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COUNTY OF MENDOCINO IGNACIO GONZALEZ, INTERIM DIRECTOR DEPARTMENT OF PLANNING AND BUILDING SERVICES

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CANNABIS APPLICATION CHECKLIST

UBMITTAL MA	ATERIALS: PLEASE SUBMIT TO THE DEPARTMENT OF PLANNING AND BUILDING SERVICES (PBS) 1 copy of the fully completed 'Application for Cannabis Cultivation'
	1 copy of the fully complete 'Cultivation Site & Project Description Questionnaire'
	1 copy of the Site Plan (see attached example)
	1 copy of Indemnification Agreement
	1 copy of Certification and Site View Authorization/Agent Authorization/Mail Direction form
	Proof of the applicant's legal interest in all property upon which work is to be performed. Proof can be in the form of a current tax statement, title report, lease agreement, or other documents showing legal interest to apply for the permit and comply with all conditions of approval. All holders or owners of any other interest of record in the affected property shall be identified on the application and notified in writing of the permit application by the applicant and invited to join as co-applicant.
	Cannabis Permit Number received from Department of Agriculture with cultivation application submittal.
	AG
	\$75.00 check made payable to "Sonoma State University" OR Archaeological Survey
If applicable	e: CalFire clearance (required for permit review if applicable) Statement, Permit, License, or Registration of Water Diversion from the California Water Resources Control Board
	Copy of Notice of Intent and Monitoring Self-certification from the North Coast Regional Water Quality Control Board
	Copy of notification to California Dept. of Fish and Wildlife and subsequent Streambed Alteration Permit IF project should have impacts on any bed or bank of a stream or other water course, such as grading or terracing
	County well permit IF source of water is a well
	Board of Equalization Seller's Permit IF intending to sell directly to qualified patients or primary caregivers
	Clean Water Act Sec. 404 Permit from Army Corps of Engineers and North Coast Regional Water Quality Control Board IF working in any Waters of the United States
	State Water Resources Control Board General Permit for Discharges of Storm Water Associated with Construction Activity Construction General Permit Order 2009-0009 DWQ IF disturbing one (1) or more acres of soil during this project or any total disturbance of multiple projects

FILING FEE

- Check with a planner prior to submitting the application for the current fee. All fess are collected by the Department of Planning and Building Services. Checks should be made payable to Mendocino County with the exception of the Sonoma State University's fee, which should be on a separate check payable to Sonoma State University.
- The Department of Fish and Wildlife collects a fee for filing the Notice of Determination upon project approval. Assembly Bill 3158 requires the fee be paid for every project that the County adopts and Environmental Impact Report, Mitigated Negative Declaration, or Negative Declaration pursuant to the California Environmental Quality Act. This fee is updated annually by the Department of Fish and Wildlife; please verify the current fee with PBS.

NOTES

Any application not meeting the above criteria will be considered INCOMPLETE and will be placed on hold until the appropriate documentation is provided. Illegible maps and incomplete responses to the questionnaire will also delay project review.

IMPORTANT FACTS FOR ADMINISTRATIVE PERMIT APPLICATIONS

- 1. Administrative Permits typically do not require a public hearing. However, PBS may require one in certain cases.
- 2. Administrative Permits may be 'approved', 'approved w/ conditions', or 'denied' if it cannot conform to the necessary requirements.
- 3. The permit is heard by the Zoning Administrator, whose action is final unless appealed to the Board of Supervisors within 10 days.
- 4. The validity of the Administrative Permit is typically 1 2 years, but an expiration date will be provided by the Zoning Administrator.
- 5. The expiration of the Administrative Permit may be extended by the administering agency (PBS). Failure to extend expiration will result in the Administrative Permit becoming null and void.

IMPORTANT FACTS FOR USE PERMIT APPLICATIONS

- 1. After preliminary review, your application will be schedule for a public hearing with the Planning Commission or Zoning Administrator. Generally speaking, more complex or controversial applications are heard by the Planning Commission, while simpler and more routine applications are heard by the Zoning Administrator.
- 2. A copy of the public notice, staff report, and agenda will be mailed to you prior to the public hearing. The staff report on your project will include the project recommendations and conditions of approval.
- 3. Public notice of hearings on your application will be published in local newspapers.
- 4. Owners of adjoining property will be notified of the proposal.
- 5. An environmental review will be conducted to examine the potential environmental effects of your proposal.
- 6. The applicant, or a representative, must attend the public hearing.
- 7. At the public hearing, members of the public will have the opportunity to express positive or negative comments regarding your application.
- 8. Action by the Planning Commission is final unless appealed to the Board of Supervisors.
- 9. Appeals to the Board of Supervisors must be submitted in writing to the Clerk of the Board within 10 calendar days of the Planning Commission's decision. The appeal must be accompanied by the applicable fee. Following your appeal, the Board of Supervisors will hold a public hearing. You will be notified by mail of the time and place of you appeal.



Department of Planning and Building Services

Case No:	
CalFire No:	
Cultivation No:	
Fee:	
Receipt No:	
Received By:	
Date Filed:	
	Office use only

<u>Application for Cannabis – Use Permit / Administrative Permit</u>

application for Cal	IIIanis – ose Lei	IIII / Administrative	
What type of Review Permit is	required?		
ADMINISTRATIVE PERMIT (A	AP) R:10 Housing Requirement	☐ C-A (cottage indoor, up to 500	ft ²) Setback Reduction (Phases II and III only)
USE PERMIT (UP) ☐ C-A (cottage indoor; between	en 501 ft ² and 2,500 ft ²)		
APPLICANT(S)		DI.	
Name:		Phone:	
Mailing			
Address:			
City:	State/Zip:	email:	
PROPERTY OWNER			
Name:		Phone:	
Mailing			
Address:City:	State/Zip:	email:	
AGENT			
Name:		Phone:	
Mailing			
Address:			
Address:City:	State/Zip:	email:	
Parcel Size:	acres		
Address of Property:			
Assessor Parcel Number(s):			
	7,05,05,01	H TIV (A TIONI DEDMIT)	
		JLTIVATION PERMIT:	MIXED LIGHT
Size	OUTDOOR	INDOOR	
Small: (≤2500 ft²)	□ c	☐ C-A (≤500 ft²) ☐ C-A (501 – 2500 ft²)	☐ C-B
Medium: (2501 – 5000 ft ²)	1	☐ 1-A	☐ 1-B
	2	☐ 2-A	☐ 2-B
Large:			
(5001 – 10,000 ft ²)	 		□ 4
Nursery:		□ 4	4
(≤22,000 ft²)			
I certify that the information so form because I am not the pro	ubmitted with this application operty owner of the parcel or	n is true and accurate. I have attachen which the cultivation site is located	ed the Consent of Landowner
G	Dete	Signature of Owner	Date
Signature of Applicant/Agent	Date	Signature of Owner	Date

CULTIVATION SITE & PROJECT DESCRIPTION QUESTIONNAIRE

1. Does the proposed cultivation site meet the following setbacks? ☐ YES ☐ NO
1,000 feet from all youth-oriented facilities, schools, parks, churches, or residential treatment facilities.
 FOR OUTDOOR AND MIXED LIGHT CULTIVATION SITES 100 feet from any legal residential structure located on a separate legal parcel. 50 feet from any adjoining legal parcel under separate ownership. If in mobile home park, 100 feet from an occupied mobile home under separate ownership.
 FOR INDOOR CULTIVATION SITES Any building property line setbacks.
2. If expansion, what is the original size of the cultivation site? square feet
What is the expanded size of the cultivation site? square feet
☐ Not an expansion.
3. Please describe the project; include the reason for seeking this permit and activities associated with that reason.
4. Is the cultivation site visible from any public right of way or publically traveled private road? ☐ YES ☐ NO
 Please describe the project site. Include improvements such as structures, wells, septic systems, grading, vegetation removal, roads, etc.
6. Will the development of the proposed cultivation site be phased?
If YES, please describe the phases briefly.
7. How will you dispose of hazardous, natural (trimmings), or other (plastics) materials from the cultivation site?

8. Have you cor	estructed in the past, are o	constructing, or plan to	construct any roads	s? Grading? L]YES ∐NO
If YES,	please complete the follow	ving:			
B. C. D.	Amount of cut: Amount of fill: Maximum height of cut sk Maximum height of fill slo Amount being imported/e	pe:	cubic yard feet feet	ds	
F.	Location of borrow/dispos	al: ON-SITE	☐ OFF-SITE		
9. In order to de	evelop the proposed cultiv	ation site, will it be nec	essary to:		
B. Make s C. Conne D. Connec E. Install a F. Conne G. Install	re oak species or commer substantial changes in terrect to existing water district to existing sewer district a septic system? ct to existing septic system individual well?	ain? ? ? n?	YES NO		
40 Planes may	vide an inventory of the st	water and the propert	u. If additional ana	o io poodod, plo	asso provide a
1. 2. 3. 4. 5. 6. 7. 8. 9.	Please note improvemen				
11. Are there a	any contiguous properties	and/or projects (unrela	ated to cannabis) ur	nder your owners	ship? ☐ YES ☐ NO
1	oposed cultivation site cor			agriculture? [☐ YES ☐ NO
13. Will there	be any security lighting?	☐ YES ☐ NO	If YES, will the light b	e cast downward	? YES NO
14. Will the pr	oposed cultivation site rec	uire the construction o	f a pond OR will it i	nvolve diking, fil	ling, or dredging?
□NO	·	10	- 4-4-1 - 5		this yards will be seened
☐ YES	· · ·	Construction of a pond Diking	- a total of		ubic yards will be moved ubic yards will be moved
] Filling	- a total of		ubic yards will be moved
		Dredging	- a total of		ubic yards will be moved

15. Briefly describe the surrounding properties inclu	uding vegetation	animals, structures, and/	or cultural/historic assets
		arminalo, octaota. 55, acces	——————————————————————————————————————
· · · · · · · · · · · · · · · · · · ·			
		·	
16. Please indicate the surrounding land uses.			
NORTH Vacant	EAST	SOUTH	WEST
Residential/Agricultural			
Commercial/Industrial			
Institutional/Timberland Other			
17. Utilities will be supplied to the site as follows:			
A. Electricity☐ Utility Company (existing)			
☐ Utility Company (planned)			
On-Site Generation – Specify			
B. Gas			
☐ Utility Company (existing)			
☐ Utility Company (planned)☐ On-Site Generation – Specify			
☐ None			
O Malata			
C. Water ☐ Community water system – Specify supp	olier		
☐Well			
☐ Spring ☐ Pond			
☐ Other – Specify			
. ,			
D. Sewage ☐ Community sewage system – Specify si	unplier		
☐ Septic Tank	<u> </u>	The state of the s	
Other – Specify			
18. Will you have employees?	NO		
If YES, how many employees will you have?			
If employees are residing onsite, please indicate	e the structure they	will be residing.	
19. Will there be any processing of cannabis on sit	te (trimming, leaf	removal, curing, drying, e	etc)? YES NO
20. If you answered YES to the previous question	(19), please desc	cribe the activities.	
21. Please provide driving directions to the cultivate	tion site using ide	ntifiable landmarks (stree	ets, mile posts, mailboxes).
		4-14-1	
I certify that the information submitted with this app	olication is true an	id accurate:	
Signature of Applicant/Agent Date		gnature of Owner	Date
loightataro or Apphoanti Agont Dato	O 1,5	ga.a.a o o o o o o o o o o o o o o o o	Date

AUTHORIZATION OF AGENT

1.	I hereby authorize			to act as my			
	representative and to bind me in all	matters concerning this	application.				
	Owner			Date			
	CERTIFICATION	ON AND SITE VI	EW AUTHO	RIZATION			
1.	I hereby certify that I have read this in this application, and all attached to provide any requested information grounds for either refusing to acceptissued on the basis of such misrep county.	appendices and exhibited on or any misstatements of this application, for de	s, is complete and s submitted in supp enying the permit, t	correct. I understand that the failure port of the application shall be for suspending or revoking a permit			
2. I hereby grant permission for County, Planning and Building Services staff, and hearing bodies to enter upon and site view the premises for which this application is made in order to obtain information necessary for the preparation of required reports and render its decision.							
				Y			
	Owner/Author	ized Agent	-	Date			
	INDEMN	NIFICATION AND	HOLD HAR	MLESS			
la	RDINANCE NO. 3780, adopted by the sign the following polication being considered incomple	ng Indemnification Agre	ement.Failure to S	requires applicants for discretionary Sign this agreement will result in the			
		INDEMNIFICATION	AGREEMENT	Г			
N III a o i	ndividuals or entities, the purpose of adoption of the environmental docum damages, costs, expenses, attorney functions the applicant, arising out of	eys, employees, boards 1.120, from any claim, a which is to attack, set as ent which accompanies fees or expert witness feor in connection with the	and commissions ction or proceeding side, void or annul it. The indemnificates that may be as approval of this a	 as more particularly set forth in g brought against any of the foregoing the approval of this application or ation shall include, but not be limited to, serted by any person or entity, 			
	1. l,	, t	nereby agree to the	e above Indemnification Agreement.			
	(Print Name)						
	Owner/Autho	orized Agent		Date			
To f you	acilitate proper handling of this applic wish correspondence mailed to <u>if dif</u>	cation, please indicate the ferent from those identificate the ferent from those identificates.	ne names and mail ed on the Applica	ling addresses of individuals to whom ation for Cannabis Cultivation page.	-		
Nar	ne	Name		Name			
Mai	ling Address	Mailing Address		Mailing Address			
					_		

PLANNING & BUILDING SERVICES REVIEW TABLES 1 + 2

TABLE 1

Table 1 shows the zoning requirements for EXISTING CULTIVATION (Permitting begins 05/04/2017)

мссо		C	С	-A	C-B	1	1-A	1-B	2	2-A	2-B	4
Permit Type		Small Outdoor		Indoor, al Light	Small, Mixed Light	Medium Outdoor		Mixed	Large Outdoor	Large Indoor, Artificial Light	Large Mixed Light	Nursery
Min Par Area (a		NA	٨	IÁ	NA	5	5	5	10	10	10	10
Cultivati Area Lii (sf)		2,500	I.	501 - 2,500	2,500	2,501- 5,000	2,501- 5,000	2,501- 5,000	5,001- 10,000	5,001- 10,000	5,001- 10,00 0	22,000
	RR 5*	ZC	AP	ŲP	ZC	ZC		ZC				
	RR 10	ZC	AP	UP	ZC	ZC		ZC	ZC		ZC	ZC
	AG	ZC	AP	UP	ZC	ZC		ZC	ZC		ZC	ZC
	UR	ZC	AP	UP	ZC	ZC		ZC	ZC		ZC	ZC
	RL**	ZC	AP	UP	ZC	ZC		ZC	ZC		ZC	ZC
ઇ	FL **	ZC	AP	UP	ZC	AP		AP	AP		AP	AP
stri	TPZ**	ZC	AP	UP	ZC	AP		AP	AP		AP	AP
Zoning District	11	ZC	ZC	ZC	ZC		ZC.	ZC		ZC	ZC	ZC
l ğ	12	ZC	ZC	ZC	ZC		zc	ZC		ZC	ZC	ZC
Zol	ΡI	ZC	ZC	ZC	ZC		ZC	ZC		ZC	ZC	ZC

^{-- =} Not Allowed, ZC = Zoning Clearance, AP = Administrative Permit, UP = Minor Use Permit

TABLE 2

Table 2 shows the zoning requirements for NEW CULTIVATION (Permitting begins 01/01/2020)

MCCO		С	C-	Α	C-B	1	1-A	1-B	2	2-A	2-B	4
Permit Type		Small Outdoor	Small I		Small Mixed	Medium Outdoor	Medium Indoor.	Medium Mixed	Large Outdoor	Large Indoor.	Large Mixed	Nursery
		Outdoor	Attitiole	ıı Ligiti	Light	Odidooi	Artificial Light	Light	Cutuooi	Artificial Light		
Min Par Area (a		2	2	2	2	5	5	5	10	10	10	10
Cultivat				501 -		2,501-	2,501-	2,501-	5,001-	5,001-	5,001-	
Area Li	mit (sf)	2,500	500	2,500	2,500	5,000	5,000	5,000	10,000	10,000	10,000	22,000
	RR 5*	ZC	AP	UP	ZC	ZC		ZC				
	RR 10	ZC	AP	UP	ZC	ZC		ZC	ZC		ZC	ZC
<u>;</u> 달	AG	ZC	AP	UP	ZC	ZC		ZC	ZC		ZC	ZC
District	UR	ZC	AP	UP	ZC	ZC		ZC	ZC		ZC	ZC
	11	ZC	ZC	ZC	ZC		ZC	ZC		ZC	ZC	ZC
Zoning	12	ZC	ZC	ZC	ZC		ZC	ZC		ZC	ZC	ZC
Zoz	PI	ZC	ZC	ZC	ZC		ZC	ZC		ZC	ZC	ZC

^{-- =} Not Allowed, ZC = Zoning Clearance, AP = Administrative Permit, UP = Minor Use Permit

^{*} Parcels in the RR-5 zoning district must have a minimum parcel size of five (5) acres.

^{**} Existing cultivation sites in the FL, TPZ and RL zoning districts are permitted subject to limitations of this section. Expansion of existing cultivation sites in the FL, TPZ and RL zoning districts is permitted, subject to the issuance of an Administrative Permit.

^{*} Parcels in the RR-5 zoning district must have a minimum parcel size of five (5) acres.



IGNACIO GONZALEZ, INTERIM DIRECTOR Telephone 707-234-6500 Fax 707-463-5709 Ft. Bragg Phone 707-964-5379 Ft. Bragg Fax 707-961-2427 pbs@co.mendocino.ca:us www.co.mendocino.ca.us/planning

CANNABIS CULTIVATION SITE PLAN REQUIREMENTS

Your application for a cultivation permit must include an 8½" x 11" site plan. The information shown on the site plan should be legible, drawn to scale and must show the following:

- Property owner's name, property address and Assessor's Parcel Number(s) (APNs)
- Applicant(s) name 2.
- 3. Property site address
- 4. Assessor's Parcel Number
- Legal parcel configuration clearly shown with all property boundaries, dimensions and acreage.
- Scale (if applicable)
- Grow site location, size of area with distance to property lines. Noted whether indoor/outdoor
- North arrow

Roadways

- 9. Adjacent streets, both public and private, and any access easements.
- 10. Distance from the centerline of any public or private roadway to property line.
- 11. Driveways, parking and loading areas, including the size of parking spaces and setbacks from property.
- 12. Access to site from nearest public road.

Structures

- 13. All existing structures clearly labeled with use and distance from property line.
- 14. Proposed structure or additions (if applicable), clearly labeled with use and distance to property lines.
- 15. Location of any occupied residential structure located on a separate legal parcel with distance noted to grow site.
- 16. Fences and retaining walls (indicated height and material).

Utilities

17. Utility lines and public utility easements (power, water, sewer, etc).

18. Existing and proposed septic systems and leach field areas, including replacement field.

Water Source(s)

- 19. Water wells with distances to any structures, septic systems and property lines.
- 20. Water storage tanks (include size) and distance to property lines.
- 21. Springs, ponds, rainwater catchment and any other water source not stated.

Site/Habitat Conditions

- 22. Lakes and streams, to be identified with names if appropriate.
- 23. Flood Plain/Flood Way (if applicable)
- 24. Woodland area
- 25. Wetland/riparian area
- 26. Hedgerows
- 27. Ground disturbance area

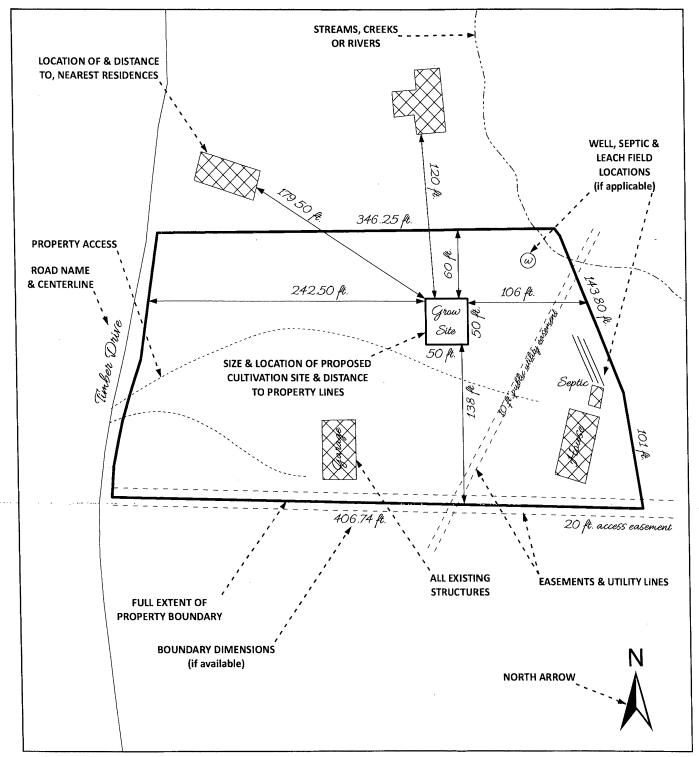
Site plans which WILL NOT be acceptable:

- Copies from the CALFIRE application
- Portions of larger, scaled site plans. (Must show entire boundary of parcel)
- Copies of site plans previously used with approval signatures from previous building permits.
- Copies of previously used site plans with "white out" areas.

NOTE: Upon submission and review, staff may request more information before processing the application.

FAILURE TO INCLUDE ANY OF THE REQUIRED INFORMATION MAY RESULT IN THE REJECTION OF YOUR APPLICATION AND THE DELAY OF PROCESSING YOUR PERMIT APPLICATION, OR INVALIDATE YOUR APPROVED PERMIT.

SAMPLE GULTIVATION SITE PLAN



SITE PLAN MUST INCLUDE ALL RELEVANT INFORMATION

APPLICANT:		 	
APN/S (LEGAL PCL.):			
CULTIVATION SITE ADDR:	,		
•			