

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

.....
Planning Department use only:

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

Conditional Approval by: _____ Date: _____



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617
(530) 265-1222 FAX (530) 265-9854 <http://mynevadacounty.com>

Agricultural Commissioner

Building Department

Environmental Health

Planning Department

Dept. of Public Works

AGREEMENT TO PAY FORM

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay Form* must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provision of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	Telephone: _____
Email: _____	Email: _____

I would like to opt out of receiving County emails related to this project.

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

Signature

Dated: _____ CDL# _____

Printed Name

Tel #: _____

THIS SECTION FOR OFFICE USE ONLY

Service: _____	Program: _____	Job No: _____
DPW #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____
Service: _____	Program: _____	Job No: _____
DPW #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____