



**COUNTY OF MENDOCINO**  
**DEPARTMENT OF PLANNING & BUILDING SERVICES**  
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 Planning & Building Service  
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[cannabisprogram@mendocinocounty.org](mailto:cannabisprogram@mendocinocounty.org)

Is this a Renewal Application?  No  Yes

Permit#: \_\_\_\_\_  
 AcceptedBy: \_\_\_\_\_  
 Date: \_\_\_\_\_

**CANNABIS CULTIVATION PERMIT APPLICATION**

(Rev 6/19/2019)

*NOTE: Applications MUST be submitted in-person by the APPLICANT.*

<b>*Permit Type:</b>	<input type="checkbox"/> C <input type="checkbox"/> C-A <input type="checkbox"/> C-B <input type="checkbox"/> 1 <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 2 <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 4-N <input type="checkbox"/> 4-S
<p><b>Type C, C-A, and C-B permits</b> are all restricted to a 2,500 square foot growing area, where C designates outdoor, C-A designates indoor, and C-B uses mixed light.</p> <p><b>Type 1, 1-A, and 1-B permits</b> are all restricted to a 5,000 square foot growing area, where 1 designates outdoor, 1-A designates indoor, and 1-B uses mixed light. Minimum 5 acre parcel.</p> <p><b>Type 2, 2-A, and 2-B permits</b> are all restricted to a 10,000 square foot growing area, where 2 designates outdoor, 2-A designates indoor, and 2-B grows using mixed light. Min. 10 acre parcel.</p> <p><b>Type 4 permits</b> are designated for nurseries (N) or seed nurseries (S) and are restricted to a 22,000 square foot growing area. Minimum 10 acre parcel.</p> <p><b>*If interested in a combination of permit types, indicate permit types here and describe square footage per type below.</b></p>	
<b>Permit Type (list all indicated above):</b>	
<b>Square footage of plant canopy area (must not exceed maximum allowed):</b>	
<b>Planning Permit Type (if applicable)*:</b>	<input type="checkbox"/> Administrative Permit (AP) <input type="checkbox"/> Use Permit (UP)
<p><b>Administrative Permits are required for:</b> Type 1 or Type 2 cultivation on parcels zoned TPZ or FL, Type CA Cottage Indoor cultivation (up to 500ft<sup>2</sup>), and eligible RR:10-zoned parcels seeking to forgo the dwelling unit requirement.</p> <p><b>Use Permits are required for:</b> Type CA Cottage Indoor cultivation (500ft<sup>2</sup> – 2500ft<sup>2</sup>), unless located in I-1, I-2, or P-I zoning districts.</p> <p><b>*Note, if an AP or UP is required, an additional fee will be required upon application submittal.</b></p>	
<b>Reason for AP:</b>	<input type="checkbox"/> Forego RR:10 Dwelling Unit Requirement <input type="checkbox"/> TPZ or FL (Type 1 or 2) <input type="checkbox"/> Type CA Cottage Indoor (500ft <sup>2</sup> )
<b>Cultivation Site Address:</b>	City: _____ State: _____ Zip: _____
<b>APN(s) of Parcel:</b>	

<b>Zoning Designation &amp; Parcel Acreage:</b>		
<b>Name of Applicant(s):</b>		
<b>Phone:</b>	Home:	Cell:
<b>Email:</b>		
<b>Mailing Address:</b>		
	City: _____	State: _____
	Zip: _____	
<b>Applicant California Driver's License or Identification Card #:</b>		
<b>Driving Directions to Cultivation Site from Ukiah:</b>		

Is this parcel being proposed as a RELOCATION Destination Site? Yes No

Is a four-wheel drive vehicle necessary to get to the property? Yes No

Are there guard dogs on the property? Yes No

Is there a locked gate at the entrance to the property or on the main entrance road(s) used to access the property? Yes No

If yes, give name and phone number of contact person:

<b>Name:</b>	
<b>Phone:</b>	

**CERTIFIED MENDOCINO COUNTY GROWN – SUSTAINABLY FARMED CERTIFICATION**

The Mendocino County Department of Agriculture will use this document as a first step in evaluating whether an operation qualifies for the “Certified Mendocino County Grown” sustainably farmed certification. In order to qualify, a cultivator must:

1. maintain or improve soil quality over time
2. take action to enhance on-farm biodiversity
3. use only inputs (including fertility inputs) approved by the National Organic Program.

If interest in the sustainably farmed certification is indicated below, complete the Supplemental Cultivation and Operations Plan for Sustainably Farmed Certification, in addition to submitting a Cultivation and Operations Plan.

I am interested in the sustainably farmed certification

I am not interested in the sustainably farmed certification

**AGREEMENT TO INSPECTION**

I hereby authorize the Department of Agriculture, Department of Planning and Building Services, and/or other appropriate County employees or agents or their designees, including building and fire inspectors, and who may be accompanied by representatives of State agencies or local districts, to enter the property only during normal business hours for the purpose of examining the location to confirm compliance with the provisions of Mendocino County Code Chapter 10A.17 for the purposes of issuing the permit being requested, and the provisions that will be set forth in the permit that may be issued on the basis of this application. I further agree to pay any fee for such inspections beyond the initial pre-site inspection by a combined inspection team.

Initial: \_\_\_\_\_

**CERTIFICATION**

By signing this application you hereby certify:

1. I have read and understand Mendocino County Code Chapter 10A.17.
2. I have read and understand Mendocino County Code Chapter 20.242.
3. All of the information provided in this application is true and correct.

<b>Printed Name of Applicant:</b>	
<b>Signature of Applicant:</b>	
<b>Date:</b>	

**CONSENT TO SUBMIT/RECEIVE INFORMATION**

I, \_\_\_\_\_, give permission to \_\_\_\_\_ and \_\_\_\_\_ to submit/receive documents and provide/receive information upon request for AG\_20\_\_\_\_-\_\_\_\_ and AG\_20\_\_\_\_-\_\_\_\_ located at \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Designated Contact)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Designated Contact)

\_\_\_\_\_  
(Date)

<b>Name of Agent:</b>	
<b>Company:</b>	
<b>Phone:</b>	
<b>Business Address:</b>	

**Designated Agent for State Applications:**

**If the agent(s) above is also your Designated Responsible Party (DRP) for state cannabis cultivation license, please check this box.**

**CERTIFICATION AND SITE VIEW AUTHORIZATION**

1. I hereby certify that I have read this completed application and that, to the best of my knowledge, the information in this application, and all attached appendices and exhibits, is complete and correct. I understand that the failure to provide any requested information or any misstatements submitted in support of the application shall be grounds for either refusing to accept this application, for denying the permit, for suspending or revoking a permit issued on the basis of such misrepresentations, or for seeking of such further relief as may seem proper to the county.
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.

\_\_\_\_\_  
(Owner/Authorized Agent Signature)

\_\_\_\_\_  
(Date)

**INDEMNIFICATION AND HOLD HARMLESS**

ORDINANCE NO. 3780, adopted by the Board of Supervisors on June 4, 1991, requires applicants for discretionary land use approvals, to sign the following Indemnification Agreement. Failure to Sign this agreement will result in the application being considered incomplete and withheld from further processing.

**INDEMNIFICATION AGREEMENT**

As part of this application, applicant agrees to defend, indemnify, release and hold harmless the County of Mendocino, its agents, officers, attorneys, employees, boards and commissions, as more particularly set forth in Mendocino County Code Section 1.04.120, from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void or annul the approval of this application or adoption of the environmental document which accompanies it. The indemnification shall include, but not be limited to, damages, costs, expenses, attorney fees or expert witness fees that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of this application, whether or not there is concurrent, passive or active negligence on the part of the County, its agents, officers, attorneys, employees, boards and commissions.

I, \_\_\_\_\_, hereby agree to the above Indemnification Agreement.

\_\_\_\_\_  
(Owner/Authorized Agent Signature)

\_\_\_\_\_  
(Date)