

Environmental Health Services Housing Program

2000 Alameda de las Pulgas, Suite #100 San Mateo, CA 94403

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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. □ Annual completion of this form is required. 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 INFORMATION		
Owner Name:		
Permanent Apartment Address:		Unit #:
Phone:	Email (required):	
CERTIFICATION		
I, (print name):		
as owner of (address):		
 □ Permanently reside at the above address (will be verified by EHS); □ Believe that all information herein is true, accurate, and complete; □ Am aware that a housing inspector may visit the address to verify information; □ Am aware that there are significant penalties for submitting false information; □ Understand that the building will be placed back into the Housing Inspection Program and assessed an annual fee if: 1. The owner discontinues living in one of the units 2. The owner sells the property 3. The owner does not resubmit this form annually. 4. EHS is not able to confirm permanent residency at this location □ Certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge and belief. Applicant Signature: Date: 		
OFFICIAL USE ONLY		
☐ Confirmed owner occupies unit at apartment address listed above.		
AP:	BLA #:	APN:
Entered By:		Date:
Comments:		

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