



County of San Benito

RESOURCE MANAGEMENT AGENCY

2301 Technology Parkway, Hollister, CA 95023

(831) 637-5313 • FAX: (831) 637-5334

Pre-Application

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.

Project Description Questionnaire

(Required for ALL license types)

1. **What cannabis business license types are you applying for? (Check all that apply)**

- Cultivation.** If applicable, please also complete Phase 1, Form B
- Manufacture.** If applicable, please also complete Phase 1, Form C
- Distribution.** If applicable, please also complete Phase 1, Form D
- Retail.** If applicable, please also complete Phase 1 Form E
- Microbusiness (non-retail)** (cultivation, distribution, and/or manufacture). If applicable, please also complete phase 1, forms B-F if they are relevant to your business license.
- Laboratory Testing.** If applicable, please also complete Phase 1, Form F

2. **What is the location of the proposed cannabis business site? If the site includes contiguous Accessor Parcel Number's (APN), all APN's must be listed.**

To determine your APN, reference your property tax documentation or Deed of Trust. You can also type in your parcel's address at:

https://qis.cosb.us/Html5Viewer_2_0/Index.html?configBase=https://qis.cosb.us/Geocortex/Essentials/REST/sites/SBC/viewers/Public/virtualdirectory/Resource/Config/Default#

locate the "I want to" tab on the left-hand corner of the map and search by address. Confirm with map or aerial image the correct property is pictured. Click on the property to view APN.

Address	APN	Zone District	General Plan

3. Permit History: List all discretionary (“Use”) and building permits for the subject parcel(s). Include the permit number and issuance date.

Permit records to be obtained from the RMA by calling (831) 637-5313 or by emailing sbcplan@cosb.us

4. Evidence of property ownership or authorization to apply for cannabis business licenses.

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 not the property owner).
- Notarized written consent of the property owner to allow named applicant(s) to apply for cannabis business license 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). (See Form F).

5. If you have/had an existing cannabis business in the county of San Benito, did you or will you relocate your cannabis business?

- Yes No

If yes, please identify previous location: _____

6. Is the proposed site located within a Sphere of Influence (SOI)?

- Yes No

To determine this, type in your APN at:

https://gis.cosb.us/Html5Viewer_2_0/Index.html?configBase=https://gis.cosb.us/Geocortex/Essentials/REST/sites/SBC/viewers/Public/virtualdirectory/Resources/Config/Default#

Open the "Show Layer List" at the top of the page to expand the choices, and then click the boxes next to "Jurisdiction and Districts." The lines will show up on the map in the color notated in the key. You may zoom out or in to see the lines.

- For parcels not served by city sewer provide a copy of the onsite wastewater system ("septic system") permit (contact Environmental Health Services at (831) 636-4035).

7. What is the source of water for the proposed cannabis business operation?

- Well Municipal Spring
 Delivered 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

8. What is the source of electricity for the proposed cannabis business operation?

- PG&E Renewables (specify): _____
 Generator Other (specify): _____

If you plan to use equipment akin to a generator, please provide an attached description of this equipment and how it functions

9. Are there any contracts or easements that affect the use of the property?

If you are unsure, check with the RMA (e.g., Williamson Act, Open Space, etc.)

- Yes No

If yes, attach contract information to this applicant packet.

10. Security Requirements:

From the “Cannabis Security Requirements” document identify and list the security requirements that apply to the proposed commercial cannabis uses.

<https://www.cosb.us/departments/cannabis-regulatory-program/application-forms>

11. Site Plan (required for all projects):

Submit one (1) full-size (24” x 36” or 18” x 24” format) and one (1) reduced size (11” x 17”, “8 ½ x 11” set of plans.) The site plan must include existing and proposed development (structures, cleared areas, fences, etc.)

CONTENTS:

1. Applicant’s name, address and phone/cell number and e-mail address.
2. Property owner’s name, property address, and Assessor’s Parcel Number(s) (APNs) on every sheet.
3. Date prepared and scale. Acceptable scales are: 1” = 10’, 1” = 20’, 1/4” = 1’, 1/8” = 1”. Other scales may be appropriate but must be clearly labeled.
4. Sheet Title (i.e., SITE PLAN, FLOOR PLAN).
5. North arrow.
6. Vicinity map showing the location of the parcel within the county of San Benito, including names of existing streets, cross streets, and project area within the parcel.
7. Access to site from nearest public road.
8. Adjacent streets, both public and private, and any access easements.
9. Location and dimensions of rights-of-way, driveways, parking spaces, and maneuvering aisles.
10. Dimensions of required “front”, “rear” and “side” yards (zoning structural setbacks).
11. Location of cultivation site and/or other commercial cannabis business activity.
12. Dimensions showing all required setbacks that apply to commercial cannabis businesses, as per SBCC 19.43-060.
13. Property uses on adjacent parcels and across adjacent streets (“residential”, “agricultural”, “office”, etc.).
14. Building footprint of existing structures, clearly labeled, with use and distance from property line(s). Include decks and carports.
15. Proposed structure(s) and/or additions (if applicable), clearly labeled with use and distance to property line(s).
16. Location of nearest habitable structure (on neighboring parcel) and distance to existing and proposed cultivation areas.
17. Fences and retaining walls, existing and proposed (indicate height and material).

18. For cultivation projects, label State-required “Secure Harvest Storage” and, if applicable, drying/processing structures.
19. Solid waste storage facilities for cannabis and non-cannabis waste material.
20. Pesticide storage facility.
21. Utility lines and public utility easements (power, water, sewer, etc.)
22. Existing and proposed septic systems, including leach fields.
23. Water wells with distances to any structures, septic systems, and property lines.
24. Water storage structures labeled as to type, capacity, and date of construction.
25. Springs, ponds, rainwater catchments and any other water source.
26. Natural waterways, including perennial and seasonal streams, springs, ponds.
27. Riparian area(s) and wetlands.
28. Topography; show slope direction (“flat”, “steep”, etc.) for entire parcel. Contour lines, drawn to scale, are acceptable.
29. Graded and cleared areas (existing and proposed). “Clouding” of disturbed areas is acceptable.
30. Location of trees greater than 6 inches DBH (diameter at breast height), label trees to be removed.
31. Flood plain/flood way location, if applicable (DFIRM maps).

12. Interior Facility Plan (floor plan) for existing and proposed structures:

See Phase 1, Supplemental Materials (pg. 27).

13. Lighting Diagram for cultivation structures:

See Phase 1, Supplemental Materials (pg. 28).

14. Copy of Assessor’s Parcel Map:

Highlight all parcels involved in cannabis business license application.

15. Aerial Imagery:

See pp.25-26 for examples of aerial maps.

Vicinity Map: Aerial vicinity map with parcel boundaries clearly demarcated showing all parcel(s) associated with proposed cannabis business and surrounding neighboring parcels. To determine this, type in your APN at:

https://gis.cosb.us/Html5Viewer_2_0/Index.html?configBase=https://gis.cosb.us/Geocortex/Essentials/REST/sites/SBC/viewers/Public/virtualdirectory/Resources/Config/Default#

click "APN Search" and then "Click here to zoom to parcel." At the bottom of the screen, click the "Worlds" box and when it expands, select "World Image" for the aerial view.

Site Map: Updated (recent) aerial photo of the proposed cannabis business 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.

16. Program Scope:

(A completed "Project Statement Template" may be submitted in lieu of responses to items a), b), d), e), f), h), l), n).

- a. **Please provide an overview of the proposed cannabis facility. If you intend to phase the development of structures and licensed cannabis businesses, describe the physical development and operational requirements of each phase to project completion.**

- b. **Describe the products and services that would be provided by the facility, including licensed cannabis products and, If applicable, non-cannabis products.**

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

Yes No

If yes, please also complete Phase 1, Form E

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 E

e. Describe the number and type of employees engaged in existing and proposed commercial operations (cannabis and non-cannabis) at the project location.

Distinguish between seasonal/part time and full-time employees. Describe the number of employees associated with proposed operations, including employees who would work in multiple licensed businesses.

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/distribution vehicles come to the facility?

- Yes No

If so, estimate the frequency and number of deliveries based upon proposed project buildout.

h. What are the proposed hours of operation? Note any differences, if applicable, for each licensed cannabis use.

i. How will wastewater be removed? This includes wastewater from cultivation or manufacturing processes but not human waste.

- Septic Municipal

Other (specify): _____

j. Land Clearing and Grading:

(Check the items below that apply to the proposed cannabis development project)

- Outdoor cultivation on slopes steeper than 20%
- Retained Cuts and/or fills exceeding 10 feet.
- Non-retained cuts and/or fills exceeding 5 feet.
- Grading on slopes greater than 20%, where slope gradient is measured as natural grade, or where the grade has been modified through an approved grading permit
- Removal of mature trees.

Describe any previous site alterations done to support existing cannabis cultivation operations (if applicable).

k. Are you aware of sensitive habitat or species of special concern on your property (e.g., vernal pools, California Red-Legged Frog, etc.)?

- Yes No

If yes, explain.

l. 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.

m. Will hazardous materials be used? Call Environmental Health at 831-636-4035 to determine.

- Yes No

If yes, please complete Hazardous Materials Business Plan from San Benito County Department of Environmental Health.

n. How will parking for the facility be accommodated? Please describe how you intend to comply with SBCC 25.07.010 *Parking Regulations*?

Best Management and Operational Practices (BMOP)

Describe how the project would meet the Siting Criteria (Section A) and Site Design requirements (Section B) of the BMOP. The BMOP may be viewed/downloaded from the RMA website: <https://www.cosb.us/departments/cannabis-regulatory-program>

(Attach additional sheets if needed).

Form A

Identifying Information (Required for ALL Applicants)

a. APPLICANT NAME (PRINT)	(Note: The applicant must be 1) an owner, director, or board member, listed below in section g., authorized to act on behalf of the business, 2) have authority to apply for commercial cannabis permits through lease or written agreement, or 3) provide notarized written consent of the property owner to apply for cannabis business license activity)
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Name:

b. AGENT NAME (PRINT) (See Note above for requirements)

Name:

c. MAILING ADDRESS (Street number and name, city, state, zip code)

Street:	City:
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State:	Zip:
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d. PHONE NUMBER(S)	
Primary:	Alternate:

e. E-MAIL(S)	
Primary:	Alternate:

f. TYPE OF OWNERSHIP (Check one)

- Sole Owner
 Partnership
 Limited Partnership (LP)
 Limited Liability Company (LLC)
 Corporation
 Other (Specify):

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.

g. LIST ALL OFFICERS, DIRECTORS, GENERAL PARTNERS (if LLP) AND MANAGERS (if LLC), AND THEIR TITLES (attach additional sheets if necessary)			
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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
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	%

TOTAL OF ALL PERCENTAGES:

a. Federal Tax Identification Number for this business	
Number: _____	None <input type="checkbox"/>
b. State Tax Identification Number	
Number: _____	None <input type="checkbox"/>
c. Board of Equalization Tax Identification Number for this business	
Number: _____	None <input type="checkbox"/>

Form B

Cannabis Cultivation License

1. Select the local permit type(s) for planned cultivation activity:

- Specialty Cottage Outdoor (Type 1C):** Outdoor cultivation site of up to 25 mature plants.
- Specialty Cottage Indoor (Type 1C):** Indoor cultivation up to 500 sq ft of canopy.
- Specialty Cottage Mixed-Light (Tier 1 and 2):** Mixed-light cultivation site with up to 2,500 sq ft of canopy. **Tier 1** includes up to 6 watts per sq ft of artificial light. **Tier 2** permits between 6 and 25 watts per sq ft of artificial light.
- Specialty Indoor (Type 1A):** Indoor cultivation of 501 to 5,000 sq ft of canopy.
- Specialty Mixed-Light (Tier 1 and 2) (Type 1B):** Mixed-light cultivation site between 2,501 and 5,000 sq ft of canopy. **Tier 1** includes up to 6 watts per sq ft of artificial light. **Tier 2** permits between 6 and 25 watts per sq ft of artificial light.
- Small Indoor (Type 2A):** Indoor cultivation site between 5,001 and 10,000 sq ft of total canopy.
- Small Mixed-Light (Type 2B):** Mixed-light cultivation site between 5,001 and 10,000 sq ft of total canopy.
- Medium Indoor (Type 3A):** Indoor cultivation site between 10,001 sq ft and 22,000 sq ft of total canopy.
- Medium Mixed-Light: (Tier 1 and 2) (Type 3B):** Mixed-light cultivation site between 10,001 sq ft and 22,000 sq ft of canopy. **Tier 1** includes up to 6 watts per sq ft of artificial light. **Tier 2** permits between 6 and 25 watts per sq ft of artificial light.
- Large Indoor (Type 5A):** Indoor cultivation site with more than 22,000 square feet in total canopy
- Large Mixed-Light (Type 5B):** Mixed-light cultivation site with more than 22,000 square feet of total canopy
- Nursery (Type 4):** Cultivation site that conducts only cultivation of clones, immature plants, seeds, and other agricultural products used specifically for the propagation of cannabis cultivation.
- Processor:** Cultivation site that conducts only trimming, drying, curing, grading, packaging, or labeling of raw or non-manufactured cannabis products.

2. Does the parcel for which a cultivation license is sought have a permitted residence onsite or under construction?

Yes No

If no, where will the required cultivation manager reside? _____

3. For outdoor cultivation sites, attach a written statement demonstrating that the applicant has, to the maximum extent feasible, given the topography of the site and taken neighboring sensitive uses into account in site selection. (SBCC 7.02.020).

4. Describe all aspects of cultivation activities, including planting, growing, developing, propagating, harvesting, drying, processing, curing, grading, trimming, packaging, and storage of cannabis plants. (If explanation exceeds space provided, please attach an additional document titled "Cultivation Activities")

a. Will you require any offsite processing of your cannabis (e.g., offsite drying, curing, trimming)? If so, where? Be advised that offsite cultivation activities related to your proposed cultivation license must be separately accounted for and licensed. Attach additional sheets if necessary.

b. How will cannabis be transported to and from the facility (will you seek your own distribution or have a 3rd party do this)?

g. If cultivation will be indoors, describe how you intend to comply with BMOP Section D no. 6, “Odor Abatement Plan”?

h. How do you intend to comply with the BMOP Section D no. 4 “Herbivory Prevention Plan” requirements?

- i. **How do you intend to comply with BMOP Section D no. 7 “Water Supply and Quality”? Discuss control measures to contain any, or all, of the following on site: i) irrigation run- off; ii) fertilizers; and iii) contaminates. Attach additional sheets and diagrams as needed.**

Form C

Cannabis Manufacture License

1. Select the local license type(s) for planned activity:

- Manufacturing License (Type 7):** Volatile solvent manufacturing.
- Manufacturing License (Type 6):** Non-volatile solvent manufacturing and/or mechanical extraction.
- Manufacturing License (Type N):** Infusion of products.
- Manufacturing License (Type P):** Packaging and labelling only.
- Manufacturing License (Type S):** Manufacturing in a shared use facility.

Note: if request is to combine multiple license categories into one operation describe below.

2. Does the proposed cannabis manufacture facility meet setback requirements (SBCC 19.43.070(A)(2)?

- Yes No

If no, what site specific or operational factors could justify an exception?

Form D
Cannabis Distribution License

1. Select the local license type(s) for planned activity:

- Distribution License (Type 11):** Transport of other licensees' cannabis product (can include licensee) to cultivation, manufacturing, distribution, or retail premises.

2. Is the distribution aspect of the business accessory to the primary use?

- Yes No

If yes, please select the primary use of the business.

- Cultivation Manufacturing Retail

3. Distribution License: Provide detailed description of cannabis distribution license sought and proposed operations.

4. Number of vehicles to be used from the site: _____

5. **Odor control systems are required for all indoor cannabis facilities (SBCC 19.43.080(S)). Describe how you intend to comply with BMOP Section D no. 6, “Odor Abatement Plan”?** *Attach diagrams and other supporting information as needed.*

6. **Does the proposed cannabis distribution facility meet setback requirements (SBCC 19.43.070)?**

If no, please explain why and how you intend to meet these requirements:

Form E

Retail Cannabis Business License

1. Select the local license type(s) for planned activity:

- Retail License (Type 10):** Storefront retailer.
- Microbusiness (retail) (Type 12):** Includes any of the three following: cultivation, manufacturing, distribution, and/or retail.
 - Cultivation of up to 10,00 sq ft of canopy, please fill out Form B.
 - Manufacturing with the use of non-volatile solvents and mechanical extraction or infusion, please fill out Form C.
 - Distribution or distribution transport-only, Please fill out Form D.
 - Retail storefront or non-storefront, please fill out Form E.

If you selected store front retailer, do you intend to have a delivery component?

- Yes No

2. Do you proposed to use an existing structure or construct a new facility?

- Existing New

3. Will the facility have a delivery component?

- Yes No

Form F

Microbusiness License

1. Select the local license type(s) for planned activity:

- Microbusiness License (non-retail) (Type 12):** includes any three of the following: cultivation, manufacturing, and/or distribution.
 - Cultivation of up to 10,00 sq ft of canopy, please fill out Form B.
 - Manufacturing with the use of non-volatile solvents and mechanical extraction or infusion, please fill out Form C.
 - Distribution or distribution transport-only, Please fill out Form D.

Form G

Laboratory Testing License

1. Select the local license type(s) for planned activity:

- Laboratory license (Type 8):** Laboratories that test cannabis goods prior to sale at a retailer.

2. What products will be tested?

- Medical cannabis
- Recreational cannabis
- Hemp/cannabidiol (CBD)
- Non-cannabis products, if yes what is the percentage of operations _____%
- Non-product testing (e.g., environmental soil testing)

3. If the applicant has any operations that are not cannabis product testing, please describe the product and the methods that will be used to separate cannabis product testing from non-cannabis products.

4. Will the nature of the business be advertised on the outside of the building?

- Yes No

5. Does the applicant occupy the entire building?

- Yes No

If no, are there connecting doors to adjacent units?

- Yes No

If yes, how are the connecting doors secured?

6. Is your laboratory ISO/IEC 17025 accredited? If not, how do you intend to obtain ISO/IEC accreditation?

7. Does the applicant intend to conduct tests for any of the following? (check all that apply)

Note, items italicized are required testing by the California Department of Cannabis Control.

- Residual pesticides
- Bacteria
- Mold/fungus
- Mycotoxins*
- Heavy metals*
- Residual solvents and processing chemicals*
- Cannabinoid profiles (e.g., THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)*
- Potency per serving
- THC percentage
- Terpene Profiles*
- Moisture content and water activity*
- Foreign materials*
- Microbial impurities*

Other: _____

8. Does the applicant have standard operating procedures in place for:

- Sampling
- Laboratory process

If yes, please attach SOP's as supplemental documentation to this application.

9. Does the applicant have a sample field log?

- Yes No

If yes, please attach as supplemental documentation to this application

10. Does the applicant have a chain of custody protocol?

- Yes No

If yes, please attach as supplemental documentation to this application.

**11. Do the applicant's testing methods include any of the following guidelines?
(check all that apply)**

- FDA Bacterial Analytical Manual
- AOAC International official methods of Analysis for Contaminant Testing of AOAC International
- US Pharmacopoeia and the National Formulary's Methods of Analysis for Contaminant testing
- FDA Guidelines for the Validation of Methods for the Detection of Microbial Pathogen in Foods and Feeds
- FDA Guidelines for the Validation of Chemical Methods for the FDA FVM Program
- Cannabis Inflorescence: Standards of Identify, Analysis, and Quality Control Monograph* published by the American Herbal Pharmacopoeia.
- Laboratory operations form the American Herbal Product Association

- AOAC International's *Official Methods of Analysis for Contaminant Testing of AOAC international*
- OECD Principles of Good Laboratory Practice and Compliance Monitoring published by the Organization for Economic Co-operation and Development
- Other- please explain: _____

12. Does the applicant have a Laboratory Quality Assurance Program?

- Yes No

13. Does the applicant have a protocol for cannabis goods that fail testing?

- Yes No

If yes, please attach as supplemental documentation

14. Who will perform service/maintenance of equipment and what is the protocol for service/maintenance of equipment?

15. Does the applicant have a written employee training program?

- Yes No

If yes, please attach as supplemental documentation

29. Odor control systems are required for all indoor cannabis facilities (SBCC 19.43.080(S). Describe how you intend to comply with BMOP Section D no. 6, “Odor Abatement Plan”?

Attach diagrams and other supporting information as needed.

30. Does the proposed cannabis laboratory testing facility meet setback requirements (SBCC 19.43.070)?

If no, please explain why and how you intend to meet these requirements:

Form H

Property Owner Consent From

If applicant(s) is other than the property owner(s), the owner must provide a signed statement consenting to filing pursuant to San Benito County Ordinances. Original Signatures Only.

I/We, as the owner(s) of the subject property, consent to the filing of this application and use of the property for the purposes describes herein. We further consent and hereby authorize County representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed.

Property Owner Signature: _____

Property Owner Name (Print): _____

Date: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Benito

On _____, before me, _____, the undersigned, a Notary Public in and for
(Date) (Name of Notary)

the State of California, personally appeared _____
(Name of Individual Signing Release)

Who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to be within instrument and acknowledge to me that (s)he executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

I certify under Penalty of Perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Notary Public in and for the State of California) Seal:

Affidavit

I hereby consent to and make application for the above referenced land use action(s) and certify that the information and exhibits submitted herewith are true and correct to the best of my knowledge. I further acknowledge that the burden to justify approval of this request is mine alone, and that neither the County staff nor the County officials are under any obligation to support or approve the requests contained herein. Additionally, I consent to a site visit by County staff for the purpose of reviewing my application.

Owner Signature

Date

Applicant/Agent Signature

Date

Supplemental Application Requirements

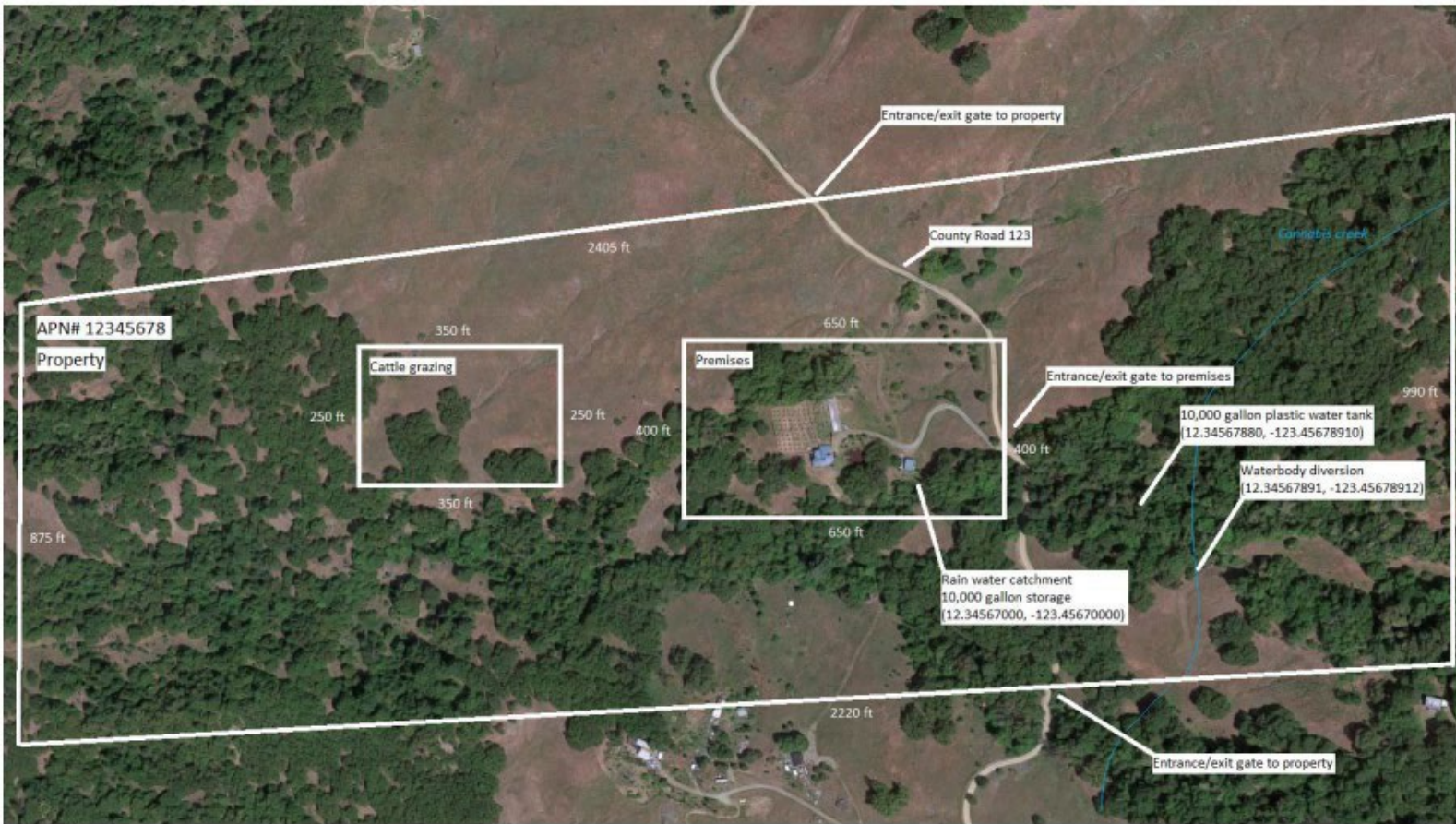
(Attach if applicable. If applicable, will be required at use permit stage)

- If already completed, 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.
- If already completed, copy of State Water Resources Control Board General Permit, and associated Regional Water Quality Control Board approvals.
- Streambed Alteration Permit obtained from the Department of Fish and Wildlife.
- Copy of County of San Benito well permit, if applicable.
- Hazardous Materials Business Plan: <https://hhsa.cosb.us/environmental-health/>
- If applying as a non-profit or partnership, a copy of the articles of incorporation or statement listing members of the partnership.
- Road Agreement

Pre-Application Materials

Item 15 example Vicinity Map

These images are meant for illustrative purposes and are not intended to be all-inclusive of requirements you must fulfill to complete your unique site plans. Follow instructions in Pre-Application Questionnaire and use these as a reference.



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

Pre-Application Materials

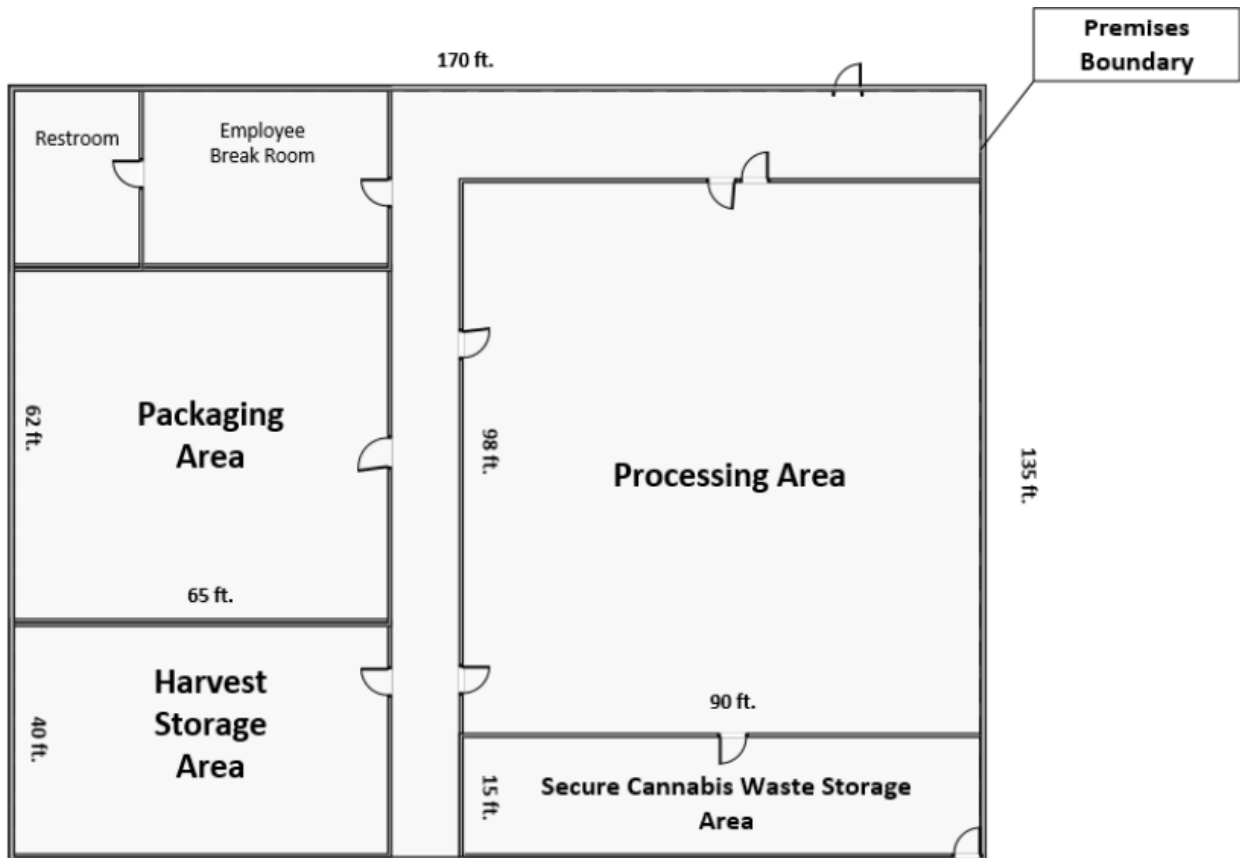
Item 15 example Site Map



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

Pre-Application Materials

Item 12 example Interior Facility Plan



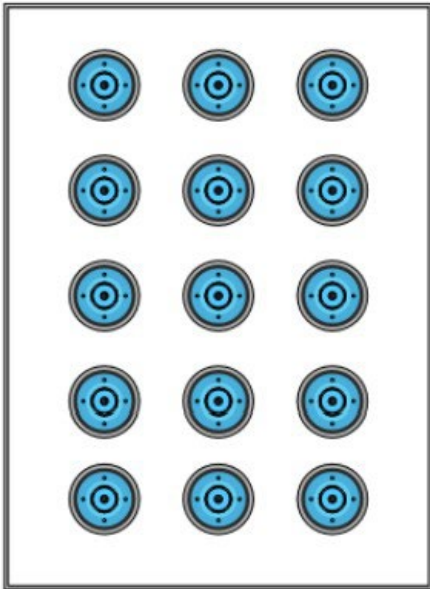
Sample diagram of cannabis harvest, processing, and storage rooms.

Pre-Application Materials

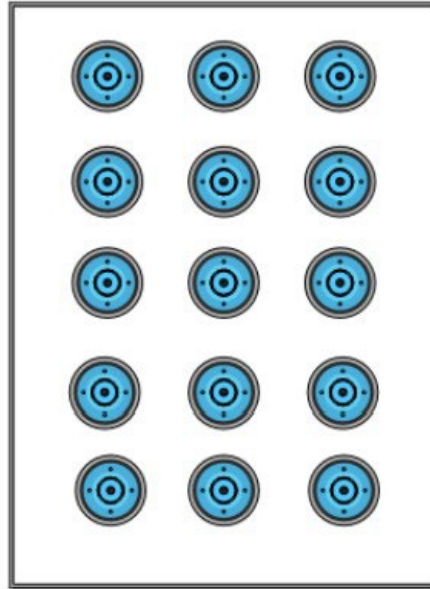
Item 13 example Lighting Diagram

Lighting Diagram

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




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



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**

Maximum Wattage of Each Light

 = 1200 maximum watt light

Sample diagram of cannabis lighting plan

Useful Resources

As you plan your project, you are highly encouraged to consult the San Benito County Resource Management Agency resource materials that may apply to your property or land use proposal. Below are links to potentially helpful Agency Handouts and Forms with some links that may prove useful.

- **San Benito County RMA Handouts and Forms:**
<https://www.cosb.us/departments/cannabis-regulatory-program>
- **ADA Requirements and your Small Business:**
Making your business accessible is not a onetime endeavor, it is an ongoing responsibility. Various state and federal disability access laws apply to small businesses in California.
- **Determining Parcel Buildability:**
To determine if a parcel is potentially buildable, it is the responsibility of the property owner or applicant to provide the county with evidence including the details in this link:
<https://www.cosb.us/departments/cannabis-regulatory-program/application-forms>
- **Hazardous Materials Permitting Information:**
State and local regulation require all businesses that store or handle specified quantities of hazardous materials to provide the Environmental Health Division with a Hazardous Materials Business Plan (HMBP) and obtain a Hazardous Materials Permit