

DEPARTMENT OF LAND MANAGEMENT
ZONING CLEARANCE FORM FOR TEMPORARY WORKERS

(To be attached to the Department of Labor's Interdepartmental Clearance Sheet & Contractors License Application)

Pursuant to 21 GCA, Chapter 61, § 61309(a)(13)(A-F), Temporary Workforce Housing Facilities are a permitted use in an "M1" (Light Industrial) Zone and must meet the following requirements: (A) Must conform to 10 GCA § 26A101(b). (B) Must be served by an adequate sanitary sewer system. (C) Must meet minimum fire flow standards (e.g., 6-inch water line). (D) Must comply with all health and safety regulations, including OSHA. (E) Must include a perimeter fence (minimum 6 feet, chain-link quality) and landscaping plan. (F) Must include a development plan detailing sleeping quarters, sanitation, food services, security, medical care, transportation, and recreation.

Alternative housing for temporary workers is allowable in housing arrangements such as single-family houses, apartments, and condos, which are primarily controlled by two (2) laws: 21 GCA, Chapter 61, § 61103(o): "Family, An individual, or two or more persons related by blood or marriage, or a group of not more than five persons who need not be related by blood or marriage living together as a single housekeeping unit" and 10 GCA, Chapter 26A, § 26A101(b): "Temporary workforce housing means any enclosure of living spaces, reasonably contiguous, together with the land appertaining thereto, established or used as living quarters, and at a minimum fifty-one percent (51%) of the residents are temporary workers..". Taken together, those laws allow the housing of unrelated temporary workers in alternative housing and is limited to five (5) occupants per housekeeping unit and the total number of temporary workers at a single complex must be less than 51% of total occupants, or it will be deemed a TWHF (Temporary Workforce Housing Facility) and must be in an "M1" Zone and meet the requirements in accordance with 21 GCA, Chapter 61, § 61309(a)(13)(A-F).

Should any question(s) arise pertaining to the above, please contact the Department of Land Management, Division of Land Planning at 671-649-5263 ext. 300

Please answer and fill in all questions. (If not applicable, please indicate N/A.)

1. APPLICANT:

a. Name of Organization/ Company: _____

b. Contact Number: _____

2. OFFICE LOCATION: (Legal Parcel Description)

a. Lot: _____ Block: _____ Tract: _____

b. Municipality (Village): _____

3. TEMPORARY WORKFORCE HOUSING FACILITY (TWHF) in an "M1" Zone:

For TWHF rentals, please provide the lease agreement and the rental business license.

**Attach copies of the Workers Dormitory Permit, Sanitary Permit, and location sketch/map.*

Dormitory Permit No: _____ Sanitary Permit No: _____

Lot: _____ Block: _____ Tract: _____

Municipality (Village): _____ Number of Workers Being Housed: _____

- a. Total Number of Authorized Beds: _____
- b. Current total Number of Housed Employees: _____
- c. Total Number of Vacant Beds: _____
- d. Total Number Processing for Extension: _____
- e. Total Number Processing for Importation: _____
- f. Total Number Arrived since last Clearance: _____
- g. Total Number Departed since last Clearance: _____

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4 . For five (5) or less temporary workers, please specify the housing arrangement.
(Provide a location sketch/map, rental business license, and ownership/
authorization/lease agreement documents). **Attach a copy of the Workers Dormitory*
Permit and Sanitary Permit. If exempted, attach the DPHSS Job Inspection Report.

a. Number of Workers: _____ Municipality (Village): _____
Lot: _____ Block: _____ Tract: _____
Dormitory Permit No: _____ Sanitary Permit No: _____

5 . For six (6) or more temporary workers, please specify the housing arrangements.
(Provide a location sketch/map, rental business license, and ownership/
authorization/lease agreement documents. List additional locations on separate sheets if
necessary.)

****Attach a copy of the Workers Dormitory Permit and Sanitary Permit. If exempted, attach***
the DPHSS Job Inspection Report.

Please separate listing by number of workers per unit number

a. Number of Workers: _____ per Unit No.: _____
Lot: _____ Block: _____ Tract: _____ Municipality (Village): _____
Property Type (Single-Family Dwelling/ Duplex/ Multi-Family Dwelling): _____
Dormitory Permit No: _____ Sanitary Permit No: _____

b. Number of Workers: _____ per Unit No.: _____
Lot: _____ Block: _____ Tract: _____ Municipality (Village): _____
Property Type (Single-Family Dwelling/ Duplex/ Multi-Family Dwelling): _____
Dormitory Permit No: _____ Sanitary Permit No: _____

c. Number of Workers: _____ per Unit No.: _____
Lot: _____ Block: _____ Tract: _____ Municipality (Village): _____
Property Type (Single-Family Dwelling/ Duplex/ Multi-Family Dwelling): _____
Dormitory Permit No: _____ Sanitary Permit No: _____

d. Number of Workers: _____ per Unit No.: _____
Lot: _____ Block: _____ Tract: _____ Municipality (Village): _____
Property Type (Single-Family Dwelling/ Duplex/ Multi-Family Dwelling): _____
Dormitory Permit No: _____ Sanitary Permit No: _____

e. Number of Workers: _____ per Unit No.: _____
Lot: _____ Block: _____ Tract: _____ Municipality (Village): _____
Property Type (Single-Family Dwelling/ Duplex/ Multi-Family Dwelling): _____
Dormitory Permit No: _____ Sanitary Permit No: _____

I certify that the above information is true and correct. I also agree to inform the Department of Land Management of any changes to the information I provided above.

Print Name of Company Officer or RME

Signature

Date

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DLM OFFICIAL USE ONLY:

Received By: _____ / Date: _____ Attachment for: Contractor's License App. ☐ / DOL Clearance ☐