



COUNTY OF MENDOCINO
DEPARTMENT OF PLANNING AND BUILDING SERVICES
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For Office Use Only

Accepted By: _____
Date: _____

INDOOR CULTIVATION QUESTIONNAIRE

(Rev. 12/18/2020)

Applicant Name (must match existing application):	
Cultivation Site Address:	Street: _____ City: _____ State: <u>CA</u> Zip: _____
Parcel Number(s):	

QUESTIONNAIRE

1. What is your source of power?

Source of Power:	
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2. What is your source of water?

Source of Water:	
If Municipal Water Agency, do you have a Will Serve Letter? *Please attach if applicable.	

3. How will you handle waste discharge at your proposed indoor cultivation facility?

<u>Water Waste Discharge</u> Will you be installing plumbing or a drainage system to collect water waste discharge? Do you have the necessary building permits?	
<u>Water Waste Discharge</u> If you do not plan on installing a drainage system, what system do you have to collect water waste discharge and does it connect to a sewer or septic system?	
<u>Water Waste Discharge</u> If water waste discharge is proposed to be collected into an existing line connected to a septic system, does the existing septic system have a permit with Mendocino County Environmental Health Department? *Please attach a copy if applicable or provide a permit number.	
<u>Water Waste Discharge</u> If water waste discharge is proposed to be collected into an existing line connected to a sewer system do you have a will serve letter from a sewer provider for water discharge waste for Cannabis Cultivation? *Please attach if applicable.	

<u>Garbage</u> How will you manage garbage including, spent growing media, nutrients, etc.? Do you have a waste management/disposal will serve letter? *Please attach if applicable.	
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4. All buildings used for indoor cultivation are required to be equipped with filtered ventilation systems, permitted by the Mendocino County Air Quality Management District (AQMD) which rely on Activated Carbon Filtration, Negative Ion Generation, Ozone Generation or other odor control mechanism demonstrated to be effective in reducing cannabis odors. Do you have the necessary ventilation system permits from the Building Department and AQMD?

☐ Yes

☐ No

5. Do you have all the necessary commercial building permits for your proposed indoor cultivation facility?

☐ Yes

☐ No

☐ Not sure

6. If no, do you have an active application with the Building Division for required permits?

☐ Yes

☐ No

APPLICANT AFFIDAVIT

Should any of the information supplied in this Indoor Questionnaire be determined by the County to be false or misleading, the County may issue a denial of your application.

I/We declare under penalty of perjury, under the laws of the State of California that the information provided on this questionnaire as an extension of my cultivation application is true and correct and that I am authorized to sign as the applicant/permittee of this permitted Cannabis Cultivation Site.

Date

Signature of Applicant(s)

Date

Signature of Applicant(s)