



Cannabis Cultivation Inspection Report

Applicant Name						Site Address					
Date of Inspection			App/Permit #								
Permit Type			Zoning			Contact Phone					
Employees: <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, Number of Employees:			Estimated Number of Plants/Canopy size:					

#	Item	Code	Y	N	N/A	#	Item	Code	Y	N	N/A
General						Water Resources					
1	Site Plan/Location	10A.17.110(A)				15	Well Permit	10A.17.090(K)			
2	Employee Age Verified	10A.17.090(C)				16	Streambed Alteration Permit	10A.17.090(J)			
3	Dwelling unit	10A.17.070(E)				a	In-stream culverts				
4	Fence	10A.17.040(G)				b	In-stream dams				
5	Buildings Secure	10A.17.040(H)				c	Grading				
6	Lights Shielded	10A.17.040(D)				17	SWRCB Diversion/Water Rights	10A.17.110(D)			
7	Animals Restrained	10A.17.110(L)				a	Source of diversion				
8	Generator Use	10A.17.110(E)				18	SWRCB Enrollment	10A.17.110(F)			
9	Compliance Plan—Exhibit A	10A.17.100(C)				a	New Standard conditions met				
Setbacks						19	Annual Water Monitoring	10A.17.1109(G)			
10	Public/Youth	10A.17.040(A)(1)				Other					
11	Residential Structure	10A.17.040(A)(2)				20	Defensible Space (CalFire)	10A.17.110(H)			
12	Occupied Mobile Unit	10A.17.040(A)(3)				21	Tree Removal/Conversion	10A.17.040(I)/090(T)			
13	Adjoining Parcel	10A.17.040(A)(5)				22	Security Measures	10A.17.090(N)			
Cultivation and Operations Plan						Indoor/Mixed Light					
14	Cultivation/Operations Plan	10A.17.090(F)				23	Building Permits Submitted?	10A.17.070(I)(1)			
a	Fertilizer Storage					24	Waste Discharge	10A.17.090(S)			
b	Pesticide Use/Storage					25	Building Ventilation	10A.17.110(M)			
c	Soil/Media					SITE APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO FOLLOW-UP NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
d	Pest Management										
e	Irrigation Plan										

Conditions to be met:

NON-COMPLIANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO INSPECTOR (Print Name) INSPECTION ACKNOWLEDGED BY (Print Name)	CORRECT NON-COMPLIANCES BY: INSPECTOR (Signature) INSPECTION ACKNOWLEDGED BY (Signature)

Inspection Narrative

Referrals:

Inspection Narrative (continued)

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Referrals:

Handwritten referrals area with horizontal lines.

Inspection Narrative (continued)

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Referrals:

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