



TRINITY COUNTY CANNABIS DIVISION

530 Main St. ♦ PO Box 2819
Weaverville, CA 96093
(530) 623.1351 ♦ Fax (530) 623.1353

REQUIREMENTS FOR BUFFER REDUCTION DIRECTOR'S USE PERMIT APPLICATIONS

The following items are **REQUIRED** for a complete application:

- COMPLETED AND SIGNED APPLICATION FORM
- APPLICATION AND ENVIRONMENTAL REVIEW FEES are required at the time the application is submitted to the Cannabis Division.
NOTE: Additional fees may be required after initial application review
- APPENDIX C SITE PLAN
- SIGNED AND DATED CANNABIS DIVISION AUTHORIZATION FORM
- SIGNED AND DATED ACKNOWLEDGEMENT OF MAINTAINING EXISTING SITE CONDITIONS FORM
- COMPLETED AGENT AUTHORIZATION FORM required only if applicant is other than the property owner

Additional materials may be required upon review of the application



Application Number: _____

TRINITY COUNTY CANNABIS DIVISION

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623.1351 ♦ fax (530) 623.1353

CANNABIS BUFFER REDUCTION DIRECTOR ISSUED USE PERMIT APPLICATION

APPLICANT Email: _____
Name: _____ Day Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

PROPERTY OWNER Check if same as Applicant Email: _____
Name: _____ Day Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

If more than one parcel owner, attach an additional page.

PROPERTY/PROJECT DESCRIPTION

Property location/Address: _____
Assessor's parcel Number(s): _____ Acres: _____
Property's Approx. Elevation: _____
Existing Land Use: _____ Present Zoning: _____ General Plan Designation: _____

JUSTIFICATION FOR THE REQUESTED BUFFER REDUCTION (an additional sheet of paper is provided)

<p>FOR OFFICE USE ONLY Application Received by: _____ Date: _____ Application Fee: _____ Receipt No.: _____</p>	<p>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 (form attached), and that this application and all other documents submitted are true and correct to the best of my knowledge.</p>
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Applicant's Signature

Date



Trinity County Cannabis Division Authorization to Enter Private Property

The Trinity County Planning Department, as the lead agency, performs an environmental evaluation as required by the California Environmental Quality Act (CEQA) which necessitates entry onto the property so that the property can be inspected and relevant information can be verified. In addition, other State and local reviewing agencies also perform responsible and trustee roles under CEQA which require inspection of the property. The comments received from these agencies assist the Cannabis Division in reviewing the environmental document for your project. In order for the Cannabis Division to perform the evaluation and verify compliance standards on your project, the Cannabis Division and any reviewing agency that will need to actually view the property in order to obtain all relevant information needed to process an application.

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 Cannabis Division receives notice of your proposed project and any monitoring periods thereafter.

After review and consideration of all of the foregoing terms and conditions, those who sign below hereby agree to be bound by, fully and timely comply, with all of the foregoing terms and conditions under penalty of perjury under the State of California. **Applicant(s) and Property Owner(s) must sign be original and in blue wet ink (no electronic signatures). Attach additional pages as needed.**

Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed
Signature	Printed Name	Date Signed

Applicants consent to compliance inspections as part of their application process. Inspections will be conducted by county officials during regular business hours Monday through Friday, nine a.m. to five p.m., excluding holidays. Applicants are permitted to participate in the inspection verification or monitoring. If possible, Trinity County will attempt to give twenty-four-hour notice of the inspection via telephone or email.

Note: Upon submission and review, staff may request more information before processing the application. Failure to include any of the required information may result in the rejection of your application and delay the processing of your license application or invalidate your approved license.



**TRINITY COUNTY
PLANNING – CANNABIS**
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PHONE – 530-623-1351
WEAVERVILLE, CALIFORNIA 96093

CCL - _____

Trinity County Cannabis Division Agent’s Authorization Form

If an applicant wishes for another person to submit documents on their behalf, edit or view their Commercial Cannabis License then please fill out the agent’s contact information and authorize with the applicant(s) signature(s) and date below. **This Agent Authorization is valid for ONE year and requires updating with subsequent renewal applications.** The applicant must submit written documentation requesting revocation to remove the agent’s authorization from the file.

APN: _____ **Site Address:** _____

AGENT’S/CONSULTANT’S CONTACT INFORMATION

Agent is authorized for: CEQA only Licensing/Admin only Both

Person or Business Name	Phone Number	Email
Mailing Address		
Company Website		
Person or Business Name	Phone Number	Email
Mailing Address		
Company Website		

APPLICANT(S) INFORMATION

Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St., City, State, Zip code)		
Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St., City, State, Zip code)		

APPLICANT’S SIGNATURE

<u>Applicant(s) must sign in blue wet ink.</u>		
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date

Note: Upon submission and review, staff may request more information before processing the application. Failure to include any of the required information may result in the rejection of your application and delay the processing of your license application or invalidate your approved license.



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CCL / Project Number: _____

2024/25
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.

Applicant Signature

Date Signed: _____

Applicant Signature

Date Signed: _____