



DEPARTMENT OF RESOURCE MANAGEMENT
Planning Services Division

Phone (707) 784-6765

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675 Texas Street Suite 5500, Fairfield, CA 94533

Bill Emlen, Director

www.solanocounty.com

Mike Yankovich, Program Manager

Medicinal Cannabis Primary Caregiver Cultivation Administrative Permit Overview

PURPOSE

The Solano County Zoning Regulations requires the issuance of an administrative permit prior to developing a cannabis cultivation operation as a primary caregiver. The purpose of an administrative permit is to ensure that all standards and requirements for the use, as described in the Zoning Regulations or elsewhere in the County Code, are met prior to commencement of the use and will continue to be met during operation of the use.

ACTION

The Director of Resource Management shall administratively approve an application for an administrative permit if all standards and requirements specified within the Zoning Regulations and elsewhere in the County Code are satisfied. Action on an administrative permit is ministerial and shall be taken without notice or public hearing.

SUBMITTAL REQUIREMENTS

- Completed and signed Primary Caregiver Administrative Permit Application Form.
- Completed and signed Primary Caregiver Supplement Form.
- Proof of legal ownership of the parcel or written permission from landlord granting the applicant permission to cultivate cannabis as a primary caregiver.
- Proof of caregiver status and proof of qualified patients for whom the primary caregiver will cultivate cannabis. (Proof may include California issued Medical Marijuana ID Card or California physician's recommendation. Information identifying any patient will not be retained and caregiver status shall be verified solely for the purposes of ensuring compliance with and eligibility for a Primary Caregiver Administrative Permit).
- Assessor's Parcel Map with subject property outlined in red. (Available at the Assessor's Department located at the County Administration Center (2nd floor) or online via www.solanocounty.com. Click on County's Assessor Recorder Department webpage.)
- Development Plans (1 copy of each)
 - Site plan of the parcel indicating where the cultivation will occur, include the location of the residential dwelling or residential accessory structure on the site plan. Indicate the distance between structures to all property lines.
 - Elevations of proposed outdoor accessory structure. (May submit a photo of existing accessory structure in lieu of elevations)
 - Floor Plan for cultivation room within residential dwelling or residential accessory structure.
- Filing Fee
Please consult the fee schedule or contact Planning Services at (707) 784-6765 for appropriate filing fees. Cash, ATM/Debit or check made payable to Solano County are accepted.



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**Medicinal Cannabis Cultivation Primary Caregiver
 Administrative Permit Application**

| For Office Use | |
|-----------------|-------------------|
| Application No. | Date Filed |
| Zoning District | Permit Fee |
| Land Use Type | Receipt No. |
| | Initial Review by |

A primary caregiver of qualified patients may cultivate up to six (6) mature cannabis plants or twelve (12) immature cannabis plants for up to 5 (five) patients.

SITE INFORMATION

Address: _____ City: _____ Zip: _____

Assessor's Parcel Number(s): _____ Size (sq. ft/acre): _____

Preferred Property Access by Staff: OK to access Call applicant before access Call owner before access

First Time Applicant? or Renewal Application?

CONTACT INFORMATION

Applicant: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Property Owner (check if same as applicant): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Additional Contact: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you 21 years or older? Yes No

I. Site Details

1. Cannabis cultivation will take place in a (check one):
 Residential Dwelling Residential Accessory Structure, List Type: _____

2. If using a residential accessory structure:
 - a. Is this a(n): Existing Structure New Structure
 - b. What is the source of water? _____
 - c. Does this structure have existing electrical service? Yes No

3. Will you be processing (drying curing, grading, trimming) the cannabis? Yes No
If so, will it be in a: Residential Dwelling Residential Accessory Structure

| Staff Use Only | |
|-------------------------------------|-----------------------------|
| Staff Confirmed Patient Information | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

II. Patient Details

1. Total Number of patients under your care: _____
2. Will patients come on-site? Yes No

DECLARATION of INFORMATION

The property owner and applicant must sign below certifying that all information is to the best of his or her knowledge and is true and correct.

If the applicant is not the owner of record of all property included in this application, the signature given below is certification that the owners of record have knowledge of and consent to the filing of this application and supporting information. Additionally, the undersigned does hereby authorize representatives of the County to enter upon the above-mentioned property for inspection purposes. Failure to comply with county and state cannabis caregiver requirements, as well as failure to provide accurate information to the County may be grounds to deny the permit or a future caregiver cultivation permit or may be grounds for a revocation of a caregiver cultivation permit.

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

An approved application shall expire one (1) year after being granted.

Owner signature: _____ **Date:** _____

Applicant signature: _____ **Date:** _____



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Primary Caregiver for Medicinal Cannabis Cultivation Acknowledgement
Supplement to Administrative Permit Application

Primary Caregiver Administrative Permit Application No: _____

Property Owner/Applicant: _____

Address: _____ City: _____ Zip: _____

APN: _____

Primary Caregiver Cannabis Cultivation, subject to the provisions within the applicable zoning district, shall comply with the following standards:

I. General Standards Applicable to All Uses in Every Zoning District:

A. Indoor Caregiver Cultivation Overview. As provided in Ordinance No. 2017-1788 of the Solano County Code, any use of land or buildings for Primary Caregiver Cultivation must meet the applicable performance standards listed below:

1. Upon obtaining a yearly Primary Caregiver Administrative Permit, a primary caregiver may cultivate medicinal cannabis in an inhabited residence or a permanent residential accessory structure located on the grounds of an occupied residence.
2. Prevent Offensive Noise, Dust, Glare, Vibration, or Odor: All uses of land and structures shall be conducted in a manner, and provide adequate controls and operational management:
 - a. Window coverings must be utilized with indoor cultivation room, to minimize light pollution from grow lights.
 - b. If electric lights are used in a greenhouse, the light must be either:
 - I. Turned off between the hours of 9 p.m. and 6 a.m.;
 - II. The greenhouse must be shielded so that any such light is not visible from a neighboring property.
 - c. The following gas products are prohibited for cannabis cultivation use:
 - I. CO2
 - II. Butane
 - III. Propane
 - IV. Natural Gas
3. Open flames or burning of any substance is prohibited in the cultivation room.
4. The use of generators or extension cords to power any cultivation equipment is prohibited, except as an emergency back-up system.
5. Cultivation or any other cannabis processing activities must be in a secured area; not accessible to visitors or underage individuals

II. Primary Caregiver Acknowledgements: Signing these acknowledgements below is certification that the property owners of record have knowledge of and consent to the filing of this application including supporting information and the owner/applicant agrees to the following:

1. County personal will schedule a site visit with the applicant to review compliance with the Primary Caregiver Cultivation Standards, as well as any applicable requirements of the County Code.

Owner/Applicant Initials: _____

2. The primary caregiver operation shall not generate excess traffic which is not normally associated with residential use of the property and no patients shall visit the site between the hours of 8 p.m. and 8 a.m.

Owner/Applicant Initials: _____

3. The Primary caregiver cannabis cultivation site shall not generate noise, odor, dust, glare, vibration, or electrical interference to neighboring properties or constitute a nuisance, or be detrimental to the health, safety, peace, morals, comfort or general welfare of the public.

Owner/Applicant Initials: _____

4. This Primary Caregiver Administrative Permit will automatically expire after one (1) year, at which time a new permit application must be made, and that no caregiver cultivation may occur prior to issuance of a permit or if the permit has expired.

Owner/Applicant Initials: _____

5. A caregiver cultivation administrative permit may be denied or revoked in the event the cultivation does not occur in compliance with the requirements of Ordinance No. 2017-1788.

Owner/Applicant Initials: _____

ACKNOWLEDGEMENT

Property Owner/Agent applying for this Administrative Permit acknowledges receipt of these restrictions on the use of the Primary Caregiver Cannabis Cultivation.

Property Owner/Applicant Signature _____ Date _____

Printed Name _____