



TRINITY COUNTY
PLANNING – CANNABIS
 530 MAIN ST., PO BOX 2819
 PHONE – 530-623-1351
 WEAVERVILLE, CALIFORNIA 96093

PROJECT - _____

Trinity County Cannabis Division Property Owner Permission Form and Affidavit

PARCEL INFORMATION

Parcel Number(s)
Premise Address(es)

LIST OF PROPERTY OWNERS (ATTACH ADDITIONAL PAGES IF NEEDED)

Name	Email	Ownership %	Title	
Mailing Address		City	State	Zip Code
Name	Email	Ownership %	Title	
Mailing Address		City	State	Zip Code
Name	Email	Ownership %	Title	
Mailing Address		City	State	Zip Code

I hereby certify that I am the landowner or the landowner’s agent of the real property referenced above, where the premises is located, and authorized to complete this form. The above-mentioned applicant has the legal right to occupy the property and may conduct cannabis cultivation activity upon the property.

 Signature (Required)

 Date



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PRIMARY CONTACT INFORMATION (APPLICANT)

Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St, City, State, Zip code)		
Legal Name	Phone Number	Email
Mailing Address (P.O. Box or St, City, State, Zip code)		

ACKNOWLEDGMENT

I, as the Property Owner(s) notated on this form give permission to the Applicant(s), in accordance with Trinity County's Cannabis Cultivation Ordinances.

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 _____ }

County of _____ }

On _____ before me, _____
Insert Name and Title of the Officer

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) who name (s) is/are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity(ies), and that by his/her/their signatures (s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____
that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Signature _____ (Seal)