



EL DORADO COUNTY PLANNING SERVICES

REQUIRED SUBMITTAL INFORMATION

for

SUPPLEMENTAL SUBMITTAL INFORMATION FOR COMMERCIAL CANNABIS FACILITIES

PROJECT DESCRIPTION QUESTIONNAIRE (Required for ALL license types)

Any responses that exceed available space should be provided in an attached document, with answers to questions listed by section number, item number, in the order requested. The applicant must put together a well-organized application with all sections clearly labeled and items numbered in the order that they were asked. If the applicant attempts to reformat the responses out of order or without clearly labelling the section and number of the application item the applicant is addressing, the application will be rejected. Please fill out the Transportation Impact Study (TIS) form at the end of the pre application.

1. **What State of California cannabis business license types are you applying for? (check all that apply)**

Cultivation/Nursery
Delivery
Distribution
Dispensary/Retail
Laboratory
Manufacture
Micro Business

2. **What is the location/situs of the proposed cannabis business site? If the site includes contiguous APN's, all APN's must be listed. To determine your zoning designation, click on the following (please have your APN number): <https://bdc.edcgov.us>. If you do not know your APN, click here: <https://parcel.edcgov.us/>**

Address	APN	Zoning Designation	Land Use Designation

3. **Do you own the property, lease the property, or have another arrangement? Explain. If you are the owner please provide evidence of property ownership & authorization.**

Please attach the following supporting information, as applicable.

- Copy of current deed, or other proof of ownership for the property where commercial activity will occur.
- Copy of lease or similar instrument explicitly authorizing cannabis business activities and development/permits you are applying for (if you are not the property owner).
- Notarized written consent of the property owner to allow named applicant(s) to apply for cannabis business permit activity (if you are not the owner of record and do not have authority to apply for commercial cannabis permits through lease or written agreement).

4. Aerial Imagery (OPTIONAL: may be included with other maps): Please attach the following supporting information:

- a. Vicinity Map- Aerial vicinity map with parcel boundaries clearly demarcated showing all parcel(s) associated with proposed cannabis business and surrounding neighboring parcels.
- b. Site Map- Updated (recent) aerial photo of the proposed cannabis annual operating site in relation to the entire parcel(s) that shows all structures and/or grow areas superimposed/outlined over aerial where cannabis business activities will occur. Label all business activity areas and show dimensions. The map must be of sufficient scale and level of detail to accurately depict the proposed location of the cannabis activity on the property. For very large parcels show overview map with entire parcel depicted and provide a zoomed-in map of the portion of the parcel where cannabis business activities will occur. See Supplemental Materials (pp. 20-23) for examples of appropriate aerial maps.

5. Copy of Assessor's Parcel map highlighting all parcels involved in cannabis annual operating permit application. This could require a trip to the Planning and Building Department.

6. Interior Facility Plan (floor plan) for existing and proposed structures. See Phase 1, Supplemental Materials (pg. 22).

7. Lighting Diagram for cultivation structures. See Phase 1, Supplemental Materials (pg. 23).

8. If you have/had an existing cannabis business in the El Dorado County, did you or will you relocate your cannabis business?

Yes No

If so, identify previous location. _____
Please attach documentation.

9. Are there any contracts or easements that affect the use of the property? e.g. Williamson Act Contract, etc.

Yes No

If yes, attach contract information to this packet.

10. Does the property for which a license is sought have a residence onsite or under construction?

Yes No

If no, please explain status: _____

11. If applicable, does or will the cultivator or cultivation manager reside on property for which a license is requested? Attach evidence if available.

Yes

No

12. Provide the name and contact information for the Designated Local Contact?

13. Program Scope

a. Please provide a short, general overview of the proposed cannabis facility (attach additional sheets if needed). Please limit your description to the physical and logistical requirements of the facility ONLY.

b. Please indicate what products/services will be provided by the facility (attach additional sheets if needed).

c. Will there be multiple licensees associated with this parcel, e.g., is co-location proposed? This includes existing dispensaries.

Yes

No

If yes, please also complete Phase 1, Form F

d. Will there be multiple parcels sharing infrastructure, e.g., is a master planned site proposed?

Yes

No

If yes, please also complete Phase 1, Form F

e. Provide description of number of employees proposed.

Distinguish between seasonal, full/part-time employees, and if employment is existing now or proposed. Clarify number of employees associated with each license type proposed or if same employees will perform various duties across multiple license types for your business.

- f. Will the operation maintain a fleet of vehicles?

Yes No

If yes, explain further below including intended use of vehicles. Be sure to note existing vehicles and their use, as distinct from what is proposed in the future (if your operation has been in operation at the project location in the past).

- g. Will delivery vehicles come to the facility?

Yes No

If so, provide estimates on frequency and number of deliveries based upon proposed project buildout.

- h. What is the source of electricity for the cannabis business operation?

PG&E

Generator

Renewables (specify)

Other (specify) _____

Generators may be used as a secondary or back-up power source pursuant to a valid permit from the El Dorado County Air Quality Management District and evidence that it meets EDC noise standards.

- i. What is the source of water for the cannabis operation?

Well

District

Spring

Other (specify) _____

If you have a copy of the statement of water diversion, or other permit, license or registration filed with the California State Water Resources Control Board (SWRCB), Division of Water Rights, attach to your application.

- j. How will wastewater be removed? This includes wastewater from cultivation or manufacturing processes.

Septic

District

Other (specify) _____

k. What are the proposed hours of operation? Note differences, if applicable, for each license type.

l. If you intend to phase your development over several years and gradually add on square footage/structures, licensed activities, employees and the like, please describe approximate phasing plan (e.g. Year 1, Year 2, Year 3 with accompanying description of the physical development and operational requirements of each phase).

If no applicable, insert "N/A" and move on to next question.

m. Describe ALL proposed land alteration needed to support site improvements such as development of structures, roads/parking, employee facilities, septic, fencing, etc. Check each of the following additional items that apply and describe in detail.

Attach additional sheet if necessary

Estimated grading (cut/fill) required to provide road access, support structural development, etc.,

Type and number of native oak trees to be removed, acreage of other vegetation to be altered/removed. Ensure full description includes any trimming of trees/vegetation.

Note any previous site alteration done to support existing operations (if applicable).

Stream/river crossings required to access cannabis operation. Detail if permits will be needed for development proposed near streams/river crossings. Provide determination from CDFW or USACE if available.

n. Will any of the following operations be performed as part of the cannabis operation?

Open outdoor storage, processing and/or mixing of soil or soil amendments

Vegetation clearing, soil disturbance or road construction/maintenance.

Process that may generate fumes, dust, smoke or strong odors (Includes: manufacturing, processing, production, testing, dispensing facilities)

Open outdoor burning

Aggregate and/or wood processing activities

- o. Will you be using or storing hazardous materials?

Yes No

- p. Are you aware of sensitive habitat or species of special concern on your property?

Yes No

If yes, explain: _____

- q. Do you or will you illuminate any portion of the property that is visible from the exterior between sunset and sunrise (e.g., security lights, mixed lighting)?

Yes No

If yes, describe how you will comply with the El Dorado County Zoning Ordinance Chapter 130.34.

- r. How do you intend to secure your site and comply with the Security and wildlife exclusionary fencing development standards (Article 4 – Special Use Regulations, Chapter 130.41 – Cannabis)

Explain and attach additional sheets and diagrams as needed.

- s. How do you intend to manage onsite cannabis waste?

- t. How do you intend to comply with the (Article 4 – Special Use Regulations, Chapter 130.41 – Cannabis), Renewable Energy Sources?

- u. Have you completed a Business Plan for your operation?

Yes No

If yes, you may submit a copy for review.

- v. Do you understand that the County staff may inspect your site, sometimes without notice?

Yes No

FORM A

Identifying Information (Required for ALL Applicants)

a. APPLICANT NAME (PRINT)	(Note: Applicant must be one of the owners, directors or board members listed below who is authorized to act on behalf of the business. Please attach a completed Applicant / Owner Certification Form; see supplemental documents)		
b. AGENT NAME (PRINT)	(Note: Submit an "Owner-Agent" authorization if applicable; see supplemental documents)		
c. MAILING ADDRESS (Street number and name, city, state, zip code)			
d. PHONE NUMBER(S) Primary:		Alternate:	
e. E-MAIL(S) Primary:		Alternate	
f. TYPE OF OWNERSHIP (Check one)			
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> _____ Sole Owner _____ Partnership _____ Limited Partnership (LP) </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> _____ Limited Liability Company (LLC) _____ Corporation </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> _____ Other (Specify) _____ </div>			
<p>If the applicant is other than a natural person (including general partnerships of more than one individual natural person), the applicant must provide documentation regarding the nature of the entity and the names of the individual natural persons who manage, own or control the entity. The most common entities are corporations, limited liability companies (LLCs), limited partnerships (LPs), or trusts. These entities can be multi-layered and/or interlocking, e.g. a corporation can be owned by another corporation. If that is the case, documents for those other related entities are needed until the individual natural persons who manage, own or control the entities can be identified.</p>			
g. LIST ALL OFFICERS, DIRECTORS, GENERAL PARTNERS (if LLP) AND MANAGERS (if LLC), AND THEIR TITLES (attach additional sheets if necessary)			
Printed Name	Title	Printed Name	Title
Printed Name	Title	Printed Name	Title
Printed Name	Title	Printed Name	Title
Printed Name	Title	Printed Name	Title

Printed Name	Title	Printed Name	Title
Printed Name	Title	Printed Name	Title

LIST ALL STOCKHOLDERS, LIMITED PARTNERS, LLC MEMBERS OR THOSE WITH A FINANCIAL INTEREST IN THE BUSINESS OF THE APPLICANT, AND THEIR PERCENTAGE OF OWNERSHIP. MUST TOTAL 100%

(Attach additional sheets if necessary)

Printed Name	%	Printed Name	%
Printed Name	%	Printed Name	%
Printed Name	%	Printed Name	%
Printed Name	%	Printed Name	%
Printed Name	%	Printed Name	%
TOTAL OF ALL PERCENTAGES:	%		

a. Federal Tax Identification Number for this business_____	NONE
b. State Tax Identification Number _____	NONE
c. Board of Equalization Tax Identification Number for this business_____	NONE

EXAMPLE AERIAL SITE PLAN



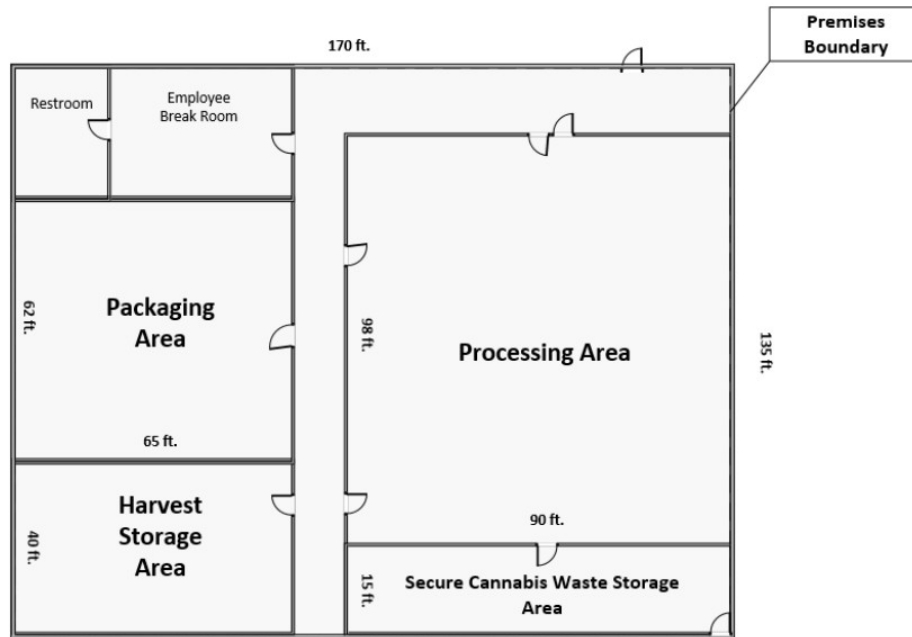
Sample property diagram using aerial imagery and basic image-editing software to accurately label overall and use activities and structures on property

EXAMPLE AERIAL SITE AND FACILITY PLANS



Sample property diagram using aerial imagery and basic image-editing software to accurately label cultivation license activities

EXAMPLE INTERIOR FACILITY PLAN

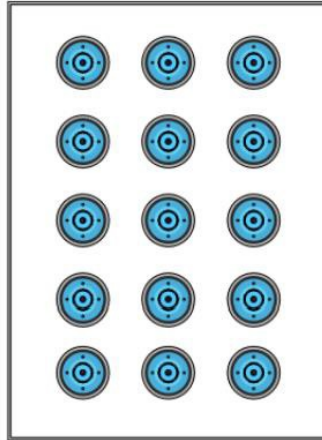


Sample diagram of cannabis harvest, processing and storage rooms

EXAMPLE PLAN

Lighting Diagram

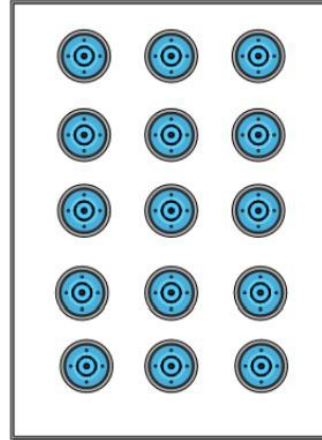
Canopy Area 1 (identified in the premises diagram as greenhouse 1)




Aggregate Wattage per Canopy Area

15 lights X 1200 watts per light = 18,000 watts
Each canopy area (greenhouse) is 1,500 square feet
18,000 watts / 1,500 square feet = **12 watts/square foot**

Canopy Area 2 (identified in the premises diagram as greenhouse 2)



Maximum Wattage of Each Light

 = 1200 maximum watt light

Sample diagram of cannabis lighting plan