

How do I apply for a Commercial Cannabis Permit (CCP)?

(Cultivation canopies less than or equal to 2,500sqft)

- **First**, review through the Draft Nevada County Cannabis Cultivation Ordinance to ensure your project meets all requirements. You can view the Draft Ordinance online at <https://www.mynevadacounty.com/2185/Cannabis-Conversation>.
- **Second**, review the CCP Application Packet to ensure you have a complete permit submittal including all supplemental attachments and plans. *Incomplete submittals will not be accepted.* This packet is available online at <https://www.mynevadacounty.com/2185/Cannabis-Conversation> or in person at the Nevada County Community Development Agency (CDA) office.
- **Third**, schedule an application submittal appointment. You can schedule an appointment by calling (530) 265-1222 or in person at the CDA office starting at 8:00am on March 4, 2019. Appointments are scheduled on a first come, first serve basis. **These appointments are for complete application submittals only.** General questions and inquiries can be completed during normal daily business hours.
- **Fourth**, submit your complete application, site plan, and associated documents for review. Be prepared to pay the required application submittal fees at this time.

I have submitted my application. Now what?

- Your application and associated documents are anticipated to be reviewed within two weeks from the application submittal date.
- Within the anticipated two week review period your project application will receive verification that it meets the requirements of the proposed draft ordinance OR you will be required to submit revised documents to meet minimum requirements. You may track your project review status online at <https://permits.mynevadacounty.com/citizenaccess/> under the “Cannabis” tab by entering your project review number you received at project submittal.
- If/when the draft ordinance is adopted and your application meets the requirements you will receive an approval letter, field set of plans/documents, conditions of approval, and pay any remaining fees (*if applicable*) at the CDA office. **Please keep in mind during the pre-application period no permits will be issued until the draft ordinance is adopted by the Nevada County Board of Supervisors.** During the pre-application review period staff will be reviewing your project based on the draft ordinance requirements as well as other County Ordinances. Applications submitted during the pre-application period are at the applicant’s own risk as the draft ordinance is subject to change prior to adoption.
- Following approval of your CCP you will be contacted regarding the status and process to obtain your Annual Cannabis Permit (ACP). Once the ACP is obtained you will be required to schedule a pre-cultivation inspection within 30 days of issuance. An additional random cultivation inspection will be conducted by a Cannabis Compliance Officer at a later date during cultivation. Passing inspections are required to have a valid ACP and CCP.

Nevada County Community Development Agency (CDA)

950 Maidu Ave. Nevada City, CA 95959, Suite 170

(530) 265-1222

ComDevAgency@co.nevada.ca.us





#CCP -

COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY

Cannabis Compliance Division
950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617
(530) 265-1222 ~ FAX (530) 478-5799 <http://mynevadacounty.com>

Craig Griesbach, Director

COMMERCIAL CANNABIS PERMIT (CCP) APPLICATION

Permit applications expire 180 days from application date

SITE INFORMATION & LOCATION

| | |
|----------------------|--------------------|
| Site Address: | APN(s): - - |
| | - - |

PROPERTY & PROJECT INFORMATION

| | |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Property Zoning: <input type="checkbox"/> AG <input type="checkbox"/> AE <input type="checkbox"/> FR | Sq.Ft of Cultivation Area: _____ |
| Employees: <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> N/A | Sq.Ft of Support Area: _____ |
| # of Temporary: # of Full Time: | Cultivation Type(s): |
| Parcel Acreage: | <input type="checkbox"/> Indoor Cultivation <input type="checkbox"/> Outdoor Cultivation |
| | <input type="checkbox"/> Mixed-Light Cultivation |
| | Tax Identification #: |

| | |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Water/Sewage Disposal Information: | <input type="checkbox"/> Septic or <input type="checkbox"/> Sewer <input type="checkbox"/> Well or <input type="checkbox"/> Public Water |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|

Pesticides Used as Part of Commercial Cannabis Activities: Yes No (if yes, provide pest management plan)

Cultivation area is a minimum of 1,000ft from any school, church, park, child or day care center, or youth-oriented facility: Yes
 No

Improvements located on Prime Farmland, Farmland of Statewide Importance, and/or Unique Farmland? *If yes, a management plan application is required and shall be attached with this application.* Yes
 No

Complete Description of Cultivation/Activities: _____

| PROPERTY OWNER | APPLICANT/AGENT |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Name: | Name: |
| Address: | Address: |
| City/State/Zip | City/State/Zip |
| Phone: () Fax: () | Phone: () Fax: () |
| E-mail: | E-mail: |
| Resident at Cannabis Cultivation Location: <input type="checkbox"/> Yes <input type="checkbox"/> No | Resident at Cannabis Cultivation Location: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| PROPERTY RESIDENTS | ADDITIONAL PROPERTY RESIDENTS |
|-----------------------------------|---------------------------------|
| Name: | Name: |
| Address: | Address: |
| City/State/Zip | City/State/Zip |
| Phone: () Phone: () | Fax: () Phone: () |
| E-mail: | E-mail: |

| ADDITIONAL INDIVIDUALS/ENTITIES WITH FINANCIAL INTEREST <i>(Attach additional sheets if necessary)</i> | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------|------------|
| Name: | | Name: | |
| Address: | | Address: | |
| City/State/Zip | | City/State/Zip | |
| Phone: () | Phone: () | Fax: () | Phone: () |
| E-mail: | | E-mail: | |
| Nature/Extent of Financial Interest: | | Nature/Extent of Financial Interest: | |
| | | | |
| | | | |
| Additional Parcels with Financial Interest in Businesses: | | Additional Parcels with Financial Interest in Businesses: | |
| APN's: | - - | APN's: | - - |
| | - - | | - - |
| | - - | | - - |
| TRANSITION PERIOD | | | |
| <i>Clearly describe/list any areas of noncompliance with the Nevada County Municipal Code that qualifies for the transition period shown in the Nevada County Commercial Cannabis Ordinance. (attach additional sheets if necessary)</i> | | | |
| | | | |
| | | | |

REVIEW AND INITIAL ALL OF THE FOLLOWING

Initial:

_____ I certify that the project parcel is in full compliance with all regulations shown in the County's Commercial Medical Cannabis Ordinance.

_____ I certify that I have a legally permitted residence on the parcel or legally permitted residence on a parcel adjacent to the cultivation site under common ownership with a permitted water source.

Legally permitted residence is on (check one):

- Parcel with Cultivation
- Parcel Adjacent to Cultivation Site under Common Ownership
- See "Transition Period" Section

_____ I recognize that this commercial cannabis permit only remains active with a finalized and current Annual Cannabis Permit (ACP).

_____ I recognize that all aspects not in compliance with the Nevada County Municipal Codes on the parcel that qualify for the transition period shall be in full compliance 2 years from date of application.

_____ I recognize that that this permit may be revoked at any time at the discretion of the Community Development Agency Director or their designee.

_____ I recognize that the use of a primary residential well water supply for any cannabis related activities could impair the amount of water supplied to the residence for living purposes. The County of Nevada is not responsible for any reduction in water availability to the applicant's residence as a result of use for other than residential living purposes.

APPLICANT'S DECLARATION

By my signature below, I certify that I am the property owner or authorized to act on the property owner's behalf. I have read this permit application and the information I have provided is true and correct. I agree to comply with all applicable County ordinances and State laws. I authorize representatives from the County to enter upon the above-identified property for inspection purposes.

Signature: _____ Print: _____ Date: _____



COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY

Cannabis Compliance Division

950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617
(530) 265-1222 ~ FAX (530) 478-5799 <http://mynevadacounty.com>

Craig Griesbach, Director

COMMERCIAL CANNABIS PERMIT (CCP) SUBMITTAL CHECKLIST

THE FOLLOWING ITEMS ARE REQUIRED FOR A COMPLETE APPLICATION SUBMITTAL. **INCOMPLETE SUBMITTALS WILL NOT BE ACCEPTED; PLEASE READ CAREFULLY!** THIS COMPLETED AND SIGNED FORM MUST ACCOMPANY THE PERMIT APPLICATION

SITE ADDRESS: _____ APN(s): _____

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EIGHT (8) SETS OF FULL SIZED SITE PLANS ARE REQUIRED AND ONE (1) REDUCED 8.5"X11" COPY. Site Plans must be drawn to scale in blue or black ink and completed in a legible manner on clear unlined paper; minimum size is 11" x 17", maximum size 24" X 36". The Scope of Work must be fully stated and detailed on the site plan. Plans should be prepared with lettering of sufficient contrast to be readable when scanning. Photocopies or prints may be submitted. Pencil, whiteout, taped notes/details and any other submittal that is illegible or not completed in a workmanlike manner will not be accepted. See <i>Site Plan requirements on back of this sheet.</i> |
| Copy of Identification: Driver's license, state ID, Passport or other approved means of formal identification |
| Completion of Commercial Cannabis Permit Application |
| Submittal of Security/Operation Plan (<i>see checklist</i>) |
| Notarized Landlord Authorization to Conduct Medical Commercial Cannabis Cultivation Activities at Site (<i>if applicant isn't property owner</i>) |
| Limited Liability Company (LLC) Information: Members, positions, contact information, etc. |
| Copy of Deed to Property (if owner shown on application does not match County parcel records) |
| Copy of Signed Lease Agreements (if owner/operation/applicant is not the property owner) |
| Verification of Approved Water Source: Copy of finalized well permit or will serve letter from water district. |
| Verification of Approved Septic/Sewer: Copy of finalized septic/sewer permit. |
| Verification of Approved Electrical Service: Copy of finalized electrical service permit. |
| Lighting: Lighting control plan for any light used for cultivation and/or site lighting demonstrating how light will be shielded between sunset and sunrise. |
| Dust Control: Dust control plan and/or information showing compliance with NSAQMD Rule 226 |
| Biological Resources Information: Review of any biological materials onsite (can be completed by applicant) |
| North Central Information Center (NCIC) – Cultural Resources Sensitivity Letter |
| Hazardous Waste Statement Form |
| State License: Copy of state license application (if available) |
| Copy of Bond: Proof of purchase of a Certificate of Deposit from a State of California licensed commercial banking institution of \$5,000 accessible by the County of Nevada |
| Site Plan Accuracy: Site plan matches aerial imagery for building locations, cultivation locations, etc. |
| Agricultural Commissioner's Department: Pest Management Plan & Current Weighing Device Certificates |
| Regional Water Quality Control Permits (copies) |
| Transition Plan: Detailed list of items on the parcel not in compliance with Nevada County Municipal Codes with a clear list of transition timelines to bring property into full compliance. |
| Agreement to Pay Form |
| Payment of Applicable Fees |

APPLICANT'S SIGNATURE/DATE _____ STAFF'S INITIALS/DATE _____

ALL PLANS SUBMITTED BECOME THE PROPERTY OF THE COUNTY OF NEVADA.

It is unlawful to alter the substance of any official form or document of Nevada County.



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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Property Zoning: <input type="checkbox"/> AG <input type="checkbox"/> AE <input type="checkbox"/> FR Employees: <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> N/A # of Temporary: # of Full Time: Parcel Acreage: | Sq.Ft of Cultivation Area: _____ Sq.Ft of Support Area: _____ Cultivation Type(s): <input type="checkbox"/> Indoor Cultivation <input type="checkbox"/> Outdoor Cultivation <input type="checkbox"/> Mixed-Light Cultivation Tax Identification #: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
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Cultivation area is a minimum of 1,000ft from any school, church, park, child or day care center, or youth-oriented facility: Yes
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Improvements located on Prime Farmland, Farmland of Statewide Importance, and/or Unique Farmland? *If yes, a management plan application is required and shall be attached with this application.* Yes
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Complete Description of Cultivation/Activities: _____

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|------------------------------------------------|----------------------------------------------|
| Name: | Name: |
| Address: | Address: |
| City/State/Zip | City/State/Zip |
| Phone: () Phone: () | Fax: () Phone: () |
| E-mail: | E-mail: |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------|------------|
| Name: | | Name: | |
| Address: | | Address: | |
| City/State/Zip | | City/State/Zip | |
| Phone: () | Phone: () | Fax: () | Phone: () |
| E-mail: | | E-mail: | |
| Nature/Extent of Financial Interest: | | Nature/Extent of Financial Interest: | |
| | | | |
| | | | |
| Additional Parcels with Financial Interest in Businesses: | | Additional Parcels with Financial Interest in Businesses: | |
| APN's: - - | - - | APN's: - - | - - |
| - - | - - | - - | - - |
| - - | - - | - - | - - |
| TRANSITION PERIOD | | | |
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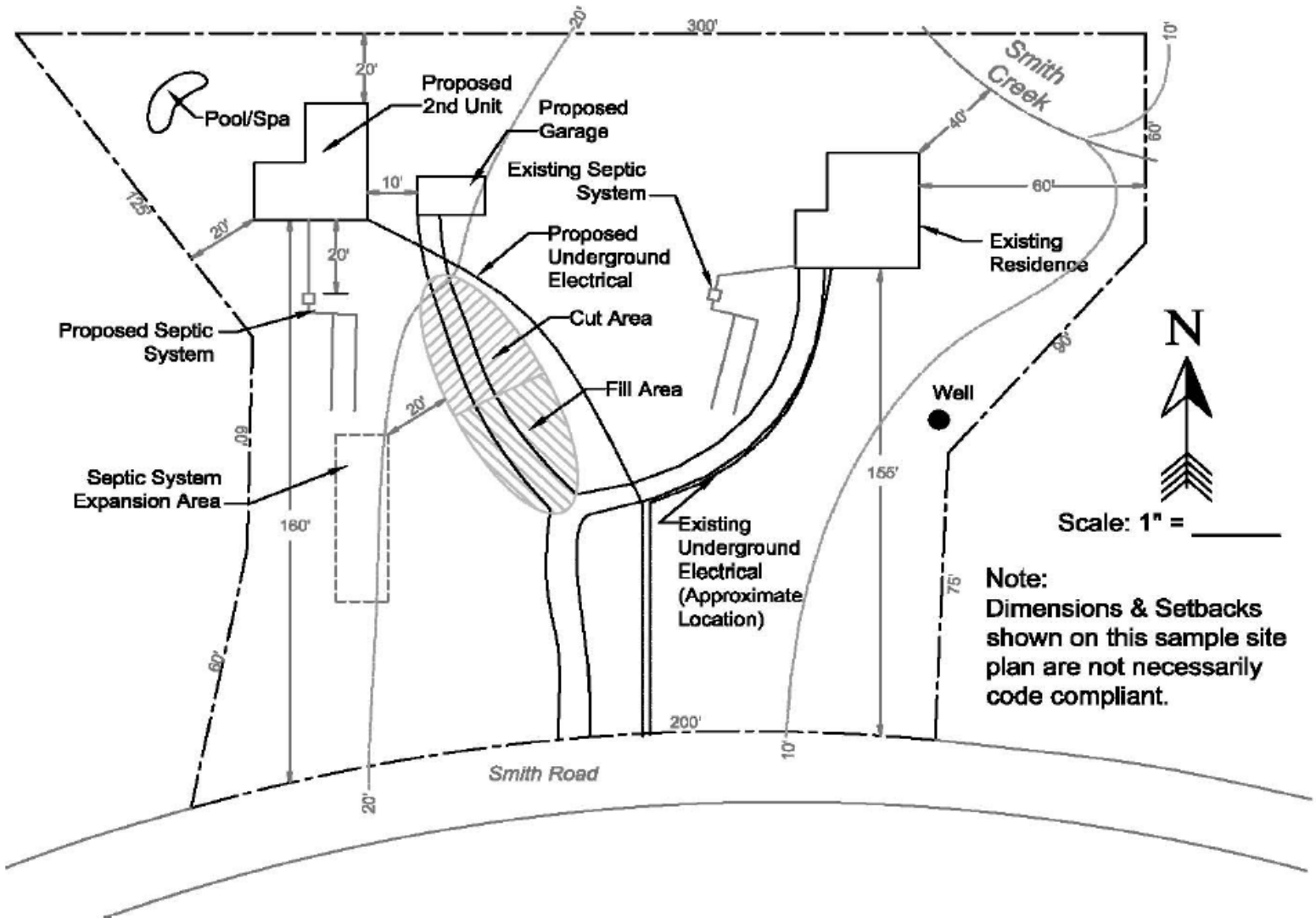
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Signature: _____ Print: _____ Date: _____

Sample Site Plan:

Additional information will need to be added showing all site plan submittal requirements including cultivation location(s), cultivation size, cultivation setbacks, security measures, screening measures, etc.





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Craig Griesbach, Director

COMMERCIAL CANNABIS PERMIT SECURITY/OPERATION PLAN CHECKLIST

THE FOLLOWING ITEMS ARE REQUIRED FOR A COMPLETE APPLICATION SUBMITTAL OF A SECURITY PLAN.
INCOMPLETE SUBMITTALS WILL NOT BE ACCEPTED; PLEASE READ CAREFULLY!

EIGHT (8) SETS OF SECURITY PLANS ARE REQUIRED TO BE SUBMITTED

| | |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Perimeter Security: Provide a complete and clear description of perimeter security components including fencing, gates, locking hardware, doors, component heights, etc. |
| | Cultivation Area Screening: Indicate how the cultivation area will be screened from the public-right-of way or publicly traveled private roads. Indicate materials used, construction, etc. |
| | Hazardous Materials: Include an itemized list showing the amount and type of hazardous and/or flammable materials used onsite. Include information regarding locations of storage and use areas. |
| | Access: Indicate how the cultivation area and all habitable structures are accessed by emergency personnel. Indicate the widths and lengths of driveways and locations of access gates. |
| | Exterior Noise: Indicate how exterior noise will be limited in accordance with the Nevada County Zoning Ordinance applicable to the Land Use Category and Zoning District where cultivation activities will occur. (<i>Nevada County Land-Use and Development Code L-II 4.1.7</i>) |
| | Building Security: Specify any building safety and security components associated to access to buildings, door docking hardware, wall construction, exterior wall opening access points, etc. |
| | Exterior Lighting: Indicate the type and location of any exterior lighting installed at cultivation areas as a deterrent for trespassing. Indicate placement of lighting associated to placement of security/surveillance systems. Indicate lighting installed will be downcast and full shielded as to not create light pollution. (<i>Nevada County Land-Use and Development Code L-II 4.2.8</i>) |
| | Surveillance: Indicate any types of video surveillance systems or alarm systems installed. Indicate placement locations and types of cameras, alarms, etc. |
| | Onsite Presence: Indicate how the cultivation area will be monitored by onsite personnel. Specify the frequency and location of persons' onsite overseeing cultivation activities. Indicate types of safety and security training provided to onsite personnel. |
| | Security of Valuables: Indicate the approach to keeping currency and valuables that are located onsite in a secure and safe location. |
| | Operation Plan: Types of activities conducted onsite, specific uses/business activities in each applicable structure, number and type of employees, hours of operation, equipment operation onsite, number of anticipated vehicle trips per day, and any other activity applicable to the commercial operation onsite. |



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PH: (530) 265-1222 FAX: (530) 265-9854 <http://www.mynevadacounty.com>

Agricultural Commissioner

Building Department

Environmental Health

Planning Department

Dept. of Public Works

AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

| | |
|------------------------------------------------|------------|
| APN: — — | Name: |
| Property Owner/Business Name (if applicable): | Address: |
| Address: | |
| | Telephone: |
| Email: | Email: |

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

_____ Dated: _____ CDL# _____
Printed Name

Signature

THIS SECTION FOR OFFICE USE ONLY

| | | |
|------------------------|----------------|------------------|
| Service: _____ | Program: _____ | Job No: _____ |
| Amount: \$ _____ | Check #: _____ | Receipt #: _____ |
| Date of Receipt: _____ | | |
| Service: _____ | Program: _____ | Job No: _____ |
| Amount: \$ _____ | Check #: _____ | Receipt #: _____ |
| Date of Receipt: _____ | | |



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

Sean Powers, Director

ENVIRONMENTAL HEALTH DEPARTMENT
Amy Irani, REHS, Director

950 MAIDU AVENUE, SUITE #170
NEVADA CITY, CA 95959

PH: (530) 265-1222
FAX: (530) 265-9853

Env.Health@co.nevada.ca.us

<http://mynevadacounty.com>

COMMERCIAL CANNABIS CULTIVATION APPLICATION PACKET FOR TEMPORARY PORTABLE RESTROOM USE

THIS APPLICATION APPLIES TO OPERATIONS WITH 2-5 EMPLOYEES ONLY FOR TWO (2) HARVEST SEASONS PER YEAR. OPERATIONS WITH 6 + EMPLOYEES MUST APPLY FOR THE INSTALLATION OF A PERMANENT RESTROOM FACILITY UPON THE BUSINESS PROPERTY.

The proper maintenance, monitoring and commercial contractual agreement for the temporary portable restroom is important for use approval. It assures that you will meet all structural and operational requirements of the applicable State Health Laws, and at the same time, meet the objective of protecting the public health and welfare as well as the environment.

Application Submittal Requirements:

1. **Application Cover Sheet. (Page 2)** This is the only page from this packet that is required to be completed and submitted to the Environmental Health Department. All other pages are to act as guidelines or templates for submittal requirements. Portable Toilet must meet all ADA requirements per State and Local Laws.
2. **COMPLETE SITE PLAN to include the following:**
 - a. Location of the portable toilet facility and portable hand washing station. Portable toilet shall be installed to prevent spillage, or collapse of the unit.
 - b. Plans shall be easily readable and drawn to scale. *Recommended scale of 1/4"=1' and shall include residential well, septic tank and disposal field locations.*
3. **COMPLETE AND SIGNED AGREEMENT WITH A LICENSED, COMMERCIAL PORTABLE TOILET BUSINESS.** Agreement shall include:
 - a. Weekly service agreement for the maintenance and sanitation of the portable toilet and hand washing station.
 - b. Delivery for Summer Harvest (June – August) and Fall Harvest (October – November). After each harvest time frame, the portable toilet and hand washing station will be removed from the property. The contractual agreement shall specify this requirement.
 - c. Portable hand washing station supplied with water, soap and paper towels.



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

Sean Powers, Director

ENVIRONMENTAL HEALTH DEPARTMENT

Amy Irani, REHS, Director

950 MAIDU AVENUE, SUITE #170
NEVADA CITY, CA 95959

PH: (530) 265-1222
FAX: (530) 265-9853

Env.Health@co.nevada.ca.us

http://mynevadacounty.com

COMMERCIAL CANNABIS CULTIVATION PORTABLE TOILET USE APPLICATION

Buisness/Facility Name: _____ APN: _____ - _____ - _____

Site Address: (street, city, zip) _____

Residence Water Source: Private Well Public Water - Agency: _____

Residence Sewage Disposal: Private Septic Public Sewer: _____

Owner Name: _____

Email: _____ Phone No. _____

Mailing Address: (street, city, zip) _____

Building Permit No: _____

Please check the following that apply and include in your Plan Check Submittal:

- Submit a detailed plan drawn to scale.
- This Business will be harvesting two (2) times per year
 - June – August
 - October - November
- This Business has 2-5 employees.
- Contract with licensed, commercial portable toilet company is enclosed
- Contract with licensed, commercial portable toilet company includes hand washing station and weekly maintenance agreement.

*****APPROVAL OF PERMIT VALID FOR ONE YEAR FROM DATE OF APPROVAL*****

I have read the above "checklist" and ALL items checked are completed or marked not applicable. Further, I recognize that an incomplete or inaccurate permit application will result in delaying the processing and issuing of my permit and may incur additional fees at the current hourly rate above the initial deposit. I also agree to and understand that the approval of this permit is valid for one year from the approval date, and I agree to apply annually to renew this permit with the applicable fees.

Signature

Print Name and Title (if any)

Date

OFFICE USE ONLY

Approved Denied, Reason: _____

By: _____, REHS

Date: _____

CANNABIS

PESTICIDES THAT ARE **LEGAL** TO USE



Protecting workers, the public, and the environment from adverse effects of pesticide use in cannabis cultivation is critical to the mission of the California Department of Pesticide Regulation (DPR). DPR and the County Agricultural Commissioners (CAC) enforce the use and sale of pesticides under Divisions 6 and 7 of the California Food and Agricultural Code (FAC), and Title 3 of the California Code of Regulations (CCR). These laws and regulations apply to all pesticide use; cannabis is no exception.

All pesticide product labels include a warning statement, precautionary statements for protecting human and environmental health, storage and disposal statements, and directions for use. By law, all pesticide users must follow these statements.

When using pesticide products in cannabis cultivation, applicators must not use a rate that is higher than the rates listed on the label and follow the agricultural use requirements including method of application, restricted entry interval, personal protective equipment, and pre-harvest interval.

Some pesticide products are never allowed in cannabis cultivation under any circumstances (see DPR's document: [Pesticides that Cannot be Used on Cannabis](#)).

Always read the label prior to using any pesticide.

PRODUCTS THAT CAN BE LEGALLY APPLIED TO CANNABIS IN CALIFORNIA

A pesticide product can legally be applied to cannabis under state law if the active ingredients found in the product are exempt from residue tolerance requirements and the product is either exempt from registration requirements or registered for a use that is broad enough to include use on cannabis.

Residue tolerance requirements are set by U.S. EPA for each pesticide on each food crop and are the amount of pesticide residue allowed to remain in or on each treated crop with "reasonable certainty of no harm." Some pesticides are exempt from the tolerance requirement when they are found to be minimal risk.

Active ingredients exempt from registration requirements are mostly food-grade essential oils such as peppermint oil or rosemary oil.

Cannabis cultivators who are licensed by the California Department of Food and Agriculture are required to comply with pesticide laws and regulations as enforced by DPR and the CAC's.

For more information:
www.cdpr.ca.gov/cannabis

PESTICIDES THAT ARE LEGAL TO USE ON CANNABIS

The following are examples of pesticide active ingredients that are exempt from tolerance requirements and either exempt from registration requirements or have labels broad enough to include use on cannabis. This is not an exhaustive list of active ingredients that may fit the legal use criteria. The active ingredients are organized by the intended target.

Insecticides and Miticides

- Azadirachtin
- *Bacillus thuringiensis* sub. *kurstaki*
- *Bacillus thuringiensis* sub. *israelensis*
- *Beauveria bassiana*
- *Burkholderia* spp. strain A396
- Capsaicin
- Cinnamon and cinnamon oil
- Citric acid
- Garlic and garlic oil
- Geraniol
- Horticultural oils (petroleum oil)
- Insecticidal soaps (potassium salts of fatty acids)
- Iron phosphate
- *Isaria fumosorosea*
- Neem oil
- Potassium bicarbonate
- Potassium sorbate
- Rosemary oil
- Sesame and sesame oil
- Sodium bicarbonate
- Soybean oil
- Sulfur
- Thyme oil

Fungicides and Antimicrobials

- *Bacillus amyloliquefaciens* strain D747
- Cloves and clove oil
- Corn oil
- Cottonseed oil
- *Gliocladium virens*
- Neem oil
- Peppermint and peppermint oil
- Potassium bicarbonate
- Potassium silicate
- Rosemary and rosemary oil
- Sodium bicarbonate
- *Reynoutria sachalinensis* extract
- *Trichoderma harzianum*

Vertebrate Repellants

- Castor oil
- Geraniol

CANNABIS

PESTICIDES THAT **CANNOT** BE USED



Protecting workers, the public, and the environment from adverse effects of pesticide use in cannabis cultivation is critical to the mission of the California Department of Pesticide Regulation (DPR). DPR and the County Agricultural Commissioners (CAC) enforce the use and sale of pesticides under Divisions 6 and 7 of the California Food and Agricultural Code (FAC), and Title 3 of the California Code of Regulations (CCR). These laws and regulations apply to all pesticide use; cannabis is no exception.

All pesticide product labels include a warning statement, precautionary statements for protecting human and environmental health, storage and disposal statements, and directions for use. By law, all pesticide users must follow these statements.

When using pesticide products in cannabis cultivation, applicators must not use a rate that is higher than the rates listed on the label and follow the agricultural use requirements including method of application, restricted entry interval, personal protective equipment, and pre-harvest interval.

Always read the label prior to using any pesticide.

Some pesticides cannot be used in cannabis cultivation.

While there are some pesticide products that are legal to use on cannabis under state law, (see DPR's document: [Pesticides that are Legal to Use on Cannabis](#)) other products are never allowed in cannabis cultivation. The following criteria identify pesticide products that cannot be used in California cannabis cultivation under any circumstances. The use of any pesticides meeting any one of these criteria on cannabis will be strictly enforced as a violation of the FAC and could result in civil or criminal penalties (FAC sections 12996 and 12999.5):

- Not registered for a food use in California
- California Restricted Material including Federal Restricted Use Pesticides (3CCR section 6400)
- Signal word "DANGER"
- On the groundwater protection list (3CCR section 6800)

Cannabis cultivators who are licensed by the California Department of Food and Agriculture are required to comply with pesticide laws and regulations as enforced by DPR and the CAC's.

For more information:
www.cdpr.ca.gov/cannabis

PESTICIDES THAT **CANNOT** BE USED ON CANNABIS

The following are criteria for identifying pesticides that cannot be used in cannabis cultivation and examples of active ingredients meeting these criteria. This is a representative list of active ingredients and not intended to be exhaustive. The fact that an active ingredient is not listed does not authorize its use on cannabis in California.

Pesticides Not Registered for Food Use in California

If a pesticide product does not have directions for use on a food crop, it cannot be used in cannabis cultivation. Examples of active ingredients that do not have food uses include:

- Aldicarb
- Carbofuran
- Chlordane
- Chlorfenapyr
- Coumaphos
- Daminozide
- DDVP (Dichlorvos)
- Etofenprox
- Fenoxycarb
- Imazalil
- Methyl parathion
- Mevinphos
- Paclobutrazol
- Propoxur
- Spiroxamine
- Thiacloprid

California Restricted Materials

DPR designates certain pesticides as California restricted materials (3 CCR section 6400). A pesticide can be considered a restricted material for many reasons including designation as a federal Restricted Use Pesticide. Many of these products have product labels that clearly state "Restricted Use Pesticide." Consult your local CAC to determine whether a product is a restricted material. Examples of California restricted materials include:

- Abamectin
- Bifenthrin
- Brodifacoum
- Bromodiolone
- Cyfluthrin
- Difenacoum
- Difethialone
- Fipronil
- Naled

Pesticides on the Groundwater Protection List

Active ingredients that are on the Groundwater Protection List (3CCR section 6800) have chemical characteristics that make them likely to move into groundwater. Examples of active ingredients on the groundwater protection list include:

- Acephate
- Azoxystrobin
- Boscalid
- Carbaryl
- Chlorantraniliprole
- Diazinon
- Dimethoate
- Dimethomorph
- Ethoprop(hos)
- Fludioxonil
- Imidacloprid
- Malathion
- Metalaxyl
- Methiocarb
- Methomyl
- Myclobutanil
- Propiconazole
- Tebuconazole
- Thiamethoxam

Pesticide Products with the Signal Word "DANGER"

NEVADA COUNTY

HAZARDOUS MATERIALS / WASTE STATEMENT

APN: _____ Property Owner: _____

Hazardous sites: General Plan policy requires the County pursue the cleanup of sites contaminated by mine waste or other hazardous materials prior to approving land use projects. Where hazardous waste or hazardous materials may occur on a project site, a Phase I site assessment may be required prior to processing or approving your project. Respond to the following questions and provide the requested information:

1. Is there evidence of any past, potentially hazardous use on or near the project site, including underground fuel storage tanks, dumpsites, artillery ranges, surface or subsurface mining activity?
 Yes Provide a Memo from the County Dept. of Environmental Health that adequate information is on file to accept the project for processing.
 No List the research and/or source of information justifying your response.

Hazardous use. It is the applicant’s responsibility to understand the definition of “hazardous material” and “hazardous waste,” as defined in the California Health & Safety Code, Chapter 6.5. The storage of hazardous materials and the generation of hazardous waste are regulated under federal, state and county codes. The storage of hazardous materials in quantities equal to or greater than, a total weight of 500 pounds, or a total volume of 55 gallons, or 200 cubic feet at standard temperature and pressure for compressed gas; or the generating of hazardous wastes in any quantity, requires a permit from the Nevada County Department of Environmental Health.

2. **Will hazardous materials be used, or will hazardous waste be generated from the facility resulting from this project? Check the appropriate response and provide the listed information.**
 Yes A Hazardous Materials Inventory Statement (HMIS), obtained from the Department of Environmental Health, must be filed with this project application.
 No Explain why no hazardous materials are used for the proposed use or business:



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY
AGRICULTURAL COMMISSIONER**

950 Maidu Avenue, Nevada City CA 95959-8617
(530) 470-2690 FAX (530) 470-2939 www.mynevadacounty.com

Sean Powers
Community Development Agency Director

Chris De Nijs
Agricultural Commissioner, Sealer of W&M

Cannabis FAQs and Application for Ag, Weights and Measures

This application must be submitted with your Commercial Cannabis Application. If you failed to submit these documents, you will be prompted to submit them.

The following Ag and Weights and Measures documents must be included:

- Pest Management Plan (included)
- Operator ID Number Application (included)
- Device Registration Application (included)

What needs to be included on my Pest Management Plan?

The complete name of the products(s), and if applicable, the EPA Registration Number(s) from the product. Submitting only an active ingredient, ie neem oil, does not allow us to evaluate the product for possible compliance.

Why do I need to include the Pest Management Plan?

- State Law requires you seek this review from the County Agricultural Commissioner prior to the application of any pesticides. BPC 8106(a)(3)(c)
- The review process allows us to confirm the product has an allowed active ingredient, that the label is broad enough to interpret for use on cannabis, and is intended for use in agricultural production. FAC 12973
- The review also allows us to determine if you will need an operator id number, ie a pesticide permit. CCR 6622

Additional information may be found on our website at:

<https://www.mynevadacounty.com/2185/Cannabis-Conversation>
<https://www.mynevadacounty.com/2653/Cannabis-Ag-Weights-Measures>

What are the next steps?

The Agriculture Department will contact you to set up an appointment for an operator id number as determined by our review of your pest management plan.

Weighing devices that need to be certified will be processed once we have received the Device Registration Application.



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Agricultural Commissioner, Sealer of W&M

PEST MANAGEMENT PLAN

| | | |
|-------|--------|-------------|
| NAME: | PHONE: | CELL PHONE: |
| DBA: | EMAIL: | |

The complete name of the products(s), and if applicable, the EPA Registration Number(s) from the product. Submitting only an active ingredient, ie neem oil, does not allow us to evaluate the product for possible compliance.

| | PRODUCT NAME | EPA REG. NO. | ACTIVE INGREDIENT |
|-----|--------------|--------------|-------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |



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Sean Powers
Community Development Agency Director

Chris De Nijs
Agricultural Commissioner

OPERATOR IDENTIFICATION NUMBER APPLICATION

Applicant Information

| | | |
|-------------------|--------|-------------|
| NAME: | PHONE: | CELL PHONE: |
| DBA: | EMAIL: | |
| MAILING ADDRESS: | | |
| PHYSICAL ADDRESS: | | |

- Pests – check all that apply**
- | | |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Terrestrial weeds | <input type="checkbox"/> Insects |
| <input type="checkbox"/> Aquatic weeds/pests | <input type="checkbox"/> Disease/Mildew |
| <input type="checkbox"/> Vertebrates | <input type="checkbox"/> Other |

Commodity – enter acreage for all that apply

| | | |
|------------------------------------|-----------------------------------------------|-----------------------------------|
| Pasture (irrigated) _____ ac | Uncultivated, non-ag _____ ac | Pond or ditch _____ ac |
| Rangeland (non-irrigated) _____ ac | Timber _____ ac | Grapes _____ ac |
| Other: _____ ac | Stone Fruit (peach, plum, nectarine) _____ ac | Pome Fruit (apple, pear) _____ ac |
| Vegetables, list: _____ ac | | |

Who will be applying pesticides? Myself Employees

I understand I will have to file a report each month I use a commercial-grade pesticide. I plan to report by:

- Free online use reporting, must include email above Paper form; faxed, mailed or walked in

I am the landowner of the above identified property, or I have been authorized by the landowner and have attached the letter of authorization form as required.

Signature: _____

Title: _____

Date: _____

FOR OFFICE USE ONLY

Op ID Number: _____

APN: _____

Issue Date: _____

MSTR: _____

Prepared By: _____

v. 3/19



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APPLICATION FOR DEVICE REGISTRATION

Location Specific Information

Business Name: _____

Physical Address: _____
Street, City, ZIP Code

Contact: _____ Title: _____

Business Phone: () _____ Email: _____

Corporate/Business Mailing Information – If same as above check here

Corporate Name: _____

Mailing Address: _____
Street, City, State, ZIP Code

Contact: _____ Title: _____

Business Phone: () _____ Email: _____

Weighing or Measuring Device Information – use additional sheet if necessary

| Device Type(s) | Make/Model | Serial Number | Equipment No, if applicable, ie truck #0001 |
|----------------|------------|---------------|---------------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Start-Up Date (If already in use): _____

Signature: _____ Date: _____