

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.
- PROPERTY OWNERSHIP/LOCATION MAP with the subject property and all properties within a radius of 300 feet of the subject property clearly identified.
- PROPERTY OWNERSHIP LIST providing the names and addresses of all property owners identified on the Property Ownership Map. A label sheet is included on which to type or print the ownership list – please center and type well within the labels. (see example)
- STAMPED REGULAR NO. 10 SIZE ENVELOPES addressed to the individuals identified on the Property Ownership List.
- THREE STAMPED REGULAR NO. 10 SIZE ENVELOPES addressed to project applicant/agent for which notices, staff reports, or other correspondence is to be sent.
- 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

TRINITY COUNTY PLANNING DEPARTMENT

APPLICANT PREPARED SITE PLAN

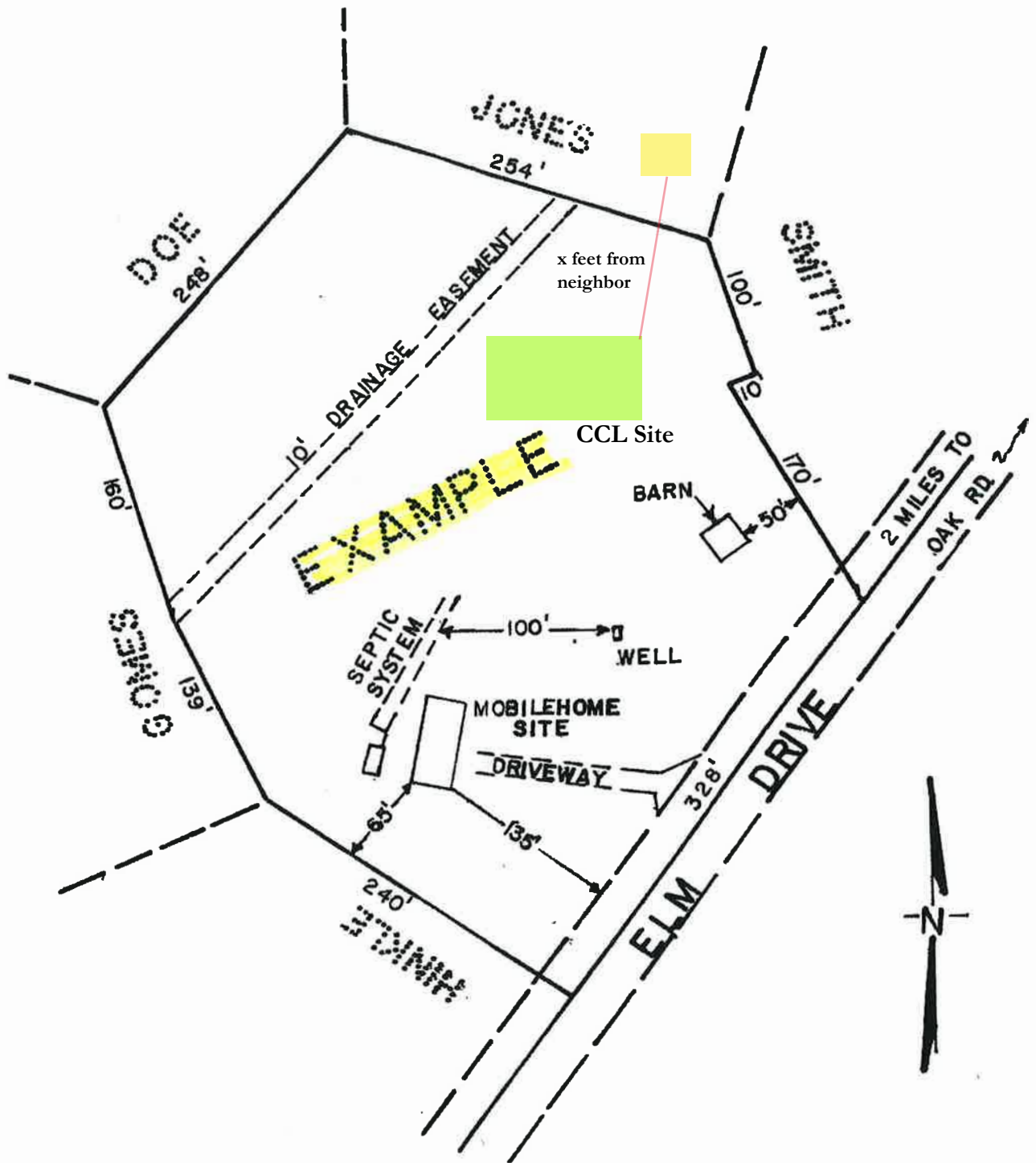
Application No. _____

Drawn By: _____ APN: _____

Date: _____ Zoning: _____

Scale: _____ Lot Area: _____

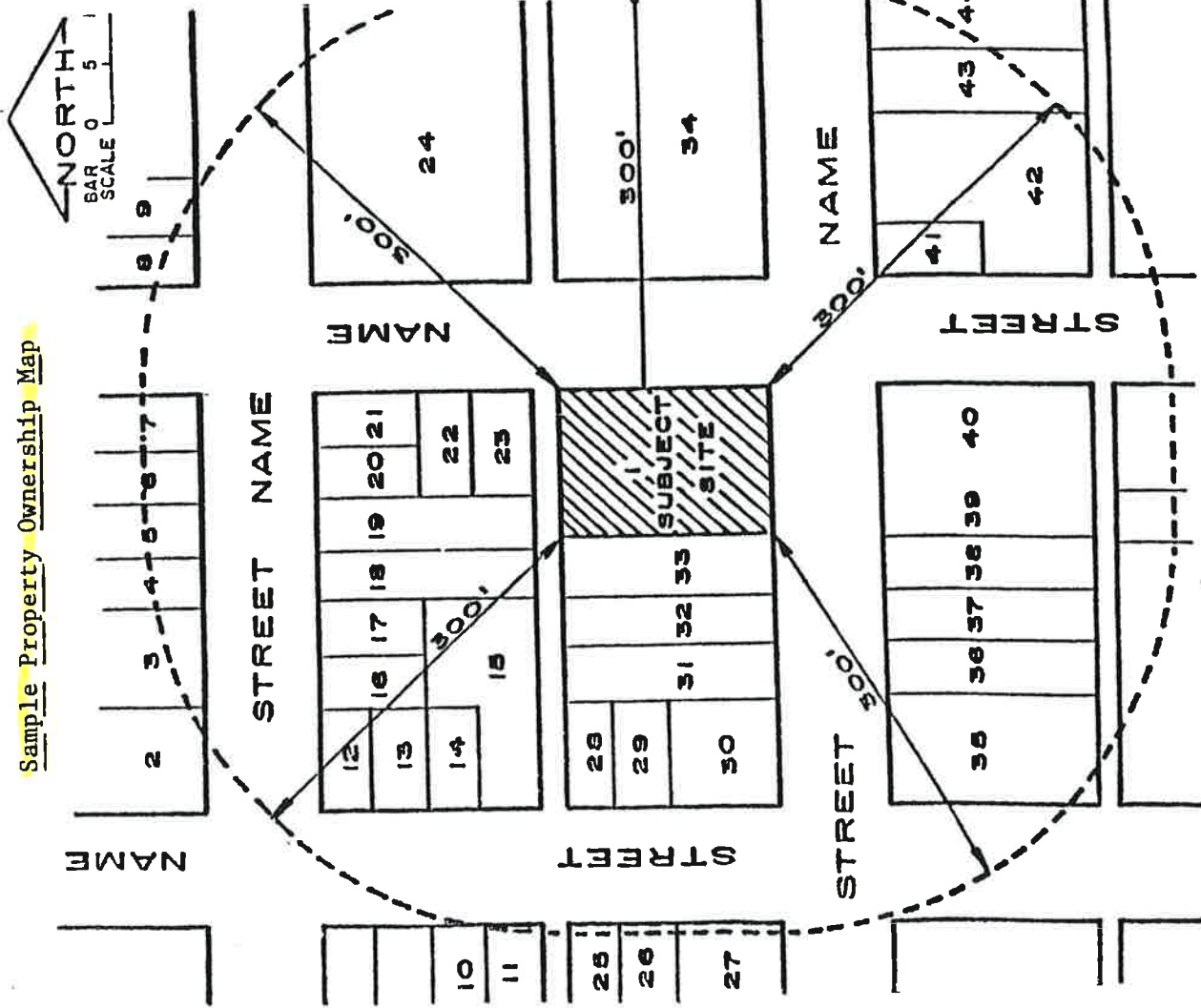
SITE PLAN



SCALE

x inches = x feet

Sample Property Ownership Map



SAMPLE

PROPERTY OWNERSHIP LIST

1. APN: 000-00-000
Jean M. Doe
P.O. Box 123
Weaverville, Ca. 96093
2. APN: 12-34-567
Paula L. Andres
1600 Stoddard Ave.
Sacramento, Ca. 95801
3. APN: 023-33-12
Jay D. Serd
P.O. Box 456
Hayfork, Ca. 96041
4. APN: 10-110-30
Any Name
222 Front Street
Real Town, Ca. 92817
5. APN: 26-09-09
Henry Q. Smith
P.O. Box 789
Lewiston, Ca. 96052
6. APN: 15-23-37
Same Somebody
85 Fifth Avenue
New York, NY 72812

And so forth.

NOTE:

THE PROPERTY OWNERSHIP LIST MUST BE CLEARLY PRINTED OR TYPED ON THE MAILING LABEL. IF YOU NEED ADDITIONAL LABELS, THEY MAY BE OBTAINED AT THE PLANNING DEPARTMENT.



TRINITY COUNTY

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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.

Print Name

Signature

Date

TRINITY COUNTY
 PLANNING DEPARTMENT
 61 Airport Road ♦ P.O. Box 2819
 Weaverville, CA 96093-2819
 (530) 623-1351
 (530) 623-1353 (fax)



PLANNING LAND USE ENTITLEMENT(S)

Project No.: _____ APN: _____

Project Location: _____

Applicant: _____ Owner: _____

Address: _____ Address: _____

Applicant's Signature _____ Date: _____

(Sign and Date Only)

Requested Entitlement(s):

Reviewed By:

Action Taken:

Date:

- | | | |
|--|---|-------|
| <input type="checkbox"/> Board of Supervisors | _____ | _____ |
| <input type="checkbox"/> Planning Commission | _____ | _____ |
| <input type="checkbox"/> Subdivision Review Committee | _____ | _____ |
| <input type="checkbox"/> Planning Director | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | _____ |
| <input type="checkbox"/> Architecture Review Committee | _____ | _____ |

Entitlement(s) Granted & Conditions:

Effective Date: _____

 LESLIE J. HUBBARD, Deputy Director of Planning

Notes: (1) Approval does not constitute a Building Permit. The Building Department may not issue a permit until the effective date.
 (2) A use for which a permit is granted must be established within two years after such permit is issued. If such use is not so established, the use permit shall be deemed to have expired and shall be null and void.



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, PO Box 2819, Weaverville, CA 96093
Phone (530) 623-1351 FAX (530) 623-1353

Agent's Authorization Form

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

I, the undersigned, state that I am (one of) the owner(s) of the property for the proposed _____
(type of proposal)

on APN _____. I do hereby authorize and empower _____
_____ 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 County of Trinity by delivery to the Secretary to the Planning
Commission.

1. _____
Signature

Owner (print name)

Address

Phone

Date

2. _____
Signature

Owner (print name)

Address

Phone

Date

3. _____
Signature

Owner (print name)

Address

Phone

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):

AESTHETICS

1. Is your project located in or near :
- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Historic District | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| State Scenic Highway | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Scenic, Wild or Recreational River | <input type="checkbox"/> Yes | <input type="checkbox"/> 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
Cannabis Land Use Applications
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- 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.