



COUNTY OF MENDOCINO
DEPARTMENT OF PLANNING & BUILDING SERVICES
 860 N. BUSH ST • UKIAH • CA • 95482
 120 W. FIR ST • Ft. BRAGG • CA • 95437

BRENT SCHULTZ, Director
 Planning & Building Service
 Phone: 707-234-6650
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cannabisprogram@mendocinocounty.org

Permit#: _____

Accepted By: _____

(Rev. 05/15/2019)

(Office Use Only) Date: _____

PROPERTY OWNER CONSENT FORM TO ALLOW CANNABIS CULTIVATION

I, _____, declare under penalty of perjury that:

1. I am the record title owner of the property located at:

_____, Mendocino County, California,
 (Physical Address)

APN _____, or the title owner is a trust or business entity named,
 _____ and I have been duly authorized to represent
 such trust or business entity for purposes of executing this document.

2. I, or the trust or business entity I represent, am aware that the applicant is in the process of applying to the Mendocino County Department of Agriculture for a permit to cultivate cannabis on the property described above in conformance with all the provisions of Chapters 10A.17 and 20.242 of the Mendocino County Code.

3. I, or the trust or business entity I represent, understand that, as the owner of the parcel containing a Cannabis Cultivation Site, I am required to sign this agreement in order for the applicant's application to go forward and understand that I may be liable under local, state, or federal law for the cannabis cultivation activities I am allowing on my property.

Signed this _____ day of _____, 20__

 (Landowner Signature)

 (Renter Signature)