**2022/23**

**Acknowledgement of**

**Maintaining Existing Site Conditions**

**and Applicable Mitigation Measures**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: | | Phone Number: | Email: |
| Mailing Address (P.O. Box or St., City, State, Zip code): | | | |
| Applicant Name: | | Phone Number: | Email: |
| Mailing Address (P.O. Box or St., City, State, Zip code): | | | |
| Parcel Number(s): | Premise Address(es): | | |

As the applicant(s) of the above referenced project for this licensing period hereby acknowledge that I will continue to maintain the same site conditions at the aforementioned parcel, as described in the approved California Environmental Quality Act (CEQA) document and Mitigation Measure Table associated with this project. Furthermore, I attest that no activities will occur outside of what is specified in the approved site specific (CEQA) document for the above referenced parcel without providing written notification to the Trinity County Cannabis Division prior to the commencement of such activities and will adhere to and comply with any pre-construction mitigation measures, as outlined in the associated environmental document.

I acknowledge that site conditions will remain consistent with the associated environmental document. Should site conditions be modified from its authorized configuration, it is imperative that, I as the licensee or permittee, provide immediate notification to the Cannabis Division.

Unapproved alterations may lead to additional mitigation measures or corrective enforcement actions from the Cannabis Division or other agencies. Further, this will lead to delays and/or could include the denial/revocation of the application/license prior to its approval/expiration.

**I attest that, I have read the entirety of, and initialed each page of, the attached Mitigation Measure Table and I understand these requirements and will be held responsible for any unauthorized site development and understand the importance of maintaining existing site conditions.**

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

Applicant Signature

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

Applicant Signature