

# DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES

**Tony Linegar**  
Agricultural Commissioner  
Sealer of Weights & Measures



133 Aviation Blvd., Suite 110  
Santa Rosa, CA 95403-8279  
(707) 565-2371 Fax (707) 565-3850  
sonomacounty.ca.gov/AWM

## CANNABIS CULTIVATION ZONING PERMIT RENEWAL APPLICATION

### Current APC Permit

Permit #: APC \_\_\_\_\_

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

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

Cultivation Type:  Cottage (C25)  
 Specialty Outdoor (SPO)  
 Small Outdoor (SMO)

### Office Use Only

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

Permit Type:  C25  SPO  SMO

Total At-Cost Fee: \$ \_\_\_\_\_

Date Invoice Paid: \_\_\_\_\_

**Issued Date:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

Issued By: \_\_\_\_\_

Permit #: APC \_\_\_\_\_

APN: \_\_\_\_\_

### **Part A – Renewal Applicant Information**

Applicant/Operator Legal Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

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

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

Applicant/Operator Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant/Operator Email: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Property Owner Email: \_\_\_\_\_

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

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

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

Are you the owner of the property?  Yes  No Current Lease Expiration Date: \_\_\_\_\_

**Part B – Renewal Permit Information**

- Has Operator been convicted of a felony?  Yes  No
- Has Operator applied for or obtained any other cannabis permits in Sonoma County?  Yes  No
- Are any modifications to current operations proposed?  Yes\*  No

\*If yes, please describe proposed modifications below.

**Proposed Modifications** (modifications may include, but not limited to: any changes to filed site plans, new structures, increased size of area/cultivation, on-site processing, changes to water supply, grading, new roads, security modifications, or any other changes to the Cannabis Ordinance Exhibit A-2 requirements):

---

---

---

---

**Part C – 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 Cannabis Cultivation 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 Cannabis Cultivation 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 federal and state 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 Cannabis Cultivation Zoning Permit.

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 Cannabis Cultivation Zoning Permit at all reasonable times or whenever an emergency exists to determine whether I/we are complying with zoning permit terms.

**Application for Cannabis Cultivation Zoning Permit must be authorized by the owner of the property. If application is not signed by the owner, written authorization from the property owner must be included with this application.**

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

\_\_\_\_\_  
Property Owner Name (please print)

\_\_\_\_\_  
Applicant/Operator Signature

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**The renewal application fee will be billed “at-cost” based on the number of staff hours expended to determine approval or denial of the application, and will include a site inspection, and travel time (all billed at ¼ hour increments). The current hourly rate is \$177.00 per hour. An invoice will issued upon completion of the review and prior to issuance of the renewal permit. Payment is required prior to or at the time of renewal permit issuance. Changes authorized by this permit renewal shall not take place until permit renewal is approved.**