

Cannabis Cultivation Permit Application Requirements (Zoning and Use Permit) PJR-123

NOTE: Zoning Permits for Outdoor Cultivation under 10,000 square feet in Diverse Agriculture (DA) and Land Extensive Agriculture (LEA), and under 25 plants in Land Intensive Agriculture (LIA) are being processed by the Department of Agriculture, Weights and Measures. Any associated processing, structures, grading, etc will be processed at the Permit and Resource Management Department.

PURPOSE: The Medical Cannabis Land Use Ordinance (Ord #6189) was adopted December 20, 2016 and created regulations related to Medical Cannabis Cultivation and related uses. No recreational cannabis uses or sales are currently allowed.

MINOR AND CONDITIONAL USE PERMIT PROCEDURE: The applicant submits a complete Medical Cannabis Cultivation application to the Planning Division at the Permit Sonoma zoning cubicle. After a complete application is submitted, a project planner in the Project Review Division is assigned to the project. Referrals are sent to various Permit Sonoma Divisions, County departments, and State agencies for review, comment(s) and condition(s). The project planner then reviews all this information in detail and performs a site visit. The project planner then makes a decision on the level of environmental review required and carries out any necessary documentation consistent with the California Environmental Quality Act (CEQA).

After the environmental review is completed, the planner will either prepare to approve the project administratively or set a date for a public hearing before the Board of Zoning Adjustments. A notice of the public hearing or hearing waiver is posted at the property and sent to owners of the property within 300 feet of the site. If a hearing is scheduled, all interested persons are given an opportunity to comment on the proposed Use Permit at the public hearing. If the project is approved by the Board, there is a ten (10) day appeal period for appeals to the Board of Supervisors. All cannabis permits will be issued for one year from the date of approval and will expire if not renewed.



Sonoma County Permit and Resource Management Department
2550 Ventura Avenue Santa Rosa CA 95403-2859 (707) 565-1900

www.PermitSonoma.org

Effective 07/05/2017

REQUIRED APPLICATION MATERIALS: A complete application must include all of the following:

1. Planning Application ([PJR-001](#)) signed by all property owners, officers and shareholders associated with operation.
2. Indemnification Agreement form PJR-011, signed by the applicant.
3. Owner/Agent Authorization Form (lease agreement, purchase contract, etc.) and copies of Business Entity Documents and Authorization (articles of incorporation, etc.).
4. Statement of Operator Qualifications:
 - a. Disclose any felony convictions.
 - b. Include the number of employees (both permanent year-round and temporary) and if they are 21 years of age or older.
 - c. Please list and attach any other cannabis related applications that the operator(s) have applied for.
5. Proposal Statement. This shall be a written statement that should include descriptions of how the operation meets all of the Development Criteria and Operating Standards in Section 26-88-254 of the Sonoma County Code including the following information:
 - a. Description of the Existing Use and Property
 - List and identify on site plan any existing easements.
 - Describe any existing agricultural, commercial, and residential uses.
 - Yes No Is the project subject to a Land Conservation (Williamson) Act Contract?
What is the highest natural slope of cannabis cultivation? _____
 - b. Description of the Proposed Cannabis Use and Operational Plan
 - Include the types of cannabis use, sizes, and locations.
 - What structures are proposed? Does anything need to be legalized?
 - Will be cannabis be processed (drying, curing, grading trimming) onsite? If not, list location of processing activity.
 - c. Description of how the project will meet the Medical Cannabis Land Use Ordinance Development Criteria (26-88-254(f)). Please provide copies of any studies or documentation in the following areas:
 - Number and type of facilities
 - Square footage of each cultivation area
 - Setbacks of all cultivation and outdoor activity areas to property lines.
 - Separation distance of property boundary of cultivation site to property line of sensitive uses.
 - List all existing structures and proposed uses and structures.
 - Biotic Resources – site assessment identifying any critical habitat.
 - Farmland Protection- Will crops be removed? If so, what 1:1 mitigation ratio is proposed (for indoor and mixed light only)?
 - Fire Prevention Plan – describe how proposal meets fire safe standards.
 - Grading and Access – define the slope of cultivation sites and access.
 - Hazardous Materials – include list of nutrients, soil or medium types, pest control methods, etc.If pesticides are used, provide a copy of current Operator Identification Number issued by the Sonoma County Department of Agriculture: _____

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- Lighting Plan.
 - Stormwater Management Plan.
 - Security and Fencing Plan including a detail of the materials and landscaping used for screening.
- d. Description of how the project will meet the Medical Cannabis Land Use Ordinance Operating Standards (26-88-254(g)). Please provide copies of any studies or documentation in the following areas:
- Odor Control Plan.
 - Energy source use.
 - Hours of operation.
 - Outdoor activity areas and distance to property lines.
 - Waste Management Plan – describe how mediums, plant waste, and material waste will be handled.
 - Water Supply and Management Plan (see supplemental application attached).
 - Groundwater Monitoring Easement if Water Well.
 - Wastewater Management Plan – septic system, sewer system, etc.
6. Location/vicinity map (8 ½ in. X 11 in.) showing where the project is located in relation to nearby lots, streets, highways and/or major natural features (e.g., locator maps & road maps).
7. Photographs, including aerials, of the proposed development site.
8. Site Plan. Include either a 24 in. x 36 in. or 11 in. x 17 in. site plan and one reduced site plan (8 ½ in. x 11 in.). This reduced site plan must clearly depict the information shown on the full-sized site plan. Full sized plans must be folded. Preparation of the site plan by a professional draftsman, architect, or engineer is strongly recommended. If the existing site is to be greatly modified by the proposed project (removal of existing buildings, vegetation), both an Existing Site Plan and a Proposed Site Plan are required.
- a. All Site plans shall meet the Minimum Standard Site Plan Requirements (Form CSS-019) and include the following;
- Cultivation area(s), which shall contain all plants both mature and immature.
 - Propagation area(s).
 - Storage area/structure for pesticides and other agricultural chemicals as well as fuels.
 - Areas where composting of green waste will occur, if applicable.
 - Holding area for Cannabis scheduled for destruction.
 - Area(s) and structures where Cannabis will be processed, if applicable.
 - Area(s) for non-compostable refuse.
 - Area(s) where harvested Cannabis will be stored.
9. Filing fee – see the current PRMD Project Review Fee Schedule.

APPLICANTS PROVIDING FALSE OR MISLEADING INFORMATION IN THE PERMITTING PROCESS WILL RESULT IN REJECTION OF THE APPLICATION AND/OR NULLIFICATION OR REVOCATION OF ANY ISSUED PERMIT.



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Supplemental Application

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**
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: _____

Describe your waste water management plan (how will you manage storm and waste water to prevent the movement of nutrients, sediment, and other contaminants either on site or sanitary sewer):

Planning Application

PJR-001

Application Type(s):

- Admin Cert. Compliance
- Ag. Or Timber Preserve/Contract
- Conditional Cert. of Compliance
- Cert. of Modification
- Coastal Permit
- Zoning Permit for: _____

- Design Review Admin.
- Design Review Full
- General Plan Amendment
- Lot Line Adjustment
- Major Subdivision

File # _____

- Minor Subdivision
- Voluntary Merger
- Ordinance Interpretation
- Second Unit Permit
- Specific/Area Plan Amendment

- Use Permit
- Variance
- Zone Change
- Other: _____

By placing my contact information (name, address, phone number, email address, etc.) on this application form and submitting it to Sonoma County PRMD, I understand and authorize PRMD to post this application to the internet or public information purposes, including my contact information.

PRINT CLEARLY					
APPLICANT			OWNER (IF OTHER THAN APPLICANT)		
Name			Name		
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
Day Ph ()	Email		Day Ph ()	Email	
Signature		Date	Signature		Date
OTHER PERSONS TO BE NOTIFIED (If listed they must sign application form)					
Name/Title			Name/Title		
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
Day Ph ()	Email		Day Ph ()	Email	
Signature		Date	Signature		Date
PROJECT INFORMATION					
Address(es)				City	
Assessor's Parcel Number(s)					
Project Description					
Acreage			Number of new lots proposed		
Site Served by Public Water? <input type="checkbox"/> Yes <input type="checkbox"/> No			Site Served by Public Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY PRMD STAFF					
Planning Area		Supervisory District		Latitude	
Longitude		Current Zoning			
General Plan Land Use			Specific/Area Plan		
S.P. Land Use			Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		File No.
Application resolve planning violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			Penalty application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Files					
Application accepted by				Date	
Approved by				Date	

AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

Note: The following Authorization Form is required to be completed by the property owner only when designating an agent of the property owner to apply for a construction permit for the Owner-Builder.

Excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility, I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain an Owner-Builder Permit for my project.

Scope of Construction Project (Description of Work) _____

Project Address _____

Name of Authorized Agent _____ Phone # _____

Address of Authorized Agent _____

Signature of Authorized Agent _____

Note: A copy of the owner's driver's license, form notarization or other verification acceptable to the agency is required to be presented when the permit application is submitted to verify the property owner's signature.

Property Owner's Signature _____ Date _____