



## County of San Diego, Planning & Development Services

# TEMPORARY HEALTH CARE TRAILER BUILDING DIVISION

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### TEMPORARY HEALTH CARE TRAILER OPTIONS

**Mobilehome/Manufactured Home** – An approved unit that meets the requirements defined in Section 18211 of the Health and Safety Code, and includes Manufactured Home as defined in Section 18007 of the Health and Safety Code.

**Trailer Coach** – Any vehicle, with or without motive power, designed or used for human occupancy for residential, recreational, industrial, professional, or commercial purposes and shall include camp car, and travel trailer.

### INSTALLATION PERMIT

1. Permit will be processed at the County of San Diego Building Division counter after Pre-Review is completed. Pre-Review includes preliminary review of Zoning, Structural Engineer if there is an ETS or foundation plan (a 433a for real property is not an option), Land Development and Department of Environmental Health and Quality (DEHQ). For DEHQ Health Care Trailer Wastewater Discharge application see [DEHQ-HCT](#) if the property is served by a wastewater treatment system (septic).
2. Provide two copies of a complete plot plan (see form [PDS #090](#)).
3. Provide Completed Physician Certification for Temporary Health Care Trailer (see attached) or a personal letter (on letterhead) from a physician licensed to practice medicine.
4. If a Mobilehome or Manufactured Home is being Proposed – Provide two copies of the tie-down system or foundation system being proposed.
5. Miscellaneous electrical is included in the placement permit. A separate meter is not allowed.
6. Exempt from fire district review and fees, school fees, park fees, and drainage fees.
7. The health care unit shall be a trailer or mobilehome not exceeding 800 square feet measured from the interior surface of the exterior walls.

**\*Inspection required upon placement. Customers proposing buried utility lines to serve the trailer shall request inspection of such lines prior to backfilling. Customers shall request a final inspection prior to occupancy.**

### 5-YEAR HEALTH CARE TRAILER RENEWAL PROCESSING INSTRUCTIONS

5510 OVERLAND AVE, SUITE 110, SAN DIEGO, CA 92123 • (858) 565-5920 • (888) 336-7553

[HTTP://WWW.SDCPDS.ORG](http://www.sdcpsd.org)



## County of San Diego, Planning & Development Services Building Division TEMPORARY HEALTH CARE TRAILER

### **PROPERTY ON SEWER**

1. Email the following documents to: [PDSBuildingpermitcounter@sdcounty.ca.gov](mailto:PDSBuildingpermitcounter@sdcounty.ca.gov)
  - a. Completed [Building Permit Application \(PDS-291\)](#)
  - b. A current physician's letter on official letterhead from a licensed physician, or an updated doctor's letter referencing the request.

### **PROPERTY ON SEPTIC**

1. Email the following documents to: [lwgduty.deh@sdcounty.ca.gov](mailto:lwgduty.deh@sdcounty.ca.gov)
  - a. A plot plan showing the location of the HCT, all structures on the property, the septic system location, and the location of the septic reserve area.
  - b. DEHQ Health Care Trailer Application [Wastewater Discharge Application](#)
  - c. Completed [Building Permit Application \(PDS-291\)](#)
  - d. A current physician's letter on official letterhead from a licensed physician, or an updated doctor's letter referencing the request. [Temporary HCT Handout \(PDS-592\)](#)

**Plot Plan** – This may include a copy of the existing septic layout, the original plot plan from when the healthcare trailer was first placed, or an aerial image with appropriate labeling. Please note that revisions may be required. If you do not have a map or plan of the property, you may contact DEHQ at [LWQDduty@sdcounty.ca.gov](mailto:LWQDduty@sdcounty.ca.gov) or our Building Technicians at [PDSBuildingPermitCounter@sdcounty.ca.gov](mailto:PDSBuildingPermitCounter@sdcounty.ca.gov) for assistance with research.

### **TRAILER REMOVAL – MISCELLANEOUS DEMOLITION PERMIT**

Verification of removal of a health care trailer requires a demolition permit. This is a separate permit from the original permit and yearly renewals.

1. Demolition permit will be processed at the County of San Diego, Building Division counter.
2. Provide a letter from an electrician or owner stating the electricity has been disconnected from the Health Care Trailer.
3. The customer must call to request final inspection.

\*For those health care trailers where a bond was posted in the past, an application for a bond release may be submitted after Final inspection has passed. The original signed permit card must be provided when applying for the bond release at the Building Plan Pre-Submittal Review (BPPR) counter.

# PHYSICIAN CERTIFICATION FOR TEMPORARY HEALTH CARE TRAILER

\_\_\_\_\_  
*Date*

TO: County of San Diego, Planning & Development Services, Building Division

SUBJECT: Certificate of need of personal care health services

\_\_\_\_\_ is in need of personal health care for a  
period of \_\_\_\_\_ months because of the following medical condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature* M.D.

\_\_\_\_\_  
\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number*

**THIS FORM IS SUBJECT TO VERIFICATION**