Requirements for Complete Commercial Cannabis Variance and/or Conditional Use Permit Application:

The following items are REQUIRED for a complete application:

- COMPLETED AND SIGNED APPLICATION FORM

- 8 ½” x 11” SITE PLAN drawn to scale showing proposed and existing development, particularly the location of buildings, driveways, wells, etc. and their distance from property lines. Indicate other information pertinent to the project (see example site plan). For commercial or multiple family residential development provide parking area layout (existing & proposed stalls), site landscape plan, and site drainage plan.

- PROPERTY OWNERSHIP/LOCATION MAP with the subject property and all properties within a radius of 300 feet of the subject property clearly identified.

- PROPERTY OWNERSHIP LIST providing the names and addresses of all property owners identified on the Property Ownership Map. A label sheet is included on which to type or print the ownership list – please center and type well within the labels. (see example)

- STAMPED REGULAR NO. 10 SIZE ENVELOPES addressed to the individuals identified on the Property Ownership List.

- THREE STAMPED REGULAR NO. 10 SIZE ENVELOPES addressed to project applicant/agent for which notices, staff reports, or other correspondence is to be sent.

- SIGNED AND DATED PLANNING DEPARTMENT AUTHORIZATION FORM.

- AGENT’S AUTHORIZATION FORM is required if the applicant authorizes someone else to act on their behalf or is not the current owner of the subject site.

- ENVIRONMENTAL ASSESSMENT FORM must be completed and submitted with each application.

- ADDITIONAL INFORMATION may be required for special Use Permit requests, contact the Planning Department for details. CUP Applicants ONLY: Supplemental Environmental Assessment Form Required CUP AND Variance Applicants: Maintaining Existing Site Conditions Acknowledgment Form Required

APPLICATION AND ENVIRONMENTAL REVIEW FEES are required at the time the application is submitted to the Planning Department. Projects which necessitate extraordinary work may incur additional costs.

Until final approval of this application by the County of Trinity, no work such as grading, site development, infrastructure placement, tree removal, construction, trenching, operations or activities requested in this application will be allowed. The project site is to remain unaltered prior to project approval.
TRINITY COUNTY
PLANNING DEPARTMENT
61 AIRPORT ROAD
P.O. BOX 2819
WEAVERVILLE, CA 96093
(530) 623-1351  FAX (530) 623-1353

Application Number:

Application Form For:
COMMERCIAL CANNABIS
USE PERMIT and/or VARIANCE

☐ Conditional Use Permit  ☐ Variance

APPLICANT

Email: ___________________________  Day Phone: ___________________________

Name: ___________________________
Address: _________________________
City: _____________________________  State: ____________  Zip: ____________

PROPERTY OWNER  □ Check if same as Applicant  (If more than one property owner is involved, attach list.)

Name: ___________________________
Address: _________________________
City: _____________________________  State: ____________  Zip: ____________

REQUEST / INFORMATION

Property Location /Address: ________________________________________________

Assessor’s Parcel Number: _____________________________  Present Zoning: ____________

Present General Plan: _____________________________  Proposed Zoning if Rezone is required: _____________________________

Conditional Use Permit Indicate Proposed Use:

________________________________________________________

Project Information / Development Plans:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

FOR OFFICE USE ONLY

Application Received by: _____________________________  Date: _____________________________

First Hearing: _____________________________  Application Fee: _____________________________

Receipt No.: _____________________________

I hereby certify that I am the owner of record of the property described above or have authorization to act in behalf of the owner of the owner (note attached), and that this application and all other documents submitted are true and correct to the best of my knowledge and belief.

Applicant’s Signature: _____________________________  Date: _____________________________
Example

SCALE
x inches = x feet

x feet from neighbor
**Sample Property Ownership Map**

**Property Ownership List**

1. APN: 000-00-000  
   Jean M. Doe  
   P.O. Box 123  
   Weaverville, Ca.  
   96093

2. APN: 023-33-12  
   Jay D. Serd  
   P.O. Box 456  
   Hayfork, Ca. 96041

3. APN: 26-09-09  
   Henry Q. Smith  
   P.O. Box 789  
   Lewiston, Ca. 96052

4. APN: 12-34-567  
   Paula L. Andres  
   1600 Stoddard Ave.  
   Sacramento, Ca.  
   95801

5. APN: 10-110-30  
   Any Name  
   222 Front Street  
   Real Town, Ca.  
   92817

6. APN: 15-23-37  
   Same Somebody  
   85 Fifth Avenue  
   New York, NY  
   72812

And so forth.

**NOTE:**

The property ownership list must be clearly printed or typed on the mailing label. If you need additional labels, they may be obtained at the planning department.
Authorization to Enter Private Property

The Trinity County Planning Department as the lead agency performs the environmental evaluation for the California Environmental Quality Act (CEQA). Other State and local agencies also provide responsible and trustee roles under CEQA. The comments received from these agencies assist the Planning Department in preparing the environmental document for your project. In order for the Department to perform the evaluation on your proposed project we will need your permission to allow entry to your property for Planning and any reviewing agency that may need to actually view the property before providing comments.

By signing this authorization to enter your property you are granting the reviewing agencies access to your property for the purpose of evaluating your proposed project. The authorization is valid from the date the Department receives notice of your proposed project and any monitoring periods thereafter.

Print Name

Signature

Date
**PLANNING LAND USE ENTITLEMENT(S)**

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<th>Project No.:</th>
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<th>Applicant:</th>
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<th>Applicant’s Signature</th>
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**(Sign and Date Only)**

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<th>Requested Entitlement(s):</th>
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**Reviewed By:**

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<th>Action Taken:</th>
<th>Date:</th>
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- Board of Supervisors
- Planning Commission
- Subdivision Review Committee
- Planning Director
- Architecture Review Committee

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<th>Entitlement(s) Granted &amp; Conditions:</th>
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<tr>
<th>Effective Date:</th>
<th>LESLIE J. HUBBARD, Deputy Director of Planning</th>
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**Notes:**
1. Approval does not constitute a Building Permit. The Building Department may not issue a permit until the effective date.
2. A use for which a permit is granted must be established within two years after such permit is issued. If such use is not so established, the use permit shall be deemed to have expired and shall be null and void.
ACKNOWLEDGMENT OF MAINTAINING EXISTING SITE CONDITIONS

Application: ________________________ APN: _____________________________

As the Property Owner, I hereby acknowledge that until final approval of the above application by the County of Trinity, no work such as grading, site development, infrastructure placement, tree removal, construction, trenching, operations or activities requested in this application will be allowed.

I understand that if the project site is altered prior to project approval, the review of the project by the County will be more difficult and potentially expensive and that additional mitigation measures and/or conditions of approval may be imposed. Further, unauthorized work may cause enforcement by other agencies and/or the denial of the application.

I have also instructed my agent and/or the project applicant of the importance of maintaining existing site conditions.

Exception to the above may be approved by the Planning Department upon a written request.

Signed: _____________________________ Date: _____________________________
Agent's Authorization Form  
(Required only if Applicant is other than the property owner)  

I, the undersigned, state that I am (one of) the owner(s) of the property for the proposed __________________________________________________________ (type of proposal)  
on APN __________________. I do hereby authorize and empower ___________________________ to act on my behalf on all matters relating to said project in connection with its filing, processing, approval, conditional approval or disapproval by Trinity County, its boards and commissions, officers, employees and agents. Should I revoke this authorization it is my responsibility to serve written notice of said revocation to the County of Trinity by delivery to the Secretary to the Planning Commission.  

1.  
   **Signature**  
   Owner (print name)  
   Address  
   Phone  
   Date  

2.  
   **Signature**  
   Owner (print name)  
   Address  
   Phone  
   Date  

3.  
   **Signature**  
   Owner (print name)  
   Address  
   Phone  
   Date
ENVIROMENTAL QUESTIONNAIRE

This questionnaire is part of an Initial Study that will assist in determining the potential environmental impacts of your proposed project. Additional information may be required to complete an Initial Study.

*** For Office Use Only ***

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<tr>
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<tr>
<td>Proposed Project:</td>
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<td>General Plan Designation:</td>
<td>Zoning:</td>
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<td>Planning Commission Date (anticipated):</td>
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<td>Subdivision Review Committee Date (anticipated):</td>
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<td>Board of Supervisors Date (anticipated):</td>
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PLEASE PRINT OR TYPE
(Use addition sheets if necessary)

| Proposed Project: | |
| Location: | |
| Access Road: | |
| Assessor's Parcel No.: | Project Acreage: |
| Owner: | Telephone: |
| Mailing Address: | |
| Applicant/Agent: | Telephone: |
| Mailing Address: | |
Environmental Checklist

Please describe the existing conditions of the project location (extent of structures and type of use):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

AESTHETICS

1. Is your project located in or near:
   - Historic District
   - State Scenic Highway
   - Scenic, Wild or Recreational River
   □ Yes □ No □ Yes □ No □ Yes □ No

2. Type of exterior lighting proposed:
   ______________________________________________________________________

3. Will the project obstruct scenic views from existing residential areas, public lands, public bodies of water or roads? □ Yes □ No
   Explain: ______________________________________________________________________

AGRICULTURAL & TIMBER RESOURCES

1. Is your project currently in a Williamson Act Contract, Timberland Preserve Contract, Prime Farm Land, Unique Farm Land or Farm Land of Statewide importance? □ Yes □ No
   Explain: ______________________________________________________________________

2. Will your project convert agricultural land to a non-agricultural use? □ Yes □ No

3. Will your project convert timberland to a non-timberland use? □ Yes □ No

AIR QUALITY

1. Would any noticeable amounts of air pollution, such as smoke, dust or odors be produced by this project? □ Yes □ No If yes, explain: ______________________________________________________________________

2. Is your project subject to a North Coast Unified Air Quality Management permit? □ Yes □ No

3. Will project development require clearing and disposal of vegetation? □ Yes □ No
Environmental Checklist

4. Will your project involve the operation of industrial equipment? □ Yes □ No
   (rock crushers, smoke stacks, milling equipment, etc.)
   If yes, explain: ____________________________________________

BIOLOGICAL RESOURCES

1. What is the predominant vegetative cover on the site? (trees, brush, grass, etc.) Estimate % of each:
   __________________________________________________________

2. How many trees of 6 inch diameter or larger will be removed when this project is implemented:
   __________________________________________________________

3. Has a Timber Harvest Plan been filed in conjunction with the project? □ Yes □ No
   (If yes, indicate plan number) __________________________________

4. Are there any known candidate, sensitive, or special status species located on or near the project site? □ Yes □ No
   (Local, State or Federal) ______________________________________

5. Will the project affect any wetland, riparian habitat or other sensitive natural community through removal, filling, hydrological interruption or other means? □ Yes □ No
   Please explain: ____________________________________________

6. Is your project located within a Deer Winter Range area? □ Yes □ No

7. Has a biological assessment been performed on the property? □ Yes □ No
   If yes please attach a copy.

CULTURAL RESOURCES

1. Are there any known: Archeological Sites □ Yes □ No
   Indian Sites □ Yes □ No
   Historical Sites □ Yes □ No
   Burial Sites □ Yes □ No

   If yes, please indicate on the site map.
GEOLOGY AND SOILS

1. Slope of property: _____ 0 to 10% _____ 10 to 15% _____ 15 to 30% _____ Over 30%
(Please indicate amount of property in each category)

2. Are there any soil settlement, rock falls or landslides on or adjacent to the property? □ Yes □ No
If yes, please indicate on site map.

3. Describe changes in grade or contours resulting from project development: ________________________________

4. Please estimate the amount of soil disturbance that will occur during the project. ________________
(Building site, grading, road development, etc.)

5. Is there any existing sewage disposal system?  □ Yes  □ No

If Septic:

Tank Size: ______ Leach Field Length: ______ Permit or Installation date: ________________

What does the system consist of: ________________________________

What structures if any are currently connected: ____________________________

If house, how many bedrooms? ________________

Original System Owner: ________________________________

If Sewer:

System Name: ________________________________

5. If a new septic system is proposed, please indicate the following:

Tank Size: ______ Leach Field Length: ______ If house, number of rooms: ______

HYDROLOGY AND WATER SUPPLY

1. Are there any streams, lakes, ponds, wetlands, vernal pools, wet meadows, or perennially wet areas
located on or near the project site?
□ Yes □ No  If yes, please indicate on the site map. Water body name? ________________

2. What is the distance from the proposed sewage disposal area to the nearest body of water, river,
stream, or drainage: ________________
3. Is the project located within the floodplain of any stream or river? □ Yes □ No
   Please indicate any portion of the project that is located within the floodplain on the site map.

4. Will the project result in the direct or indirect discharge of silt or any other particles in noticeable amounts into any lakes, rivers or streams? □ Yes □ No
   If yes, in what way?

5. Will the project result in the physical alteration of a natural body of water or drainage way? □ Yes □ No
   If yes, in what way?

6. What is the proposed water source:
   □ Spring □ Deep Well □ Stream/River □ Community System
   Name of Stream/River or Community Water System:

HAZARDS OR HAZARDOUS MATERIAL

1. Will the project involve the application, use or disposal of potentially hazardous materials, including pesticides, herbicides, other toxic substances or radioactive material? □ Yes □ No
   If yes, please explain:

2. Is the project located on a site which is included on a list of hazardous material sites? □ Yes □ No

3. Is the project located within 2 miles of an existing airport? □ Yes □ No

4. Is the project located within 2 miles of a school? □ Yes □ No

5. Could the project create new or aggravate existing health problems (including, but not limited to flies, mosquitoes, rodents and other disease vectors)? □ Yes □ No
   If yes, please explain:

MINERAL RESOURCES

1. Will the proposed project result in the removal of a natural resource for commercial purposes (including rock, sand, gravel, trees, minerals or top soil)? □ Yes □ No
   If yes, please explain:
Environmental Checklist

COMMERCIAL, INDUSTRIAL, INSTITUTIONAL ONLY
(Including land divisions for such uses)

1. Type of use: ____________________________________________

2. Hours of Operation: ______________________________________

3. Total Number of Anticipated Employees: ____________________

4. Number of Employees per Shift: ____________________________

5. Gross Square Footage: ____________________________________

6. Proposed Construction Starting Date: ________________________

7. Number of Parking Spaces provided: _________________________

NOISE

1. What types of noise would be created by the establishment of this land use, both during and after construction? ____________________________________________

POPULATION AND HOUSING

Residential

1. Total lots to be created: ________  Total Dwelling Units to be created: ________

2. What school district will the project be located in? ________________

3. Please indicate:
   
   Approximate unit/house size? ____________________________ Sq. Ft.
   
   Approximate sale price or rent? ___________________________
   
   Type of household size expected? _________________________

UTILITIES

1. What communication system supports the project area? ________________
   (Verizon, Pac Bell, etc.)

2. Is the project area be served by Cable? ☐ Yes ☐ No  System: _______________

Page 5 of 7
Environmental Checklist

3. Is there power available at the project site?  □ Yes  □ No
   If so, what company? ____________________________________________

4. Will the project require the extension of existing utility lines or systems?  □ Yes  □ No
   If yes, please identify system and give distance: ___________________________

FIRE PROTECTION

1. In what fire district is the project located? ___________________________

2. How far is the nearest emergency source of water for fire protection and what is it? (pond, hydrant, etc.)
   ________________________________________________________________

3. What is the distance to the nearest fire station?
   Seasonal: __________________ Year Round: _______________________

4. Will the project create any dead-end roads greater than 600 feet in length?  □ Yes  □ No
   (If yes, please indicate on site plan.)

5. What is the proposed grade and width of access roads? _____________________________

TRANSPORTATION

1. Will the project use existing roads?  □ Yes  □ No
   If yes, please indicate the primary access road: _______________________
   Please list all roads that may be affected by your project: __________________________

2. If your project encroaches onto a state highway, please indicate highway, post mile, and nearest cross street: ________________________________

3. If the project encroaches onto a public road, do you have an encroachment permit?  □ Yes  □ No
   If yes, please attach a copy.

4. Please indicate amount and type of traffic, which will be created by the project: ______________

5. If commercial or industrial, please indicate expected vehicle size ________ axles.
6. Please indicate daily trip generation rate: ________________

7. Will the project increase hazards due to a design feature (e.g. sharp curves or dangerous intersections) or incompatible uses (e.g. farm equipment)? □ Yes □ No
   If yes, please explain: ___________________________________________

GROWTH INDUCING IMPACTS

1. Will the project result in the introduction of activities not currently found within the community? □ Yes □ No
   If yes, please explain: ___________________________________________

2. Could the project serve to encourage development of presently undeveloped areas, or increases in development intensity of already developed areas (examples include the introduction of new or expanded public utilities, new industry, commercial facilities or recreation activities? □ Yes □ No If yes, explain: ___________________________________________

PROPOSED PROJECT SCHEDULING

1. Please indicate proposed project schedule (proposed construction start date, etc.) ________________

2. If the project is subject to any grant deadlines please indicate:
   Grant Source: ________________
   Contact Person: ________________
   Grant Deadline(s): ________________

3. If the project has federal grant funding, which agency will be responsible for N.E.P.A. processes?
   Contact Person: ________________
Site Set Backs

☐ Proximity to: (feet from cultivation and/or processing area):
  - School _____ Feet
  - School Bus Stop _____ Feet
  - Church _____ Feet
  - Public Park _____ Feet
  - Tribal Cultural Resource _____ Feet
  - Public Lands _____ Feet

☐ Proximity to existing residences:
  - Distance? ________ Feet

☐ Proximity to property line:
  - Distance? _______________ Feet

Cannabis Cultivation Operations Plan

☐ Description of water source, storage, irrigation plan, and projected water usage. Water is locally sourced from:
  - ___Well; Date well was installed: ______ : DEH Permit No. ______
  - ___Proposed Well; Application No. ______
  - ___ Onsite pond ___ Existing ___ New; How is pond filled? ______________________
  - ___Surface water diversion Date installed: ______ Evidence of installation date: ______
  - CDFW 1600 Agreement? _____Yes _____No ______
  - Water storage is: _____tank _____pond _____combination
  - Capacity of water storage: ___ gallons
  - Monthly water usage calculated? _____Yes _____No
  - Water usage per year: ________ year (in gallons)
  - Forbearance period water storage needs: ________gallons (if hydrologically connected)

☐ Description of site drainage, including runoff and erosion control measures.
  - Identify Appropriate North Coast Regional Water Quality Control Board (NCRWQCB) Order:
    - Enrolled in Tier __1, __ 2, __ 2* or __ 3
  - For existing cultivation provide copy of Water Resource Protection Plan (WRPP).
  - NCWQCB Order does not apply if cultivation area is 2,000 sq. ft. or less.
  - Provide compliance sheet for locally enforced Tier 1 standards.

☐ Detail of measures taken to ensure protection of watershed and nearby habitat.

☐ Describe protocols for proper storage and use of fertilizers, pesticides, and other regulated products.
☐ Identify energy sources for cultivation and processing activities:
  ___Generator ___Micro hydropower ___PGE ___Solar

☐ Mixed light cultivation information:
  - Number of cultivation cycles proposed: ________________________________
  - Measures to comply with International Dark Sky Association standards________________

☐ Schedule of activities during each month of the growing and harvesting season, including projected generator use?

☐ Cannabis Waste Management Plan. Safe recycling on-site or off-site disposal plan? Describe ________________________________

☐ Security Plan: check all that apply:
  ___ Caretaker ___ Fencing ___ Gated access ___ Video monitoring ___Off-site notification
  ___ Other (specify)_________________

**Indoor Cultivation Facilities, including Commercial Nurseries**

☐ Identify source of electrical power.
  _____Grid _____ Solar _____Combination  (Generator power may not be used)

☐ Irrigation runoff? ___Yes ___No  Amount: _______ gallons per _______(Year/Month/Day).
  - Disposal method (e.g., capture, isolate, reuse, release to SDS, dispose off-site)?
    _______________________                     ____________________________________________

**Permanent and/or Temporary Seasonal Worker Housing**

☐ On-site processing? ___Yes ___No

☐ On-site parking provided? ___Yes ___No

☐ Permanent on-site sanitation facilities provided? ___Yes ___No  Proposed? ___Yes ___No
  If yes, describe:___________________________________________________________________

☐ Temporary on-site sanitation facilities provided? ___Yes ___No
  If yes, describe:
  - Waste Hauler: ________________________________________________________________
  - Type: _____________________________________________________________________
  - Quantity: _________________________________________________________________
TRINITY COUNTY PLANNING DEPARTMENT
Supplemental Environmental Assessment Form
Cannabis Land Use Applications
Revised 5/31/2018

☐ Number of seasonal workers and/or non-residents participating in commercial cannabis production at peak period (if applicable): _____ Seasonal _____ Permanent

For temporary seasonal workers: How Long? _____ Weeks _____ Months

Time of year (from/to): _____________________________________________________________

How will workers get to the property? Drive to site ___ Bus to site ___ Other ___________________

☐ Seasonal worker housing provided on-site? _____ Yes ___ No

If yes, describe:
- Permanent group quarters: _________________________________________________________
  o Number of beds provided: ______________________________________________________
- Individual dwellings: _____________________________________________________________
  o Number of beds provided: ______________________________________________________
- Temporary dwellings: _____________________________________________________________
  o Type: _____________________________________________________________
  o Quantity: _____________________________________________________________

Other Permits, Licenses, and Documents (attach if applicable)

☐ 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? _____ Yes _____ No _____ N/A

☐ Copy of Biological Resources Assessment? _____ Yes _____ No _____ Date:______

☐ Copy of Cultural/Tribal Resources Assessment? _____ Yes _____ No _____ Date:______

☐ Copy of Notice of Intent and Monitoring Self-Certification and other documents filed with the North Coast Regional Water Quality Board? _____ Yes _____ No _____ N/A
  - Enrollment number: ___________ (Enrollment must be in place prior to initiation of cultivation activities for new operations)

☐ CDFW General Agreement for activities related to Cannabis Cultivation: _____ Yes _____ No _____ Date

☐ RWQCB 401 Water Quality Certification: _____ Yes _____ No _____ Date

☐ SWRCB Enrollment: _____ Yes _____ No _____ Date

☐ NCRWQCB Enrollment: _____ Yes _____ No _____ Date

☐ ACOE 404 Permit: _____ Yes _____ No _____ Date
☐ Other Consultation:
  - Section 7 Consultation: ____Yes ____No
  - Section 106 Consultation: ____Yes ____No

☐ Copy of Streambed Alteration Permit obtained from the Department of Fish and Wildlife? ____Yes ____No ____N/A.

☐ Copy of Trinity County well permit? ____Yes ____No ____N/A ____Proposed

☐ Does cultivation area involve conversion of timberland? ____Yes ____No ____N/A. If so, provide one of the following:
  - Copy of less-than-3-acre conversion exemption or timberland conversion permit, approved by CAL-FIRE?; or
  - Alternately for existing operations occupying sites created through prior unauthorized conversion of timberland, evidence provided showing the landowner has completed a civil or criminal process and/or entered into a negotiated settlement with CAL-FIRE?; or
  - Provide an evaluation of non-permitted conversion exemption (prepared by a Registered Professional Forester). Provide CAL-FIRE approval non-permitted conversion exemption for the subject parcel.