



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

CCL _____ APPLICATION COMPLETENESS REVIEW

Staff Reviewer:	Date:
APN:	License Type:
Applicant Name:	Business Name:
Email:	Phone Number:
Authorized Agent:	
Zoning District (on Parcel Viewer): Restricted Zones: TPZ (w/ exceptions), R1, R2 and R3, OS	
General Plan Designation:	
In Cannabis Exclusionary Zone: <input type="checkbox"/> NO or <input type="checkbox"/> YES:	

X = Deficiency	✓ = Complete	N/A = Not Applicable
		Application & Fees Up to Date
		Up-to-Date Site Plan
		Agent's Authorization Form (if applicable)
		Acknowledgement Form
		Indemnification Form
		Authorization to Enter Private Property Form
		Material Use Acknowledgment Form
		Maintaining Existing Site Conditions Form
		Copy of Applicant(s) Photo IDs
		Copy of Property Owner(s) Photo IDs
		Copy of Property Deed(s) & Verify Property Ownership on ParcelQuest
		If applicant is different than the owner of the parcel: A notarized Lease Agreement that specifically allows for cultivation <u>or</u> a notarized Owner's Permission Form is required.
		For Trusts: Attach list of Trustees that are authorized to execute improvements on property.
		Proof of a finalized dwelling permit by the Building Department or Assessor's Office information that shows a grandfathered dwelling (built prior to 1972). OR Proof of issued building permit to construct a residence with an issued Director's Use Permit to occupy an RV during construction: Building Permit No.: _____ AND Director's Use Permit No.: _____
		Past Non-Compliance Resolved (inspection/comm. record)
		All Associated Permits Are Valid
		Proof of legal sewage disposal system (municipal acct info/receipt or valid permit by the Environmental Health Division) Permit No.: _____
		Proof of legal water source (municipal account info/receipt, well report, well test, riparian claim, and/or rain catchment) Permit No.: _____
		If the proposed premises is located within a 350-foot radius of a permitted or grandfathered dwelling: <input type="checkbox"/> Initial Variance or <input type="checkbox"/> Annual Renewal Variance (Director's Use Permit)



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Sean Connell, Cannabis Division Director

	Verify California State Water Resources Control Board (SWRCB) Notice of Applicability (NOA) https://ciwqs.waterboards.ca.gov/ciwqs/
	Verify California Department of Tax and Fee Administration (CDTFA) Seller's Permit https://onlineservices.cdtfa.ca.gov/
	Verify Secretary of State Statement of Information (SOI) Form (for entities formed as corporations, including as an LLC) https://businesssearch.sos.ca.gov/
	Verify California Department of Fish and Wildlife (CDFW) Lake or Streambed Alteration Agreement (LSAA) Signed by the Applicant or Refund Letter (Draft or Final Agreement Will Be Required Prior to License Issuance)
	Submitted Appendix C or Tentative Date Applicant Anticipates Submitting an Appendix C:

The Applicant and Authorized Agent are notified of deficiencies via email.

NOTES:

Incomplete as of:	Complete as of:
Staff Initials:	Staff Initials: