff will respond to this form during office hours (8AM to 5PM, Monday – Friday excluding holidays). All information is confidential and is not given to the owner/property owner or any other third party.

Your name, phone number, email, and address are kept confidential. If this is a food illness complaint, please provide your contact information in order for our staff to effectively respond to your complaint. Please allow 3-5 business days for contact from our office.

If this is a RENTAL HOUSING COMPLAINT, and you have failed to resolve it with your landlord, please provide the property owner's name and phone number.

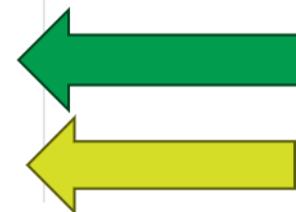
Please Note: If you reside within the City of San Mateo or City of San Carlos, contact your local Code Enforcement Dept. directly for more information on registering a complaint. San Mateo at 650-522-7150, San Carlos 650-802-4100.

* Type of Complaint

[Cancel](#)[Next](#)

Steps

- ☒ **Complaint Form**
- ☐ Complainant Information
- ☐ Complaint Address
- ☐ Acknowledgement



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* Type of Complaint

Housing



Including Rental Housing, Hotel/Motels, Employee Housing.

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[Cancel](#)

[Next](#)

Steps

- Complaint Form**
- Complainant Information
- Complaint Address
- Acknowledgement

[Home](#) [Pay via Invoice Number](#) [File a Complaint](#) [Request Public Records](#) [Complaint Status Tracking](#) [Inspection Report Search](#)

File a Complaint

File a complaint against a business. You can identify yourself or file anonymously.

Complainant Information

* First Name

* Last Name

Phone Number 

Email Address

Street Address

City

State

Zip Code

Country

How do you want to be contacted?

Nature of Complaint

* Please describe your concern, what happened, when it happened, and if the issue is ongoing. Include contact information for whom you believe may have caused the issue (if known).

[Cancel](#)[Previous](#)[Next](#)

Steps



Complaint Form



Complainant Information



Complaint Address



Acknowledgement

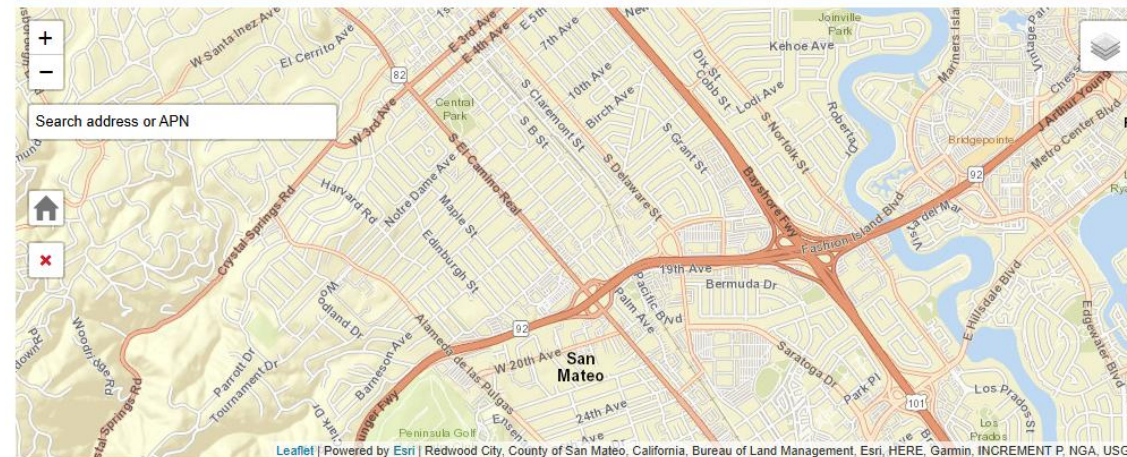
File a Complaint

File a complaint against a business. You can identify yourself or file anonymously.

Complaint Address

To enter an address, type it into the search box on the map or click on a location directly on the map. To delete an address, click the red X symbol. If you can't find the address using these methods, select the nearest location on the map and enter the correct address in the Address 2 Field below.

* Facility Name



Current Selected Address



Please select a valid address within the San Mateo county.

Address Line 2 ⓘ

Please enter unit/room and date of stay information

[Cancel](#)

[Previous](#)

[Submit](#)

Steps

- ✓ Complaint Form
- ✓ Complainant Information
- **Complaint Address**
- Acknowledgement



File a Complaint

File a complaint against a business. You can identify yourself or file anonymously.

Acknowledgement

✓ Your complaint has been successfully submitted. To track the status of the complaint, call the county and provide the tracking number **PC-0000015813**.

[Cancel](#)

[Finish](#)

Steps

- ✓ Complaint Form
- ✓ Complainant Information
- ✓ Complaint Address
- Acknowledgement**



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[Log in](#)

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Complaint Status Tracking

Search Complaint Number

Search



Please Provide Valid Complaint Number.



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Complaint Status Tracking

Search Complaint Number

Search

TYPE OF COMPLAINT	COMPLAINT DATE	STATUS
Other	2026-05-13	Completed

EHS Common Complaint Issues

- EHS inspects for properly maintained housing.
- Inspections include:
 - Facilities open areas
 - Common restrooms
 - Common kitchens
 - Buildings/Units
 - Equipment and electric
 - Gas related systems if any
 - Sewer/septic systems
 - Utility/service connections
 - Proper unit identification
 - Proper lot line identification
 - Hazards
 - Fire issues
 - Safety issues
 - And more



Contact Information

Regular Schedule Tuesday through Friday
7AM through 5:30PM.

Work cell: **(650) 463-6925**

General: **(650) 372-6200**

Fax: **(650) 627-8244**

Email: aveloso@smcgov.org

Website: www.smcgov.org

Housing Program:

<https://www.smchealth.org/housing>

Aris Veloso, MBA, REHS

Pronouns (he, him, his)

Environmental Health Specialist IV

Housing Program

San Mateo County Environmental Health

2000 Alameda de las Pulgas, Suite 100

San Mateo, CA 94403



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**ENVIRONMENTAL
HEALTH SERVICES**

Questions?



SAN MATEO COUNTY HEALTH
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