



COUNTY OF LAKE

Community Development Department

PLANNING DIVISION

Courthouse - 255 N. Forbes Street

Lakeport, California 95453

Phone (707) 263-2221 FAX (707) 263-2225

Planning Division Application

Article 72 Self-Certification Application Supplemental Information

Applicant's Name: _____ Phone Number: _____

Address: _____ Assessor's Parcel #: _____ - _____ - _____

_____ - _____ - _____

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 property 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 square feet 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 of the legal source of water
- _____ 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 property 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 square feet 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. The foregoing limitation is regardless of the number of qualified patients or primary caregivers residing at the premises or participating directly or indirectly in the cultivation, unless cultivation is conducted as a medical cooperative.

- _____ 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

Applicant's Name (Please Print)