

# DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES

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Agricultural Commissioner  
Sealer of Weights & Measures



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## MEDICAL CANNABIS CULTIVATION ZONING PERMIT APPLICATION

### Type of Cultivation (check one):

- Cottage (25 plants or less)  
 Specialty Outdoor (5,000 sq. ft. **OR** 50 plants or less)  
 Small Outdoor (5,001 to 10,000 sq. ft.)

### Priority Processing:

- Owner or Operator of the cannabis use has been an existing cannabis operator prior to January 1, 2016. (Must attach documentation.)  
 Owner or Operator of the cannabis use was Sonoma County resident prior to January 1, 2016 and has a "Local Preference Hiring Plan" in place. (Must attach documentation of residency and Plan.)

### Office Use Only

Received Date: \_\_\_\_\_  
Fee Paid: \$ \_\_\_\_\_  
Zoning Permit Type:  C25  SPO  SMO  
Permit Issued Date: \_\_\_\_\_  
Permit Expiration Date: \_\_\_\_\_  
Issued By: \_\_\_\_\_  
MCCP #: \_\_\_\_\_  
Site Address: \_\_\_\_\_  
City: \_\_\_\_\_  
APN(s): \_\_\_\_\_

### Part A – Applicant Information

Applicant's Legal Name: \_\_\_\_\_

Name of business operating the cannabis cultivation (Zoning Permit will be processed under business name if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you the owner of the property?  Yes  No      Are you 21 years old or over:  Yes  No

Operator Name: \_\_\_\_\_

*Operator is the natural person or designated officer responsible for the operation of the commercial cannabis use.*

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

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**Operator Information**

Has Operator been convicted of a felony?  Yes  No

If yes, attach documentation of conviction/offenses

Will operation have employees?  Yes  No

If yes, attach list of each employee’s name and a copy of a government issued identification that identifies date of birth of each employee.

Has Operator applied for, or obtained, any other zoning permit or use permit for cannabis related uses in the County of Sonoma (e.g., cultivation, testing/laboratories, dispensary/retail sales, manufacturing, distribution, transporting or nursery uses)?  Yes  No

If yes, attach all existing permits and/or pending applications

What are the proposed hours of operation for all cultivation-related activities, including processing? \_\_\_\_\_

**PartB – Site Information**

**A current site map must be attached to this application.**

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Is the cultivation site located on land that is subject to a Williamson Act contract?  Yes  No

Zoning of proposed cultivation site: \_\_\_\_\_

Total acreage of each parcel to be under cultivation: \_\_\_\_\_

Cultivation area in square feet: \_\_\_\_\_

Cannabis cultivation will be:  In ground  Above ground/In any type of container  BOTH

Existing land use and vegetation (check one):  Ag crop  Pasture  Rangeland  Timberland or

Other: \_\_\_\_\_

Highest natural slope of cannabis cultivation area: \_\_\_\_\_

Method used to determine slope (check one):  USGS Topo  Clinometer  Field Survey or

Other: \_\_\_\_\_

Will you be processing (drying, curing, grading, trimming) onsite?  Yes  No

Will any existing structures be used for processing (drying, curing, grading, trimming)?  Yes  No

If yes, list and indicate type of processing to occur in each structure. Attach documentation that each structure is permitted for the intended use or complete a Declaration of Use form for each structure: \_\_\_\_\_

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Will you be constructing any structures for drying, curing, trimming, or processing?  Yes  No

If yes, list and indicate purpose of each structure and attach documentation that the structure is permitted for the intended use: \_\_\_\_\_

**No on-site processing shall be allowed in new or existing structures located on the cannabis cultivation site unless a zoning permit or use permit and all other applicable permits such as grading and/or building permits are first obtained from Sonoma County Permit and Resource Management Department/Permit Sonoma for the intended processing use.**

**No on-site propagation shall be allowed in new or existing structures located on the cannabis cultivation site unless a zoning permit or use permit and all other applicable permits such as grading and/or building permits are first obtained from Sonoma County Permit and Resource Management Department/Permit Sonoma for the intended propagation use.**

Are there any easements on any parcel:  Yes  No If yes, attach documentation and map of each easement.

Is any parcel located on a hazardous materials site pursuant to Government Code §65962.5?  Yes  No

Cultural and historic resources – Is any parcel located within a historic district?  Yes  No

If yes, must attach documentation showing that the cultivation will not impact cultural resources.

Is the site located within a federal critical habitat area of any endangered species?  Yes  No

If yes, list species: \_\_\_\_\_

**Part C – Water Use**

Estimated total use in gallons each season, listed by each source of water: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Water source (check all that apply):

Municipal source (Must attach documentation.)

Recycled water (Must attach documentation of source and permitted storage facility.)

Surface water (Must attach documentation of water rights.)

Well water / Groundwater zone: \_\_\_\_\_

If using groundwater on any parcel, is the well located in a high or medium priority basin as defined by the State Department of Water Resources?  Yes  No

**If using groundwater, must attach copy of recorded easement allowing access to Sonoma County personnel.**

If located in groundwater zone 4 or in high or medium priority basin, attach:

- 1. Documentation to show that proposed use would not result in a net increase in water use on site, **OR**

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- 2. A hydrogeological report prepared by a qualified professional providing supporting data and analysis and certifying that the onsite groundwater supply is adequate to meet the proposed uses and cumulative projected land uses in the area on a sustainable basis, and that the operation will not:
  - a. Result in or exacerbate an overdraft condition in basin or aquifer
  - b. Result in reduction of critical flow in nearby streams, **or**
  - c. Result in well interference at offsite wells

Is well equipped with a meter and sounding tube or other water level sounding device?  Yes  No

If yes, describe: \_\_\_\_\_

**Part D – Site Modification**

Will any roads be constructed on any parcel?  Yes  No

Will any grading be done as part of the cultivation, including site preparation?  Yes  No

If yes, describe proposed grading and attach copy of grading permit as required by County Code §11.04.010. If grading is exempt from permit, explain why.

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Will any vegetation be removed as part of the cultivation, including site preparation?  Yes  No

If yes, describe the vegetation to be removed and indicate the location of the removal on the site map.

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Will a drainage system be installed on any parcel?  Yes  No

If yes, attach a copy of drainage permit as required by County Code §11.06.010. If drainage system is exempt from permit, explain why:

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**Part E – Authorization**

PROJECT AUTHORIZATION DECLARATION

I/We, \_\_\_\_\_, declare under penalty of perjury that the information provided in connection with this application is true and correct to the best of my/our knowledge. I/we understand that issuance of a zoning permit does not relieve me/us of the obligation to comply with other federal, state, or local laws or regulations, or from liability for violations of those laws and regulations. I/we acknowledge that the County of Sonoma is not authorizing a take of any federal or state endangered species by issuance of this zoning permit, and I/we further declare under penalty of perjury that a biological assessment or study has been prepared for the site by a qualified expert with respect to impacts on endangered species. I/we have reviewed the opinion of the qualified expert and will take all steps necessary, based on this opinion, to comply with any applicable provisions of the state and federal endangered species acts, and all other applicable state and federal laws. I/we waive any claims of liability for damages against the County of Sonoma and its contractors, and agree to indemnify the County of Sonoma and its contractors from and against any claims, suits, or liabilities, arising out of activities I/we undertake based on the issuance of this zoning permit. I/we further understand that if a zoning permit is not issued within one year following the filing of a zoning permit application, the zoning permit application shall expire without any further action by the Department of Agriculture/Weights and Measures. The Department of Agriculture/Weights and Measures may grant one 180-day extension, if the applicant files a written request before expiration of the original one-year period and shows that the extension is warranted due to a lawsuit, zoning permit authority error, or other circumstances beyond the control of the applicant. Otherwise, a new complete zoning permit application and associated fees must be submitted.

I/We authorize entry by the Department of Agriculture/Weights and Measures and its contractors onto any and all areas where cannabis cultivation or development is occurring under this zoning permit at all reasonable times or whenever an emergency exists to determine whether I am complying with zoning permit terms.

\_\_\_\_\_  
Applicant/Owner Name (please print)

\_\_\_\_\_  
Applicant/Owner Name (please print)

\_\_\_\_\_  
Applicant/Owner Signature

\_\_\_\_\_  
Applicant/Owner Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

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

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

## Medical Cannabis Cultivation Zoning Permit Application

*\*Application for zoning permit must be authorized by the owner of the property. If application not signed by the owner, written authorization from the property owner must be included with this application packet. If property owner is other than a natural person (e.g. corporation, LLC, or other business entity), then written authorization for this application must be signed by a representative authorized to bind the business entity.*

**NOTE: Zoning permit must be approved before any work begins. An intake appointment is required when submitting an application. Please call (707) 565-2371 to schedule an appointment. Complete the Application and Application Checklist before making an appointment.**

**APPLICATION CHECKLIST**

**Application**

- Medical Cannabis Cultivation Zoning permit Application Form
- Authorization, Indemnification, and Consent to Inspection Form (Signed)
- Application Fee

**Ownership and Authorization**

- Copy of current deed for all parcels where commercial activity will occur
- Copy of current lease agreement, share-cropping agreement, etc.
- Signed letter of authorization of property owner to use property for commercial Cannabis cultivation if not specifically authorized in lease agreement

**Business Entity Submission**

For applicants other than a natural person, provide all documents filed with the Secretary of State, including but not limited to:

- Identification of every owner of applicant entity including percentage of ownership interest held
- Business formation documents
- Articles of Incorporation
- Operating agreement
- Partnership agreement
- Fictitious business name statement
- Articles of organization
- Certificate of limited partnership
- Certificate of stock
- Statement of partnership authority
- If applicant is foreign corporation, a certificate of qualification issued by the California Secretary of State

**Water Quality** If the proposed cultivation site is located within Regional Water Quality Control Board Region 1:

- Provide documentation from the North Coast Regional Water Quality Control Board or the State Water Resources Control Board confirming enrollment for coverage under their Cannabis Waste Discharge Regulatory program. If you are exempt from their program, you must self-certify to the County that you are exempt and that your site presents no potential for discharge of waste. Current exemption criteria for the North Coast Regional Water Quality Control Board Cannabis Waste Discharge Regulatory Program is a cultivation site with a cumulative area of less than 2000 sq. ft. of Cannabis and the site presents no potential for discharge of waste. This exemption is subject to change and the applicant must meet the requirements of any North Coast Regional Water Quality Control Board and State Water Resources Control Board Cannabis Waste Discharge Regulatory Program in effect at the time of application.

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**Water Use** Attach as applicable, for use of well water in Groundwater Zone 4 or medium/high priority basin:

- Documentation that the proposed use would not result in a net increase in water use on site through implementation of water conservation measures, rainwater catchment or recycled water reuse system, water recharge project, or participation in a local groundwater management project; or
- A hydrogeologic report prepared by a qualified professional providing supporting data and analysis and certifying that the onsite groundwater supply is adequate to meet the proposed uses and cumulative projected land uses in the area on a sustained basis, and that the operation will not result in or exacerbate an overdraft condition in basin or aquifer, result in reduction of critical flow in nearby streams, or result in interference at offsite wells.

### **All Applicants Must Submit the Following**

- Biotic Resources Assessment.** Proposed cultivation operations, including all associated structures, shall require a biotic assessment at the time of application that demonstrates that the project is not located within, and will not impact sensitive or special status species habitat, unless a use zoning permit is obtained. Any proposed cultivation operation, including associated structures, located within adopted federal critical habitat areas must have either all appropriate zoning permits from the applicable state and federal agencies with jurisdiction over the listed species, or a biotic assessment concluding that the project will not result in “take” of a protected wildlife species within the meaning of either the federal or California Endangered Species Acts.
- Waste Water Discharge Plan.** A waste water management plan shall be submitted identifying the amount of waste water, excess irrigation, and domestic wastewater anticipated, as well as disposal. All cultivation operations shall comply with the Best Management Practices issued by the Agriculture Commissioner and shall submit verification of compliance with the Waste Discharge Requirements of the applicable Regional Water Quality Control Board, or waiver thereof.
- Waste Management Plan.** A Waste Management Plan shall be submitted addressing the storing, handling, and disposing of all waste by-products of the cultivation and processing activities in compliance with the Best Management Practices issued by the Agricultural Commissioner. This plan shall characterize the volumes and types of waste generated, and the operational measures that are proposed to manage, dispose, or reuse the wastes in compliance with the Best Management Practices and County of Sonoma standards.
- Security and Fencing Plan.** A Site Security Plan shall be required subject to review and approval by the Permit and Resource Management Department.
- Fire Prevention Plan.** The operator shall prepare and implement a Fire Prevention Plan for construction and ongoing operations and obtain an Operational Permit from the County of Sonoma Fire and Emergency Services Department. The Fire Prevention Plan shall include, but not be limited to: emergency vehicle access and turn-around at the facility site(s), vegetation management, and fire break maintenance around all structures.



## Medical Cannabis Cultivation Zoning Permit Application

### **Site Plan/Photograph Requirements**

A detailed site plan shall be submitted with all applications. Site plans may be submitted on topographic map with minimum 20 foot contours, or alternatively submit topographic map of parcel with 20 foot contours and a separate site plan. All site plans must be drawn to scale. Submit one 24 x 36 inches **OR** 11 x 17 inches map and one reduced size site plan on 8 ½ x 11 inches paper.

#### **Site Plan Must Show:**

- Outline of property boundaries
- All natural waterways and waterbodies including rivers, streams, wetlands, ponds and springs
- All wells on parcel including inactive wells
- All structures identified as to use including pesticide/fertilizer storage/drying/trimming/restrooms
- Outline and dimensions of proposed cannabis cultivation areas
- Cannabis cultivation area setback distances in linear feet from property lines, streams, wetlands
- Any easements
- Designated composting area, if applicable
- Designated area for non-compostable refuse
- Designated holding area for cannabis scheduled for destruction
- Existing or proposed fencing with dimensions

Color aerial photograph(s) shall be submitted of the entire parcel and surrounding parcels within a radius of 1200 feet of property lines. Aerial photo(s) must show/indicate:

- Outline of property boundaries
- Location of all sensitive uses within 1000 feet
- Separation distance from all sensitive uses including occupied structures on adjacent properties
- All roads indicating access roads used in cannabis operation
- Turnaround areas on access roads for emergency vehicles
- Footprint of any easements on parcel
- Buildings with label indicating use
- All natural waterways and waterbodies including rivers, streams wetlands, ponds, springs
- Location of all water storage facilities
- Outline and dimensions of proposed cannabis cultivation areas