

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

HOUSING FEE EXEMPTION REQUEST

FEE EXEMPTION CONDITIONS

The following conditions must be met to be eligible for a fee exemption:		
 Apartment complex is only 4 (four) units, and the owner permanently resides in 1 (one) unit. Complete and sign this form and return it to Environmental Health Services (EHS) at the address above or email it to EnvHealth@smcgov.org. If the form is not received prior to your billing cycle, you will be billed the appropriate permit fee. 		
CONTACT INFORMATI	ON	
Owner Name:		
Permanent Apartment A	،ddress:	Unit #:
Phone:	Email (required):	
CERTIFICATION		
I, (print name):		
as owner of (address):		
☐ Believe that all inform ☐ Am aware that a hous ☐ Am aware that there a ☐ Understand that the b annual fee if:	are significant penalties for building will be placed back discontinues living in one of sells the property does not resubmit this for able to confirm permanent in of perjury that the informate	te, and complete; address to verify information; submitting false information; into the Housing Inspection Program and assessed an f the units orm annually
OFFICIAL USE ONLY	cursion unit at apartment ad	draga listad abova
	cupies unit at apartment ad	
AP:	BLA #:	APN:
Entered By:		Date:
Comments:		

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