



San Mateo County Health Department
 Environmental Health Services Division
 2000 Alameda de las Pulgas, Suite 100
 San Mateo, Ca. 94403
 www.smchealth.org
 (650) 372-6200 / fax (650) 627-8244

- UPDATED INFORMATION**
- CHANGE OF OWNERSHIP**
- NEW FACILITY**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Housing Program Application

OWNER #1 INFORMATION:

Name: _____
 Home Address: _____
 City/ST/Zip: _____
 Phone #: _____ Alt. # _____
 Email Address: _____

OWNER #2 INFORMATION /CONTACT (if applicable):

Name: _____
 Home Address: _____
 City/ST/Zip: _____
 Phone #: _____ Alt. # _____
 Email Address: _____

FACILITY INFORMATION:

Facility Name: _____
 Facility Address: _____
 City/Zip: _____
 Phone Number: _____
 E-Mail Address: _____
 Previous Facility Name: _____

TYPE OF FACILITY:

APARTMENT COMPLEX Number of bldgs

Number of Units per building. Please specify _____

HOTEL/MOTEL Number of Rooms _____

BED & BREAKFAST Number of Rooms _____

ORGANIZED CAMP

SEND ANNUAL HEALTH PERMIT BILL TO:

Owner 1 Address **Owner 2 Address**

Facility Address

other-please specify _____

NOTIFY ENVIRONMENTAL HEALTH IN WRITING IF BUSINESS CLOSES OR CHANGE OF OWNERSHIP OCCURS WITHIN 30 DAYS. HEALTH PERMITS ARE NON-TRANSFERRABLE.

I / We certify that the above information is true and correct.

Print Owner 1 _____ Signature _____ Date _____

Print Owner 2 _____ Signature _____ Date _____

FOR OFFICIAL USE ONLY

ENTERED BY: _____

DATE: _____

New Facility Active (01) Inactive (02) Active Non-Billable (04) Change of Facility Name

Change of Ownership Date of Change _____ Permit Fee \$ _____ Date Paid _____

Record ID _____ Facility ID _____ PGM/ELE _____ APN _____

ASSIGNED TO _____ REHS APPROVAL _____ Date _____

Comments: _____