

## TRINITY COUNTY PLANNING DEPARTMENT

### Requirements for Complete Commercial Cannabis Variance and/or Conditional Use Permit Application:

The following items are REQUIRED for a complete application:

- COMPLETED AND SIGNED APPLICATION FORM
- 8 ½" x 11" SITE PLAN drawn to scale showing proposed and existing development, particularly the location of buildings, driveways, wells, etc. and their distance from property lines. Indicate other information pertinent to the project (see example site plan). For commercial or multiple family residential development provide parking area layout (existing & proposed stalls), site landscape plan, and site drainage plan.
  
- SIGNED AND DATED PLANNING DEPARTMENT AUTHORIZATION FORM.
- AGENT'S AUTHORIZATION FORM is required if the applicant authorizes someone else to act on their behalf or is not the current owner of the subject site.
- ENVIRONMENTAL ASSESSMENT FORM must be completed and submitted with each application.
- ADDITIONAL INFORMATION may be required for special Use Permit requests, contact the Planning Department for details. **CUP Applicants ONLY:** Supplemental Environmental Assessment Form Required  
**CUP AND Variance Applicants:** Maintaining Existing Site Conditions Acknowledgment Form Required
- APPLICATION AND ENVIRONMENTAL REVIEW FEES are required at the time the application is submitted to the Planning Department. Projects which necessitate extraordinary work may incur additional costs.

**Until final approval of this application by the County of Trinity, no work such as grading, site development, infrastructure placement, tree removal, construction, trenching, operations or activities requested in this application will be allowed. The project site is to remain unaltered prior to project approval.**



Application Number: \_\_\_\_\_

**TRINITY COUNTY  
PLANNING DEPARTMENT**

61 AIRPORT ROAD  
P.O. BOX 2819  
WEAVERVILLE, CA 96093  
(530) 623-1351 FAX (530) 623-1353

Application Form For:  
**COMMERCIAL CANNABIS  
USE PERMIT and/or VARIANCE**

Conditional Use Permit     Variance

**APPLICANT**

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

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

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

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

**PROPERTY OWNER**     Check if same as Applicant (If more than one property owner is involved, attach list.)

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

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

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

**REQUEST / INFORMATION**

Property Location /Address: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_ Present Zoning: \_\_\_\_\_

Present General Plan: \_\_\_\_\_ Proposed Zoning if Rezone is required: \_\_\_\_\_

Conditional Use Permit Indicate Proposed Use: \_\_\_\_\_

Project Information / Development Plans: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application Received by: \_\_\_\_\_

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

First Hearing: \_\_\_\_\_

Application Fee: \_\_\_\_\_

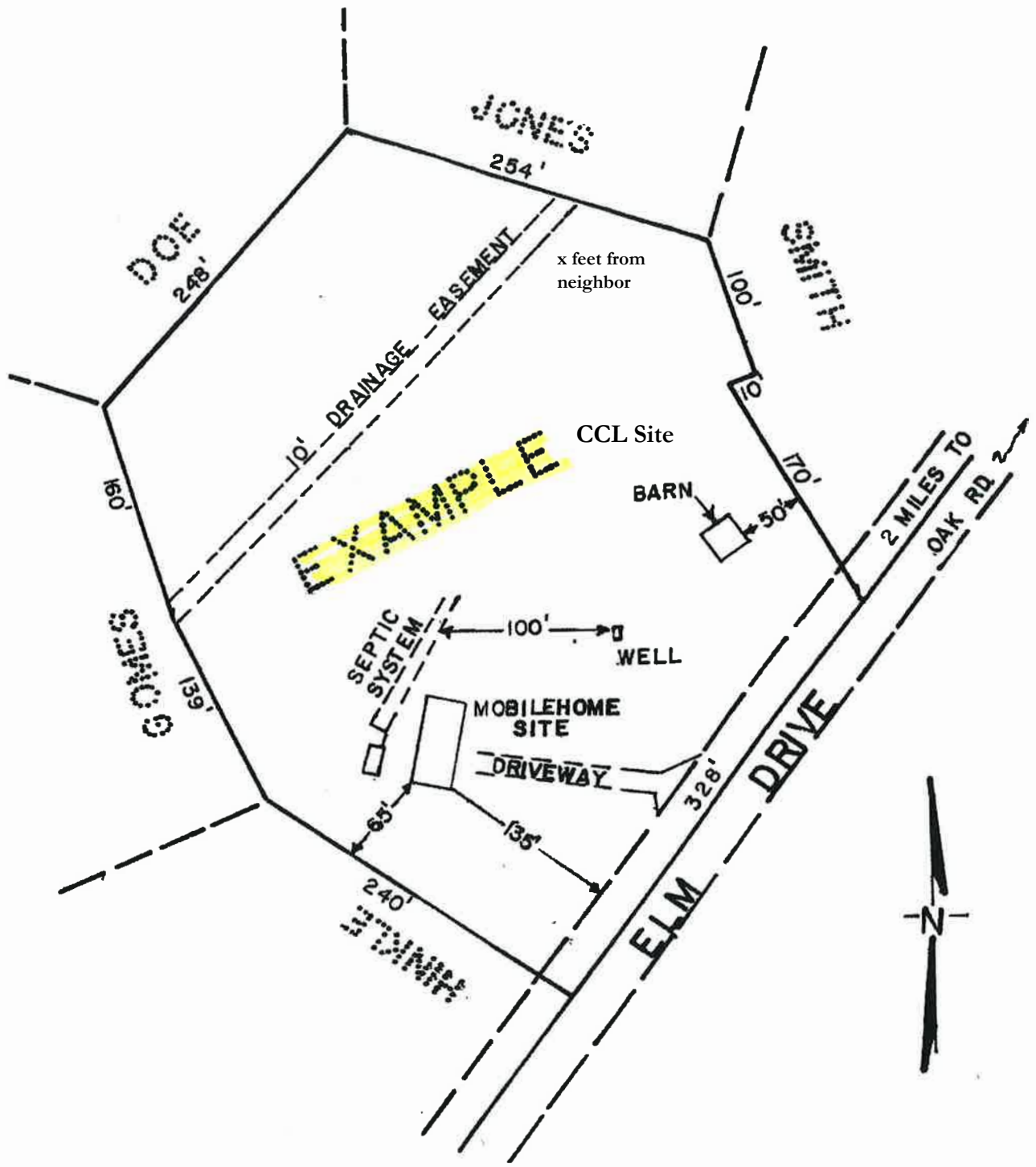
Receipt No.: \_\_\_\_\_

I hereby certify that I am the owner of record of the property described above or have authorization to act in behalf of the owner of the owner (note attached), and that this application and all other documents submitted are true and correct to the best of my knowledge and belief.

*Applicant's Signature*

*Date*

# SITE PLAN



**EXAMPLE**

SCALE  
x inches = x feet

# SITE PLAN

**TRINITY COUNTY PLANNING DEPARTMENT**

**APPLICANT PREPARED SITE PLAN**

Application No. \_\_\_\_\_

Drawn By: \_\_\_\_\_ APN: \_\_\_\_\_

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

Scale: \_\_\_\_\_ Lot Area: \_\_\_\_\_



# TRINITY COUNTY

## PLANNING DEPARTMENT

61 AIRPORT ROAD  
P.O. BOX 2819  
WEAVERVILLE, CA 96093  
(530) 623-1351 FAX (530) 623-1353

### Authorization to Enter Private Property

The Trinity County Planning Department as the lead agency performs the environmental evaluation for the California Environmental Quality Act (CEQA). Other State and local agencies also provide responsible and trustee roles under CEQA. The comments received from these agencies assist the Planning Department in preparing the environmental document for your project. In order for the Department to perform the evaluation on your proposed project we will need your permission to allow entry to your property for **Planning and any reviewing agency** that may need to actually view the property before providing comments.

By signing this authorization to enter your property you are granting the reviewing agencies access to your property for the purpose of evaluating your proposed project. The authorization is valid from the date the Department receives notice of your proposed project and any monitoring periods thereafter.

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Print Name

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Signature

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Date



**TRINITY COUNTY**  
**COMMUNITY DEVELOPMENT SERVICES**  
**PLANNING DEPARTMENT**

61 AIRPORT ROAD  
P.O. BOX 2819  
WEAVERVILLE, CA 96093  
(530) 623-1350 FAX (530) 623-1353

Kim Hunter, Director

**Agent's Authorization Form**

(Required only if Applicant is other than the property owner)

I, the undersigned, state that I am the owner(s) of the property for the proposed (type of proposal) \_\_\_\_\_  
\_\_\_\_\_ on

A.P.N.# \_\_\_\_\_. I do hereby authorize and empower *(first & last name, no corporate entities)*  
\_\_\_\_\_ to act on my behalf on all matters  
relating to said project in connection with its filing, processing, approval, conditional approval or  
disapproval by Trinity County, its boards and commissions, officers, employees, and agents.  
Should I revoke this authorization it is my responsibility to serve written notice of said  
revocation to the Trinity County Planning Department.

1. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Owner (print name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

2. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Owner (print name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

Agent Information:

Name (print name): \_\_\_\_\_

Agents Address: \_\_\_\_\_

Agents Phone: \_\_\_\_\_

Agents Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_ email \_\_\_\_ phone \_\_\_\_ US mail



# TRINITY COUNTY PLANNING DEPARTMENT

P.O. BOX 2819 ♦ 61 AIRPORT ROAD  
WEAVERVILLE, CALIFORNIA 96093  
PHONE (530) 623-1351 ♦ FAX (530) 623-1353

## ACKNOWLEDGMENT OF MAINTAINING EXISTING SITE CONDITIONS

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

As the Property Owner, I hereby acknowledge that until final approval of the above application by the County of Trinity, no work such as grading, site development, infrastructure placement, tree removal, construction, trenching, operations or activities requested in this application will be allowed.

I understand that if the project site is altered prior to project approval, the review of the project by the County will be more difficult and potentially expensive and that additional mitigation measures and/or conditions of approval may be imposed. Further, unauthorized work may cause enforcement by other agencies and/or the denial of the application.

I have also instructed my agent and/or the project applicant of the importance of maintaining existing site conditions.

Exception to the above may be approved by the Planning Department upon a written request.

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



# TRINITY COUNTY

## PLANNING DEPARTMENT

61 Airport Road  
P.O. BOX 2819  
WEAVERVILLE, CA 96093  
(530) 623-1351 FAX (530) 623-1353

### ENVIRONMENTAL QUESTIONNAIRE

This questionnaire is part of an Initial Study that will assist in determining the potential environmental impacts of your proposed project. Additional information may be required to complete an Initial Study.

**\*\*\* For Office Use Only \*\*\***

Project No: \_\_\_\_\_ Received by: \_\_\_\_\_ On: \_\_\_\_\_  
Proposed Project: \_\_\_\_\_  
General Plan Designation: \_\_\_\_\_ Zoning: \_\_\_\_\_  
Planning Commission Date (anticipated): \_\_\_\_\_  
Subdivision Review Committee Date (anticipated): \_\_\_\_\_  
Board of Supervisors Date (anticipated): \_\_\_\_\_

**PLEASE PRINT OR TYPE**  
**(Use addition sheets if necessary)**

Proposed Project: \_\_\_\_\_  
Location: \_\_\_\_\_  
Access Road: \_\_\_\_\_  
Assessor's Parcel No.: \_\_\_\_\_ Project Acreage: \_\_\_\_\_  
Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Applicant/Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_



# Environmental Checklist

Please describe the existing conditions of the project location (extent of structures and type of use):

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## AESTHETICS

1. Is your project located in or near :  
Historic District  Yes  No  
State Scenic Highway  Yes  No  
Scenic, Wild or Recreational River  Yes  No
2. Type of exterior lighting proposed: \_\_\_\_\_
3. Will the project obstruct scenic views from existing residential areas, public lands, public bodies of water or roads?  Yes  No

Explain: \_\_\_\_\_

## AGRIGULTURAL & TIMBER RESOURCES

1. Is your project currently in a, Williamson Act Contract, Timberland Preserve Contract, Prime Farm Land, Unique Farm Land or Farm Land of Statewide importance?  Yes  No

Explain: \_\_\_\_\_

2. Will your project convert agricultural land to a non-agricultural use?  Yes  No
3. Will your project convert timberland to a non-timberland use?  Yes  No

## AIR QUALITY

1. Would any noticeable amounts of air pollution, such as smoke, dust or odors be produced by this project?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
2. Is your project subject to a North Coast Unified Air Quality Management permit?  Yes  No
3. Will project development require clearing and disposal of vegetation?  Yes  No

Environmental Checklist

4. Will your project involve the operation of industrial equipment?  Yes  No  
(rock crushers, smoke stacks, milling equipment, etc.)

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**BIOLOGICAL RESOURCES**

1. What is the predominant vegetative cover on the site? (trees, brush, grass, etc.) Estimate % of each:

\_\_\_\_\_

2. How many trees of 6 inch diameter or larger will be removed when this project is implemented:

\_\_\_\_\_

3. Has a Timber Harvest Plan been filed in conjunction with the project?  Yes  No  
(If yes, indicate plan number)

\_\_\_\_\_

4. Are there any known candidate, sensitive, or special status species located on or near the project site?  Yes  No (Local, State or Federal) \_\_\_\_\_

5. Will the project affect any wetland, riparian habitat or other sensitive natural community through removal, filling, hydrological interruption or other means?  Yes  No

Please explain: \_\_\_\_\_

6. Is your project located within a Deer Winter Range area?  Yes  No

7. Has a biological assessment been performed on the property?  Yes  No  
If yes please attach a copy.

**CULTURAL RESOURCES**

- |                         |                     |                              |                             |
|-------------------------|---------------------|------------------------------|-----------------------------|
| 1. Are there any known: | Archeological Sites | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                         | Indian Sites        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                         | Historical Sites    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                         | Burial Sites        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If yes, please indicate on the site map.*

**GEOLOGY AND SOILS**

1. Slope of property: \_\_\_\_\_ 0 to 10% \_\_\_\_\_ 10 to 15% \_\_\_\_\_ 15 to 30% \_\_\_\_\_ Over 30%  
(Please indicate amount of property in each category)
2. Are there any soil settlement, rock falls or landslides on or adjacent to the property?  Yes  No  
*If yes, please indicate on site map.*
3. Describe changes in grade or contours resulting from project development: \_\_\_\_\_  
\_\_\_\_\_
4. Please estimate the amount of soil disturbance that will occur during the project. \_\_\_\_\_  
(Building site, grading, road development, etc.)
5. Is there any existing sewage disposal system?  Yes  No

***If Septic:***

Tank Size: \_\_\_\_\_ Leach Field Length: \_\_\_\_\_ Permit or Installation date: \_\_\_\_\_

What does the system consist of: \_\_\_\_\_

What structures if any are currently connected: \_\_\_\_\_

If house, how many bedrooms? \_\_\_\_\_

Original System Owner: \_\_\_\_\_

***If Sewer:***

System Name: \_\_\_\_\_

5. If a new septic system is proposed, please indicate the following:

Tank Size: \_\_\_\_\_ Leach Field Length: \_\_\_\_\_ If house, number of rooms: \_\_\_\_\_

**HYDOLOGY AND WATER SUPPLY**

1. Are there any streams, lakes, ponds, wetlands, vernal pools, wet meadows, or perennially wet areas located on or near the project site?  
 Yes  No *If yes, please indicate on the site map.* Water body name? \_\_\_\_\_
2. What is the distance from the proposed sewage disposal area to the nearest body of water, river, stream, or drainage: \_\_\_\_\_

Environmental Checklist

3. Is the project located within the floodplain of any stream or river?  Yes  No  
Please indicate any portion of the project that is located within the floodplain on the site map.

4. Will the project result in the direct or indirect discharge of silt or any other particles in noticeable amounts into any lakes, rivers or streams?  Yes  No

If yes, in what way? \_\_\_\_\_

5. Will the project result in the physical alteration of a natural body of water or drainage way?  
 Yes  No If yes, in what way? \_\_\_\_\_

6. What is the proposed water source :

- Spring  Deep Well  Stream/River  Community System

Name of Stream/River or Community Water System: \_\_\_\_\_

**HAZARDS OR HAZARDOUS MATERIAL**

1. Will the project involve the application, use or disposal of potentially hazardous materials, including pesticides, herbicides, other toxic substances or radioactive material?  Yes  No

If yes, please explain: \_\_\_\_\_

2. Is the project located on a site which is included on a list of hazardous material sites?  Yes  No

3. Is the project located within 2 miles of an existing airport?  Yes  No

4. Is the project located within 2 miles of a school?  Yes  No

5. Could the project create new or aggravate existing health problems (including, but not limited to flies, mosquitoes, rodents and other disease vectors)?  Yes  No

If yes, please explain: \_\_\_\_\_

**MINERAL RESOURCES**

1. Will the proposed project result in the removal of a natural resource for commercial purposes (including rock, sand, gravel, trees, minerals or top soil)?  Yes  No

If yes, please explain: \_\_\_\_\_

**COMMERCIAL, INDUSTRIAL, INSTITUTIONAL ONLY**  
(Including land divisions for such uses)

1. Type of use: \_\_\_\_\_
2. Hours of Operation: \_\_\_\_\_
3. Total Number of Anticipated Employees: \_\_\_\_\_
4. Number of Employees per Shift: \_\_\_\_\_
5. Gross Square Footage: \_\_\_\_\_
6. Proposed Construction Starting Date: \_\_\_\_\_
7. Number of Parking Spaces provided: \_\_\_\_\_

**NOISE**

1. What types of noise would be created by the establishment of this land use, both during and after construction? \_\_\_\_\_

**POPULATION AND HOUSING**

Residential

1. Total lots to be created: \_\_\_\_\_ Total Dwelling Units to be created: \_\_\_\_\_
2. What school district will the project be located in? \_\_\_\_\_
3. Please indicate:  
Approximate unit/house size? \_\_\_\_\_ Sq. Ft.  
Approximate sale price or rent? \_\_\_\_\_  
Type of household size expected? \_\_\_\_\_

**UTILITIES**

1. What communication system supports the project area? \_\_\_\_\_  
(Verizon, Pac Bell, etc.)
2. Is the project area be served by Cable?  Yes  No System: \_\_\_\_\_

Environmental Checklist

- 3. Is there power available at the project site? [ ] Yes [ ] No

If so, what company? \_\_\_\_\_

- 4. Will the project require the extension of existing utility lines or systems? [ ] Yes [ ] No

If yes, please identify system and give distance: \_\_\_\_\_

**FIRE PROTECTION**

- 1. In what fire district is the project located? \_\_\_\_\_

- 2. How far is the nearest emergency source of water for fire protection and what is it? (pond, hydrant, etc.)

\_\_\_\_\_

- 3. What is the distance to the nearest fire station?

Seasonal: \_\_\_\_\_ Year Round: \_\_\_\_\_

- 4. Will the project create any dead-end roads greater than 600 feet in length? [ ] Yes [ ] No (If yes, please indicate on site plan.)

- 5. What is the proposed grade and width of access roads? \_\_\_\_\_

**TRANSPORTATION**

- 1. Will the project use existing roads? [ ] Yes [ ] No

If yes, please indicate the primary access road: \_\_\_\_\_

Please list all roads that may be affected by your project: \_\_\_\_\_

\_\_\_\_\_

- 2. If your project encroaches onto a state highway, please indicate highway, post mile, and nearest cross street: \_\_\_\_\_

- 3. If the project encroaches onto a public road, do you have an encroachment permit? [ ] Yes [ ] No If yes, please attach a copy.

- 4. Please indicate amount and type of traffic, which will be created by the project: \_\_\_\_\_

- 5. If commercial or industrial, please indicate expected vehicle size \_\_\_\_\_ axles.

Environmental Checklist

6. Please indicate daily trip generation rate: \_\_\_\_\_

7. Will the project increase hazards due to a design feature (e.g. sharp curves or dangerous intersections) or incompatible uses (e.g. farm equipment)?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**GROWTH INDUCING IMPACTS**

1. Will the project result in the introduction of activities not currently found within the community?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Could the project serve to encourage development of presently undeveloped areas, or increases in development intensity of already developed areas (examples include the introduction of new or expanded public utilities, new industry, commercial facilities or recreation activities)?

Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**PROPOSED PROJECT SCHEDULING**

1. Please indicate proposed project schedule (proposed construction start date, etc.) \_\_\_\_\_

2. If the project is subject to any grant deadlines please indicate:

Grant Source: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Grant Deadline(s): \_\_\_\_\_

3. If the project has federal grant funding, which agency will be responsible for N.E.P.A. processes?

\_\_\_\_\_

Contact Person: \_\_\_\_\_

**NOT REQUIRED FOR VARIANCE APPLICATION**  
**TRINITY COUNTY PLANNING DEPARTMENT**  
**Supplemental Environmental Assessment Form**  
**Cannabis Land Use Applications**  
Revised 5/31/2018

**Site Set Backs**

Proximity to: (feet from cultivation and/or processing area):

- School \_\_\_\_\_ Feet
- School Bus Stop \_\_\_\_\_ Feet
- Church \_\_\_\_\_ Feet
- Public Park \_\_\_\_\_ Feet
- Tribal Cultural Resource \_\_\_\_\_ Feet
- Public Lands \_\_\_\_\_ Feet

Proximity to existing residences:

- Distance? \_\_\_\_\_ Feet

Proximity to property line:

- Distance? \_\_\_\_\_ Feet

**Cannabis Cultivation Operations Plan**

Description of water source, storage, irrigation plan, and projected water usage. Water is locally sourced from:

- \_\_\_\_\_ Well; Date well was installed: \_\_\_\_\_: DEH Permit No. \_\_\_\_\_
- \_\_\_\_\_ Proposed Well; Application No. \_\_\_\_\_
- \_\_\_\_\_ Onsite pond \_\_\_\_\_ Existing \_\_\_\_\_ New; How is pond filled? \_\_\_\_\_
- \_\_\_\_\_ Surface water diversion Date installed: \_\_\_\_\_ Evidence of installation date: \_\_\_\_\_
- CDFW 1600 Agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- Water storage is: \_\_\_\_\_ tank \_\_\_\_\_ pond \_\_\_\_\_ combination
- Capacity of water storage: \_\_\_\_\_ gallons
- Monthly water usage calculated? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Water usage per year: \_\_\_\_\_ year (in gallons)
- Forbearance period water storage needs: \_\_\_\_\_ gallons (if hydrologically connected)

Description of site drainage, including runoff and erosion control measures.

- Identify Appropriate North Coast Regional Water Quality Control Board (NCRWQCB) Order:  
Enrolled in Tier \_\_1, \_\_2, \_\_2\* or \_\_3
- For existing cultivation provide copy of Water Resource Protection Plan (WRPP).
- NCWQCB Order does not apply if cultivation area is 2,000 sq. ft. or less.
- Provide compliance sheet for locally enforced Tier 1 standards.

Detail of measures taken to ensure protection of watershed and nearby habitat.

Describe protocols for proper storage and use of fertilizers, pesticides, and other regulated products.



**TRINITY COUNTY PLANNING DEPARTMENT**  
**Supplemental Environmental Assessment Form**  
**Cannabis Land Use Applications**  
Revised 5/31/2018

- Identify energy sources for cultivation and processing activities:  
\_\_\_ Generator \_\_\_ Micro hydropower \_\_\_ PGE \_\_\_ Solar
  
- Mixed light cultivation information:
  - Number of cultivation cycles proposed: \_\_\_\_\_
  - Measures to comply with International Dark Sky Association standards \_\_\_\_\_
  
- Schedule of activities during each month of the growing and harvesting season, including projected generator use?
  
- Cannabis Waste Management Plan. Safe recycling on-site or off-site disposal plan? Describe \_\_\_\_\_  
\_\_\_\_\_
  
- Security Plan: check all that apply:  
\_\_\_ Caretaker \_\_\_ Fencing \_\_\_ Gated access \_\_\_ Video monitoring \_\_\_ Off-site notification  
\_\_\_ Other (specify) \_\_\_\_\_

**Indoor Cultivation Facilities, including Commercial Nurseries**

- Identify source of electrical power.  
\_\_\_ Grid \_\_\_ Solar \_\_\_ Combination (Generator power may not be used)
  
- Irrigation runoff? \_\_\_ Yes \_\_\_ No Amount: \_\_\_\_\_ gallons per \_\_\_\_\_ (Year/Month/Day).
  - Disposal method (e.g., capture, isolate, reuse, release to SDS, dispose off-site)?  
\_\_\_\_\_

**Permanent and/or Temporary Seasonal Worker Housing**

- On-site processing? \_\_\_ Yes \_\_\_ No
  
- On-site parking provided? \_\_\_ Yes \_\_\_ No
  
- Permanent on-site sanitation facilities provided? \_\_\_ Yes \_\_\_ No Proposed? \_\_\_ Yes \_\_\_ No  
  
If yes, describe: \_\_\_\_\_
  
- Temporary on-site sanitation facilities provided? \_\_\_ Yes \_\_\_ No  
  
If yes, describe:
  - Waste Hauler: \_\_\_\_\_
  - Type: \_\_\_\_\_
  - Quantity: \_\_\_\_\_

**TRINITY COUNTY PLANNING DEPARTMENT**  
**Supplemental Environmental Assessment Form**  
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Revised 5/31/2018

- Number of seasonal workers and/or non-residents participating in commercial cannabis production at peak period (if applicable): \_\_\_\_\_ Seasonal \_\_\_\_\_ Permanent

For temporary seasonal workers: How Long? \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Time of year (from/to): \_\_\_\_\_

How will workers get to the property? Drive to site \_\_\_\_\_ Bus to site \_\_\_\_\_ Other \_\_\_\_\_

- Seasonal worker housing provided on-site? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe:

- Permanent group quarters: \_\_\_\_\_
  - o Number of beds provided: \_\_\_\_\_
- Individual dwellings: \_\_\_\_\_
  - o Number of beds provided: \_\_\_\_\_
- Temporary dwellings: \_\_\_\_\_
  - o Type: \_\_\_\_\_
  - o Quantity: \_\_\_\_\_

**Other Permits, Licenses, and Documents (attach if applicable)**

- Copy of the statement of water diversion, or other permit, license or registration filed with the State Water Resources Control Board, Division of Water Rights? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A
- Copy of Biological Resources Assessment? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_
- Copy of Cultural/Tribal Resources Assessment? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_
- Copy of Notice of Intent and Monitoring Self-Certification and other documents filed with the North Coast Regional Water Quality Board? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A
- Enrollment number: \_\_\_\_\_ (Enrollment must be in place prior to initiation of cultivation activities for new operations)
- CDFW General Agreement for activities related to Cannabis Cultivation: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date
- RWQCB 401 Water Quality Certification: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date
- SWRCB Enrollment: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date
- NCRWQCB Enrollment: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date
- ACOE 404 Permit: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date

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- Other Consultation:
  - Section 7 Consultation: \_\_\_\_ Yes \_\_\_\_ No
  - Section 106 Consultation: \_\_\_\_ Yes \_\_\_\_ No
  
- Copy of Streambed Alteration Permit obtained from the Department of Fish and Wildlife? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A.
  
- Copy of Trinity County well permit? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_ Proposed
  
- Does cultivation area involve conversion of timberland? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A. If so, provide one of the following:
  - Copy of less-than-3-acre conversion exemption or timberland conversion permit, approved by CAL-FIRE?; or
  - Alternately for existing operations occupying sites created through prior unauthorized conversion of timberland, evidence provided showing the landowner has completed a civil or criminal process and/or entered into a negotiated settlement with CAL-FIRE?; or
  - Provide an evaluation of non-permitted conversion exemption (prepared by a Registered Professional Forester). Provide CAL-FIRE approval non-permitted conversion exemption for the subject parcel.