



COUNTY OF LAKE
Community Development Department
PLANNING DIVISION
 Courthouse - 255 N. Forbes Street
 Lakeport, California 95453
 Phone (707) 263-2221 FAX (707) 263-2225

INITIAL FEES:	
SC	\$2,721.00
Sub Total:	\$2,721.00
Technology recovery 2% Cost	\$54.42
General Plan Maintenance Fee	\$50.00
Total:	\$2825.42

Planning Division Application

(Please type or print)

Project name: _____

Assessors Parcel # : _____ - _____ - _____

_____ - _____ - _____

Zoning: _____

General Plan: _____

Receipt # _____

Initial: _____

APPLICANT:

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

PRIMARY PHONE: () _____

SECONDARY PHONE: () _____

EMAIL: _____

PROPERTY OWNER (IF NOT APPLICANT):

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

PRIMARY PHONE: () _____

SECONDARY PHONE: () _____

EMAIL: _____

PROJECT LOCATION

ADDRESS: _____

PRESENT USE OF LAND:

DESCRIPTION OF PROJECT:

SURROUNDING LAND USES:

North: _____

South: _____

East: _____

West: _____

PARCEL SIZE(S):

Existing: _____

Proposed: _____

Existing/Proposed Water Supply: _____

Existing/Proposed Sewage Disposal: _____

Fire Protection District: _____

School District: _____

At-Cost Project Reimbursement

I, _____, the undersigned, hereby authorize the County of Lake to process the above referenced permit request in accordance with the County of Lake Code. I am paying an initial fee of \$2,825.42 as an estimated cost for County staff review, coordination and processing costs related to my permit (Resolution No. 2017-19, February 7, 2017). **In making this initial fee, I acknowledge and understand that the initial fee may only cover a portion of the total processing costs. Actual costs for staff time are based on hourly rates adopted by the Board of Supervisors in the most current County fee schedule. I also understand and agree that I am responsible for paying these costs even if the application is withdrawn or not approved.**

I understand and agree to the following terms and conditions of this Reimbursement Agreement:

1. Time spent by County of Lake staff in processing my application and any direct costs will be billed against the available initial fee. **"Staff time" includes, but is not limited to, time spent reviewing application materials, site visits, responding by phone or correspondence to inquiries from the applicant, the applicant's representatives, neighbors and/or interested parties, attendance and participation at meetings and public hearings, preparation of staff reports and other correspondence, processing of any appeals, responding to public records act requests or responding to any legal challenges related to the application. "Staff" includes any employee of the Community Development Department.**
2. If processing costs exceed the available initial fee, I will receive invoices payable within 30 days of billing.
3. As the owner of the project location, I have the authority to authorize and I hereby do authorize the County of Lake or authorized representative(s) to make inspections at any reasonable time as deemed necessary for the purpose of review and processing this application.
4. If I fail to pay any invoices within 30 days, the County will stop processing my permit application. All invoices must be paid in full prior to issuance of the applied for permit.
5. If the County determines that any study submitted by the applicant requires a County-contracted consultant peer review, I will pay the actual cost of the consultant review. This cost may vary depending on the complexity of the analysis. Selection of any consultant for a peer review shall be at the sole discretion of the Community Development Director or his designee.

6. I agree to pay the actual cost of any public notices for the project as required by State Law and the Lake County Zoning Ordinance.
7. I may, in writing, request a further breakdown or itemization of invoices, but such a request does not alter my obligation to pay any invoices in accordance with the terms of this agreement.
8. I agree to pay all costs related to permit condition compliance as specified in any conditions of approval for my permit/entitlement including compliance monitoring.
9. I agree not to alter the physical condition of the property during the processing of this application by removing trees, demolishing structures, altering streams, and/or grading or filling. I understand that such alteration of the property may result in the imposition of criminal, civil or administrative fines or penalties, or delay or denial of the project.
10. Applicant shall defend, indemnify and hold harmless the County and its agents, including consultants, officers and employees from any claim, action or proceeding against the County or its agents, including consultants, officers or employees to attack, set aside, void, or annul the approval of this application or adoption of the environmental document which accompanies it. This indemnification obligation shall include, but not be limited to, damages, costs, expenses, attorney's fees, or expert witness costs that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of this application, including any claim for private attorney general fees claimed by or awarded to any party against the County, and shall also include the County's costs incurred in preparing the administrative record which are not paid by the petitioner. The County shall promptly notify the applicant of any claim, action or proceeding. Notwithstanding the foregoing, the County shall control the defense of any such claim, action or proceeding unless the settlement is approved by the applicant and that the applicant may act in its own stead as the real party in interest in any such claim, action or proceeding.
11. I have checked the current Hazardous Waste and Substances Sites List pursuant to Government Code Section 65962.5(f). www.envirostor.dtsc.ca.gov/public/ The proposed project site is or is not included on the most recent list.
12. I understand that pursuant to State Fish and Games Code Section 711.4, a filing fee is required for all projects processed with a Negative Declaration or Environmental Impact Report unless it has been determined by the California Department of Fish (CDFW) that the project will have no effect on fish and wildlife. The fees are collected by the County Community Development Department, Planning and Environmental review Division (PER) for payment to the State. I understand that I will be notified of the fee amount upon release of the environmental document for the project.

13. I hereby agree that any drainage studies and/or drainage models that are provided to the County as part of the technical studies for this entitlement process will be provided with a license or other satisfactory release allowing the County to duplicate, distribute, and/or publish the studies and models to the general public without restriction. I understand that failure to provide such license or release to the satisfaction of the County may result in comment that the study and or model is inadequate to support the entitlement request.

The signature(s) below signifies legal authority and consent to file an application in accordance with the information above. The signature also signifies that the submitted information and accompanying documents are true and accurate, and that the items initialed above have been read and agreed to.

Note: This agreement does not include other agency review fees or the County Clerk Environmental Document filing fees.

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE(S) OF LEGAL PROPERTY OWNERSHIP
OR OFFICIAL AGENT/AUTHORITY TO FILE (circle one)**

Ownership
**Must Attach Evidence*

Contract to Purchase*

Letter of Authorization*

Power of Attorney*

Name of Property Owner or Corporate Principal Responsible or Appointed Designee for Payment of all At-Cost Project Reimbursement Fees:

(Please Print)

Name of Company or Corporation *(if applicable)*:

(Please Print)

Mailing Address of the Property Owner or Corporation/Company responsible for paying processing fees:
(If a Corporation, please attach a list of the names and titles of Corporate officers authorized to act on behalf of the Corporation)

Name: _____

Date: _____

Email address: _____

Phone Number: _____

Signature of Owners/Agent* Name

Date

Signature of Applicant

Date



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Planning Division Application
Article 72 Self-Certification Application Supplemental Information

Applicant's Name: _____ **Phone Number:** _____

Application Type: **Collective (Circle One)** **Prior to 9/1/2016** **After 9/1/2016**

Outdoor Cultivation Site Plan

If applicable, a site plan where the outdoor cultivation occurs shall be attached to the application and provide the following details (each item is to be initialed indicating that the information is provided):

_____ Does not apply

- _____ 1. The boundaries of the parcel where the outdoor cultivation occurs
- _____ 2. The name of the qualified patient or primary caregiver residing on the property
- _____ 3. The street address and APN of the property
- _____ 4. North arrow
- _____ 5. Scale
- _____ 6. The area in acres of the property
- _____ 7. Location of the cultivation site including dimensions and area in square feet
- _____ 8. Location of all structures on the site and within 150 feet of the property boundaries
- _____ 9. Location of any drinking water well, spring, top of bank of any creek or seasonal stream, edge of lake, delineated wetland or vernal pool on the property or within 100 feet of the property
- _____ 10. The location of any public water supply well within 200 feet of the property
- _____ 11. A detail of the fence including, height, location of all gates and description of the locking device
- _____ 12. Location of storage areas for any topsoil, pesticides, or fertilizers used for the cultivation of medical marijuana
- _____ 13. The number of medical marijuana plants and the location of the canopy and cultivation area of these plants
- _____ 14. The location and description of the legal source of water used for cultivation
- _____ 15. Location and dimensions of the stormwater management system
- _____ 16. Location of storage area and the volume of hazardous materials
- _____ 17. A detail of the cultivation site including the location and dimensions of germinating, cloning, seed production growing, on-site drying, curing, grading, or trimming areas.
- _____ 18. A plot plan prepared by a design professional of the boundaries of the cultivation area shall be included with the site plan. The plot plan shall include the size of the cultivation area in square feet.

- _____ 19. If the premises is rented or leased, a copy of the written approval from the property owner(s), containing the property owner(s) notarized signature that authorizes the applicant to cultivate medical marijuana at the site shall be attached to the site plan.

Indoor Cultivation Site Plan

If applicable, a site plan where the indoor cultivation occurs shall be attached to the application and provide the following details (each item is to be initialed indicating that the information is provided):

_____ Does not apply

- _____ 1. The boundaries of the parcel where the outdoor cultivation occurs
- _____ 2. The name of the qualified patient or primary caregiver residing on the property
- _____ 3. The street address and APN of the property
- _____ 4. North arrow
- _____ 5. Scale
- _____ 6. The area in acres of the property
- _____ 7. Location of the cultivation site including dimensions and area in square feet
- _____ 8. If located in a house, a floor plan of the house and showing the location of the indoor cultivation area
- _____ 9. A detail of the lighting system including calculation of wattage
- _____ 10. A detail of the ventilation and filtration system
- _____ 11. A detail of how the cultivation area is not accessible to juveniles
- _____ 12. If the premises is rented or leased, a copy of the written approval from the property owner(s), containing the property owner(s) notarized signature that authorizes the applicant to cultivate medical marijuana at the site shall be attached to the site plan.

Outdoor Cultivation Certifications

If applicable, the applicant shall initial each of the following certifying compliance with the requirements of Article 72 of Chapter 21, the Zoning Ordinance for outdoor cultivation.

_____ Does not apply

_____ I certify that the cultivation is an accessory use to an existing, permitted residential use of a legal parcel, and the qualifying patient or primary caregiver engaged in the cultivation resides at the site.

_____ I certify that the property is zoned "A" Agricultural" or "RL" Rural Lands.

_____ I certify that the outdoor cultivation, including cultivation within greenhouses or "hoophouses" is not located within a community growth boundary as designated by the Lake County General Plan, nor on any parcel that is one (1) acre or smaller located outside of any designated community growth boundary.

_____ I certify that the outdoor cultivation is by qualified patients and primary caregivers, whether conducted outside or within a greenhouse or "hoophouse" and does not exceed 6 mature or 12 immature plants on a parcel larger than 1.00 acre.

_____ I certify that the outdoor cultivation is not conducted within 1,000 feet of any public or private elementary, middle or high school, developed park containing playground equipment, drug or alcohol rehabilitation facility, child care facility or nursery school, church or youth-oriented facility such as any establishment that advertises in a manner that identifies the establishment as catering to or providing services primarily intended for minors, or if the individuals who regularly patronize, congregate or assemble at the establishment are predominately minors.

_____ I certify that the outdoor cultivation, including any topsoil, pesticides, or fertilizers used for the cultivation of medical marijuana is not located within 100 feet of any spring, top of bank of any creek or seasonal stream, edge of lake, delineated wetland or vernal pool. For purposes of determining the edge of Clear Lake, the setback shall be measured from the full lake level of 7.79 feet on the Rumsey Gauge.

_____ I certify that I have a legal water source on the premises, and have all local, state, and federal permits to utilize the water source.

_____ I certify that I am not engaging in unlawful or unpermitted surface drawing of water.

_____ I certify that I do not allow illicit discharges of irrigation or storm water from the premises, as defined in Title 40 of the Code of Federal Regulations, Section 122.26, which could result in degradation of water quality of any water body.

_____ I certify that I do not allow the off-site drift or discharge of fertilizer or pesticides.

_____ I certify that pursuant to the California Health and Safety Code, I do not use hazardous materials in the cultivation of marijuana except for limited quantities of hazardous materials that are below State threshold levels of 55 gallons of liquid, 500 pounds of solid, or 200 cubic feet of compressed gas.

_____ I certify that any hazardous materials stored is maintained a minimum setback distance of 100 feet from any private drinking water well, spring, top of bank of any creek or seasonal stream, edge of lake, delineated wetland or vernal pool, and 200 feet from any public water supply well.

_____ I certify that I do not produce of any Hazardous Waste as part of the cultivation process.

_____ I certify that I dispose of marijuana waste material lawfully.

_____ I certify that the outdoor cultivation is completely screened from public view and the views of adjacent parcels with a fully enclosed solid fence of a minimum of six (6) but not more than eight (8) feet in height, with locked gates.

_____ I certify that the marijuana is shielded from public view at all stages of growth and that the marijuana plant(s) do not to extend higher than the fence.

_____ I certify that the fence is adequately secure to prevent unauthorized entry and includes a locking gate that remains locked at all times when a Qualified Patient or Primary Caregiver is not present within the Cultivation area.

_____ I certify that all fences comply with the location and height limitations of the Zoning Ordinance and fences seven (7) feet or taller have the required building permit from the Lake County Building and Safety Division issued prior to construction.

_____ I certify that the outdoor medical marijuana is not be cultivated or otherwise placed within 75 feet of any property line or within 150 feet of any off-site residence, as measured from the edge of the fence of the cultivation area.

_____ If the premises is rented or leased, I certify that I have written approval from the property owner(s), containing the property owner(s) notarized signature that authorizes me to cultivate medical marijuana at the site.

_____ I certify that the written approval is renewed annually.

_____ I certify that a copy of a current and valid physician recommendation or state-issued medical marijuana identification card is be displayed within the secure cultivation area, or on the exterior of the building used for indoor cultivation, in a manner that allows law enforcement officials to easily see the card without having to access any building.

_____ I certify that outdoor medical marijuana cultivation does not adversely affect the health or safety of nearby residents by creating dust, glare, heat, noise, odor, smoke, traffic, or other impacts, or be hazardous due to use or storage of fertilizers, pesticides or wastes.

Medical Marijuana Collectives Additional Certifications

If applicable, the applicant shall initial each of the following certifying compliance with the requirements of Article 72 of Chapter 21, the Zoning Ordinance for medical marijuana collectives.

_____ Does not apply

_____ I certify that my medical marijuana collective is comprised of members who are all residents of Lake County.

_____ I certify that the outdoor cultivation is by qualified patients and primary caregivers, whether conducted outside or within a greenhouse or "hoophouse", and does not exceed 48 mature plants or 72 immature plants.

_____ I certify that the cultivation is conducted on a legal parcel that is a minimum of 20 acres.

_____ I certify that the cultivation is conducted on a parcel located within the "A", Agriculture or "RL", Rural Lands zoning district.

_____ I certify that the premises on which the medical marijuana is cultivated is the primary residence of at least one of the persons for whom the medical marijuana is being cultivated.

_____ I certify that for each member of the medical marijuana collective, the names, contact information, a doctor's recommendation and the doctor's name and contact information, or a copy of a state-issued medical marijuana identification card is displayed within the secure cultivation area, or on the exterior of the building used for an indoor cultivation, in a manner that allows law enforcement officials access the records at time of compliance inspection.

_____ I certify that the cultivation is be completely screened from public view and the views of adjacent parcels with a fence with locked gates.

_____ I certify that no medical marijuana is cultivated or otherwise placed within 100 feet of any property line or within 200 feet of any off-site residence, as measured from the plant canopies.

_____ I certify that the fence includes a locking gate which is kept locked at all times when the qualified patient or caregiver is not in the immediate area.

_____ I certify that the fences and gates comply with the height limits specified by Section 42.11 of the Zoning Ordinance.

Indoor Cultivation Certifications

If applicable, the applicant shall initial each of the following certifying compliance with the requirements of Article 72 of Chapter 21, the Zoning Ordinance for indoor cultivation.

_____ Does not apply

_____ I certify that the indoor medical marijuana cultivation does not exceed 100 square feet.

_____ I certify that the indoor lighting does not exceed 1,200 watts and conforms to all applicable electrical codes.

_____ I certify that the indoor cultivation occurs only within a legal structure that meets the definition of Indoor and complies with all applicable provisions of the County's Ordinances.

_____ I certify that the accessory structure used for cultivation of marijuana is ventilated with odor control filters, and does not create an odor, humidity or mold problem on the premises or on adjacent premises.

_____ I certify that the indoor cultivation area(s) has ventilation and filtration systems installed that prevent medical marijuana plant odors from exiting the interior of the structure while addressing the potential for mold. The ventilation and filtration system, along with any plumbing improvements, was installed with valid electrical and plumbing permits issued and inspected by the Lake County Building and Safety Division prior to commencing cultivation within the allowable structure.

_____ I certify that medical marijuana cultivation areas, whether in a detached shed, a garage or inside a residence is not be accessible to juveniles who are not qualified patients or primary caregivers.

_____ I certify that if the premises is rented or leased, written approval has been obtained from the property owner(s), containing the property owner(s) notarized signature that authorizes the me to cultivate medical marijuana at the site.

_____ I certify that the written approval is renewed annually.

Applicant's Signature

Date

Applicant's Name (Please Print)



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Planning Division Application Information Required for Self-certification Application

Submittal of the following items is essential to ensure timely processing of your application. Incomplete applications will not be accepted. Additional information may be required.

1. Complete application form.
2. Site Plan – Two (2) copies no larger than 11" x 17", and one electronic version (cd or thumb drive preferred). Site plan must include design professional's name and contact information.
3. Grant deed, and notarized owner authorization for cannabis cultivation, if applicable
4. Water source permits, such as a County or state well permit
5. Material Safety Data Sheets for all fertilizers and pesticides used
6. Validation of non-profit status, including list of officers, if applicable

If establishing medicinal collective cultivation activity prior to September 1, 2016, the following items, are also required. Additional items may also be submitted, or may be requested during the review process.

7. Notarized owner authorization for cannabis cultivation for 2016
8. Photographic evidence of the collective cultivation site prior to September 1, 2016
9. Validation of non-profit status, including list of officers
10. Records of collective activity as a non-profit
11. Copies of septic permit, fence permit and dwelling permit, if applicable