



**Department of  
Planning and Building  
Services**

Case No: _____
CalFire No: _____
Cultivation No: _____
Fee: _____
Receipt No: _____
Received By: _____
Date Filed: _____
<i>Office use only</i>

## Application for Cannabis Administrative Permit

**ADMINISTRATIVE PERMIT (AP)**

- |   |  |
|---|--|
| <input type="checkbox"/> Type C-A Cottage Indoor (500 ft <sup>2</sup> ) | <input type="checkbox"/> Setback Reduction (please clearly identify on your Site Plan) |
| <input type="checkbox"/> Waive RR:10 Housing Requirement                | <input type="checkbox"/> TPZ or FL (Types 1, 1B, 2, 2B, 4)                             |
| <input type="checkbox"/> Acreage (3.5 Acres-4.9 Acres: Type 1, 1B, 4)   | <input type="checkbox"/> RR5 (3.5-4.9 Acres) Waive Sunset                              |
| <input type="checkbox"/> Acreage (7.0 Acres-9.9 Acres: Type 2, 2B)      |  |

**APPLICANT(S)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ email: \_\_\_\_\_

**PROPERTY OWNER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ email: \_\_\_\_\_

**AGENT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ email: \_\_\_\_\_

Parcel Size: \_\_\_\_\_ acres

Address of Property: \_\_\_\_\_

Assessor Parcel Number(s): \_\_\_\_\_

**TYPE OF CULTIVATION PERMIT:**

Size ↓	Type of Permit →	OUTDOOR	INDOOR	MIXED LIGHT
Small: (≤2500 ft <sup>2</sup> )	<input type="checkbox"/> C	<input type="checkbox"/> C-A (≤500 ft <sup>2</sup> ) <input type="checkbox"/> C-A (501 – 2500 ft <sup>2</sup> )	<input type="checkbox"/> C-B	
Medium: (2501 – 5000 ft <sup>2</sup> )	<input type="checkbox"/> 1	<input type="checkbox"/> 1-A	<input type="checkbox"/> 1-B	
Large: (5001 – 10,000 ft <sup>2</sup> )	<input type="checkbox"/> 2	<input type="checkbox"/> 2-A	<input type="checkbox"/> 2-B	
Nursery: (≤22,000 ft <sup>2</sup> )	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	

I certify that the information submitted with this application is true and accurate. I have attached the Consent of Landowner form if I am not the property owner of the parcel on which the cultivation site is located.

Signature of Applicant/Agent

Date

Signature of Owner

Date

# CULTIVATION SITE & PROJECT DESCRIPTION QUESTIONNAIRE

<p>1. Does the proposed cultivation site meet the following setbacks? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <ul style="list-style-type: none"><li>1,000 feet from all youth-oriented facilities, schools, parks, churches, or residential treatment facilities.</li></ul> <p><u>FOR OUTDOOR AND MIXED LIGHT CULTIVATION SITES</u></p> <ul style="list-style-type: none"><li>100 feet from any legal residential structure located on a separate legal parcel.</li><li>50 feet from any adjoining legal parcel under separate ownership.</li><li>If in mobile home park, 100 feet from an occupied mobile home under separate ownership.</li></ul> <p><u>FOR INDOOR CULTIVATION SITES</u></p> <ul style="list-style-type: none"><li>Any building property line setbacks.</li></ul>
<p>2. Is the cultivation site visible from any public right of way or publically traveled private road? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>3. Please describe the project site. Include improvements such as structures, wells, septic systems, grading, vegetation removal, roads, etc.</p>
<p>4. Will the development of the proposed cultivation site be phased? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please describe the phases briefly.</p>
<p>5. How will you dispose of hazardous, natural (trimmings), or other (plastics) materials from the cultivation site?</p>
<p>6. Have you constructed in the past, are constructing, or plan to construct any roads? Grading? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please complete the following:</p> <p>A. Amount of cut: _____ cubic yards</p> <p>B. Amount of fill: _____ cubic yards</p> <p>C. Maximum height of cut slope: _____ feet</p> <p>D. Maximum height of fill slope: _____ feet</p> <p>E. Amount being imported/exported: _____ cubic yards</p> <p>F. Location of borrow/disposal: <input type="checkbox"/> ON-SITE <input type="checkbox"/> OFF-SITE</p>

7. In order to develop the proposed cultivation site, will it be necessary to:

- |   |                          |
|---|--------------------------|
|   | YES                      |
| A. Remove oak species or commercial tree species? | <input type="checkbox"/> |
| B. Make substantial changes in terrain?           | <input type="checkbox"/> |
| C. Connect to existing water district?            | <input type="checkbox"/> |
| D. Connect to existing sewer district?            | <input type="checkbox"/> |
| E. Install a septic system?                       | <input type="checkbox"/> |
| F. Connect to existing septic system?             | <input type="checkbox"/> |
| G. Install an individual well?                    | <input type="checkbox"/> |

8. Please provide an inventory of the structures on the property. If additional space is needed, please provide a separate sheet. Please note improvements may be subject to permit requirements. Please include size of structures.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

9. Are there any contiguous properties and/or projects (unrelated to cannabis) under your ownership?  YES  NO

10. Will the proposed cultivation site convert land currently or previously used for agriculture?  YES  NO

If YES, how much land is being converted? \_\_\_\_\_ ( ft<sup>2</sup> / acres )

11. Will the proposed cultivation site require the construction of a pond OR will it involve diking, filling, or dredging?

NO

- YES, the project will involve:
- |   |  |
|---|--|
| <input type="checkbox"/> Construction of a pond | - a total of _____ cubic yards will be moved |
| <input type="checkbox"/> Diking                 | - a total of _____ cubic yards will be moved |
| <input type="checkbox"/> Filling                | - a total of _____ cubic yards will be moved |
| <input type="checkbox"/> Dredging               | - a total of _____ cubic yards will be moved |

12. Briefly describe the surrounding properties including vegetation, animals, structures, and/or cultural/historic assets.

13. Please indicate the surrounding land uses.

NORTH

EAST

SOUTH

WEST

14. 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

C. Water

- Community water system – Specify supplier \_\_\_\_\_
- Well
- Spring
- Pond
- Other – Specify \_\_\_\_\_

D. Sewage

- Community sewage system – Specify supplier \_\_\_\_\_
- Septic Tank
- Other – Specify \_\_\_\_\_

15. Will there be any security lighting?  YES  NO If YES, will the light be cast downward?  YES  NO

16. Will you have employees?  YES  NO

If YES, how many employees will you have? \_\_\_\_\_

If employees are residing onsite, please indicate the structure in which they will be residing.

17. Will there be any processing of cannabis on site (trimming, leaf removal, curing, drying, etc)?  YES  NO

18. If you answered YES to the previous question (17), please describe the activities.

19. Have you discussed this proposal with adjacent property owners and other concerned parties?

20. Please describe how you intend to mitigate potential nuisances related to the proposed cultivation activities.

21. Provide an overview of your past cultivation, as well as ancillary activities on this subject property. If 'Relocating' please describe past activities within Mendocino County, as well as past cultivation on this subject parcel, if applicable:

22. Describe why the proposed location and operation is the most environmentally superior location on the subject property.

23. Are you aware of any Archeological or Paleontological resources on the subject property?  YES  NO

24. Have you received the requisite approvals from CALFIRE or your Local Response Agency?  YES  NO  
If NO, do you intend to submit this information alongside needed building permits? \_\_\_\_\_

25. Have you received site inspections from any of the following agencies with regard to this proposed activity?

NO

YES, following

Mendocino Cannabis Dept

Date: \_\_\_\_\_

Water Resources Control Board

Date: \_\_\_\_\_

CA Dept Fish & Wildlife

Date: \_\_\_\_\_

Dept of Cannabis Control

Date: \_\_\_\_\_

I certify that the information submitted with this application is true and accurate:

\_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

FOR STAFF PURPOSES ONLY

Zoning District: \_\_\_\_\_

Subject to Sunset Provision [MCC 10A.17.080(B)(2)(b)]?  YES  NO

Compliant with Mendocino County Code Chapter 20.242:  YES  NO

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## AUTHORIZATION OF AGENT

1. I hereby authorize \_\_\_\_\_ to act as my representative and to bind me in all matters concerning this application.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

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## 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

\_\_\_\_\_  
Date

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## 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.

1. I, \_\_\_\_\_, hereby agree to the above Indemnification Agreement.  
(Print Name)

\_\_\_\_\_  
Owner/Authorized Agent

\_\_\_\_\_  
Date

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To facilitate proper handling of this application, please indicate the names and mailing addresses of individuals to whom you wish correspondence mailed to if different from those identified on the **Application for Cannabis Cultivation** page.

Name	Name	Name
Mailing Address	Mailing Address	Mailing Address

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# COUNTY OF MENDOCINO

## DEPARTMENT OF PLANNING AND BUILDING SERVICES

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## ACKNOWLEDGEMENT OF DEPOSIT/HOURLY FEE

By signing below, the applicant acknowledges that the staff at Planning and Building Services has discussed the potential for collection of a deposit fee for the projects listed below (as adopted by the Board of Supervisors Resolution No's 11-072, 16-150, 18-122, 19-170 and 23-190)

1. Division of Land Project
2. General Plan Project
3. Coastal Project
4. Zoning Project
5. Administrative Project
6. Cannabis Project
7. Private Road Naming

Once an application has been submitted and the processing costs approach 80% of the application fee, additional staff processing time will be billed at \$98.00/hour. Staff will notify the applicant/owner that a deposit equal to 50% of the initial filing fee is required for further processing, and more than one deposit may be required depending on the complexity of the project and the staff time necessary to complete application processing.

*I acknowledge that I was advised of the deposit fee for continued processing after the initial application fee has been expended.*

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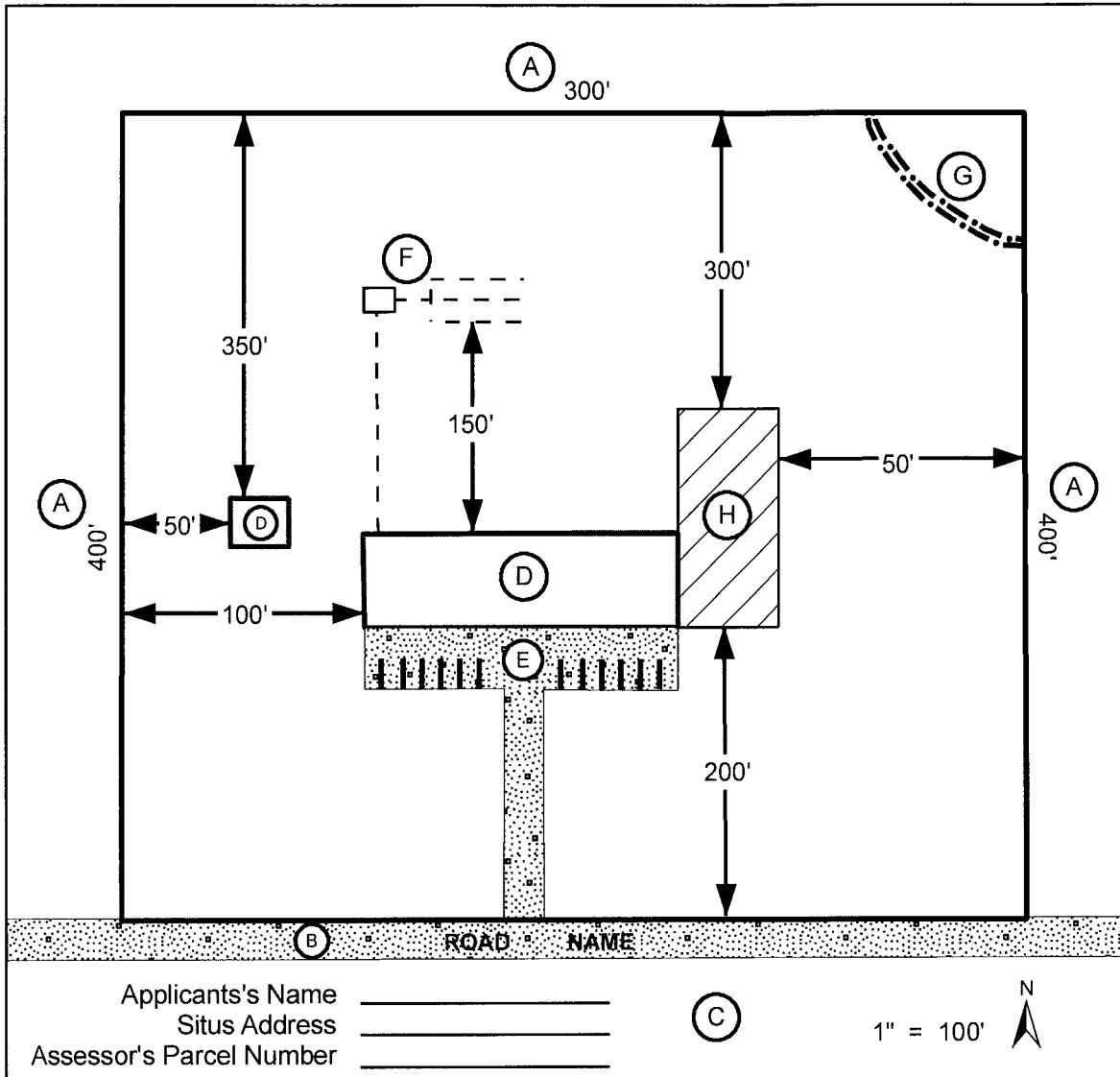
**Applicant Signature**

**Date**

### OFFICE USE ONLY:

Project or Permit Number \_\_\_\_\_

# SAMPLE PLOT PLAN



- A. Parcel Shape and Dimensions.
- B. Adjacent Streets.
- C. North Arrow and Scale.
- D. Existing Buildings including distance from property lines.
- E. Driveways, Parking and Loading Areas.
- F. Existing and proposed septic system and wells including distances from structures.
- G. Easements and Utility Lines (power, sewer, water, etc.).
- H. Proposed structure or addition including distance from property lines.