

COUNTY OF SAN LUIS OBISPO DEPARTMENT OF PLANNING & BUILDING

MARVIN A. ROSE, INTERIM DIRECTOR

THIS IS A NEW PROJECT REFERRAL

DATE:	3/13/2018	
TO:	5th District Legislative Assistant, Ag Commiss Fire / CAL FIRE*, Public Works*, Sheriff, CA Fis RWQCB, U.S. Fish & Wildlife, Templeton Area	sh & Wildlife, City of Atascadero,
FROM:	Brandi Cummings (805-781-1006 or bcummir	ngs@co.slo.ca.us)
PROJECT DES indoor greenh	•	sq building total), 3 acres
	ter with your comments attached no later than 14 spond within 60 days. Thank you.	days from receipt of this referral.
PART I: IS THE	ATTACHED INFORMATION ADEQUATE TO COMPLI	ETE YOUR REVIEW?
<u> </u>	YES (Please go on to PART II.) NO (Call me ASAP to discuss what else you ne we must obtain comments from outside agencie	
PART II: ARE T	HERE SIGNIFICANT CONCERNS, PROBLEMS OR IMFIEW?	PACTS IN YOUR AREA
	YES (Please describe impacts, along with recor	•
	reduce the impacts to less-than-significan NO (Please go on to PART III.)	t levels, and attach to this letter.)
Please	CATE YOUR RECOMMENDATION FOR FINAL ACTION attach any conditions of approval you recommend approval, or state reasons for recommending de	to be incorporated into the
IF YOU HAVE "N	NO COMMENT," PLEASE SO INDICATE, OR CALL.	
 Date		Phone



San Luis Obispo County Department of Planning and Building

APPLICATION TYPE - CHECK ALL THAT APPLY ☐ Emergency Permit ☐ Tree Permit ☐ Minor Use Permit ☐ Conditional Use Permit/Development Plan ☐ Plot Plan ☐ Curb, Gutter & Sidewalk Waiver ☐ Other ☐ Site Plan ☐ Surface Mining/Reclamation Plan ☐ Zoning Clearance ☐ Amendment to approved land use permit ☐ Variance	Department Use Only Do Not Mark (Staff Apply Label Here)
APPLICANT INFORMATION Check box for contact	
person assigned to this project	Douting Phone are 707 ages
Landowner Name <u>William R. & Deanna C. Hayden Family Trust</u> Mailing Address <u>P.O. Box 258, Verdugo, CA</u>	Daytime Phone <u>818-767-0660</u> Zip Code <u>91046</u>
Email Address: dchayden80@gmail.com	
	D
Applicant Name Jason Kallen	Daytime Phone <u>818-266-6112</u> Zip Code_ <u>91043</u>
Mailing Address PO Box 617, Tujunga, CA Email Address: jkallen@cbfarms.farm	Zip Code_ <u>91043</u>
Agent Name _ Jason Kallen	Daytime Phone <u>818-266-6112</u>
Mailing Address PO Box 617, Tujunga, CA Email Address: jkallen@cbfarms.farm	Zip Code_91043
Email Address. <u> kailen@cotarms.tarm</u>	
Legal Description: PM 17/48 PAR 2 AG Zoning	Parcel Number(s):_#034-321-004
Address of the project (if known): 4225 South El Pomar Road, Temp	oleton, CA 93465
Directions to the site (including gate codes) - describe first w	
the site, then nearest roads, landmarks, etc.: <u>S. El Pomar to</u> Describe current uses, existing structures, and other improve	ments and vegetation on the property:
Usable level land for planting with multiple buildable sites and I	
•	
PROPOSED PROJECT Describe the proposed project (inc. sq. ft. of all buildings): can	nabis Cultivation Greenhouse - 30,000 sq. ft. outdoor 3 Acres and Manufacturing 8,000 sq.
LEGAL DECLARATION I, the owner of record of this property, have completed this fo statements here are true. I do hereby grant official represent	rm accurately and declare that all atives of the county authorization to inspect
the subject property.	
Property owner signature Dlasse C Hazde	Date01/02/2017
FOR STAFF USE ONLY	

LAND USE PERMIT APPLICATION PACKAGE SAN LUIS OBISPO COUNTY PLANNING & BUILDING http://www.slocounty.ca.gov/planning.htm

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San Luis Obispo County Department of Planning and Building File No			
Type of project: ☐ Commercial ☐ Industrial ☐ Residential ☐ Recreational ☐ Other			
Describe any modifications/adjustments from ordinance needed and the reason for the request (if applicable): Reduce Easterly PL setback to 75 ft. to position cultivation site in the most discreet area of the property.			
Describe existing and future access to the proposed project site: Access from South El Pomar Rd.			
Surrounding parcel ownership: Do you own adjacent property? Yes No If yes, what is the acreage of all property you own that surrounds the project site?			
Surrounding land use: What are the uses of the land surrounding your property (when applicable, please specify all agricultural uses):			
North: Cattle Farming - AG South: Vineyard - AG East: AG Land West: Landfill			
For all projects, answer the following: Square footage and percentage of the total site (approximately) that will be used for the following: Buildings: 41,000 sq. feet 3,7 % Landscaping: 10,000 sq. feet 1.0 % Paving: 0 sq. feet 0 % Other (specify) Total area of all paving and structures: 41,000 Sq. feet			
Proposed water source: ☑ On-site well ☐ Shared well ☐ Other ☐ Community System - List the agency or company responsible for provision: ☐ Do you have a valid will-serve letter? ☐ Yes ☐ No (If yes, please submit copy)			
Proposed sewage disposal: ☑ Individual on-site system ☐ Other ☐ Community System - List the agency or company responsible for sewage disposal: ☐ Do you have a valid will-serve letter? ☐ Yes ☐ No (If yes, please submit copy)			
Fire Agency: List the agency responsible for fire protection: CAL Fire			
For commercial/industrial projects answer the following: Total outdoor use area:5			
For residential projects, answer the following:			

Number of residential units: N/A Number of bedrooms per unit: N/A Total floor area of all structures including upper stories, but not garages and carports: N/A sf Total of area of the lot(s) minus building footprint and parking spaces: N/A sf

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San Luis Obispo County Department of Planning and Building

File No		

The California Environmental Quality Act (CEQA) requires all state and local agencies to consider and mitigate environmental impacts for their own actions and when permitting private projects. The Act also requires that an environmental impact report (EIR) be prepared for all actions that may significantly affect the quality of the environment. The information you provide on this form will help the Department of Planning and Building determine whether or not your project will significantly affect the quality of the environment.

To ensure that your environmental review is completed as quickly as possible, please remember to:

- a. Answer ALL of the questions as accurately and completely as possible.
- b. Include any additional information or explanations where you believe it would be helpful or where required. Include additional pages if needed.
- c. If you are requesting a land division or a re-zoning, be sure to include complete information about future development that may result from the proposed land division or rezoning.
- d. Include references to any reports or studies you are aware of that might be relevant to the questions asked or the answers you provide.

Should a determination be made that the information is inaccurate or insufficient, you will be required to submit additional information upon request.

Physical Site Characteristic Information

Your site plan will also need to show the information requested here:

1.	Describe the topography of the site:	
	Level to gently rolling, 0-10% slopes: 10 acres	
	Moderate slopes - 10-20%: 10 acres	
	20-30%: <u>3</u> acres	
	Steep slopes over 30%: 2.28 acres	
2.	Are there any springs, streams, lakes or marshes on or near th	e site? 🔀 Yes 🗌 No
	If yes, please describe: Blueline stream along easterly PL	
3.	Are there any flooding problems on the site or in the surrounding	ng area? ☐ Yes ☒ No
	If yes, please describe:	
4.	Has a drainage plan been prepared?	☐ Yes 🔀 No
	If yes, please include with application.	
5.	Has there been any grading or earthwork on the project site?	☐ Yes 🔀 No
	If yes, please explain:	
6.	Has a grading plan been prepared?	☐ Yes ☒ No
	If yes, please include with application.	
7.	Are there any sewer ponds/waste disposal sites on/adjacent to	the project? ☐ Yes 🔀 No
8.	Is a railroad or highway within 300 feet of your project site?	☐ Yes 🔀 No
9.	Can the proposed project be seen from surrounding public roa	ds? ☐ Yes ☒ No
	If yes, please list: S. El Pomar Rd. cultivation site will only be visable	f not in proposed location

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Water Supply Information

1.	What type of water supply is proposed?
^	☐ Individual well ☐ Shared well ☐ Community water system
2.	What is the proposed use of the water?
	Residential Agricultural - Explain Crop irrigation
	Commercial/Office - Explain
2	☐ Industrial – Explain
3.	What is the expected daily water demand associated with the project? _5,500
4.	How many service connections will be required? _5
5.	Do operable water facilities exist on the site?
6	Yes No If yes, please describe: Well and several sinks
6.	Has there been a sustained yield test on proposed or existing wells?
7	☐ Yes ☐ No If yes, please attach.
7.	Does water meet the Health Agency's quality requirements?
	Bacteriological?
	Chemical? Yes No
	Physical ⊠ Yes □ No Water analysis report submitted? ⊠ Yes □ No
0	
8.	Please check if any of the following have been completed on the subject property and/or submitted
	to County Environmental Health. ☐ Well Driller's Letter ☐ Water Quality Analysis(☐ OK or ☐ Problems)
	Well Driller's Letter
	Surrounding Well Logs Hydrologic Study Other
DIA	ase attach any letters or documents to verify that water is available for the proposed project.
rie	ase attach any letters of documents to verny that water is available for the proposed project.
Sev	vage Disposal Information
OC V	vage Disposal information
If a	n on-site (individual) subsurface sewage disposal system will be used:
	on one (many careantees confige and potential for the first configuration of the first configurati
1.	Has an engineered percolation test been accomplished?
2.	What is the distance from proposed leach field to any neighboring water wells? 500 + feet
	Will subsurface drainage result in the possibility of effluent reappearing in surface water or on
	adjacent lands, due to steep slopes, impervious soil layers or other existing conditions?
	☐ Yes No
4.	Has a piezometer test been completed?
	☐ Yes ☐ No If 'Yes', please attach.
5.	Will a Waste Discharge Permit from the Regional Water Quality Control Board be required?
	Yes No (a waste discharge permit is typically needed when you exceed 2,500 gallons per
	day)
If a	community sewage disposal system is to be used:
	community sewage disposal system is to be used.
	Community sewage disposal system is to be used.
1.	
1.	
	Is this project to be connected to an existing sewer line? Yes No Distance to nearest sewer line: N/A Location of connection: N/A
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2.	Is this project to be connected to an existing sewer line? Yes No Distance to nearest sewer line: N/A Location of connection: N/A What is the amount of proposed flow? N/A GPD
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Solid	d Waste Information
2. 3.	What type of solid waste will be generated by the project? Domestic Industrial Agricultural Other, please explain? Name of Solid Waste Disposal Company: Compost/Chicago Grade Landfill Where is the waste disposal storage in relation to buildings? Will be next to gate, 500ft away from building Does your project design include an area for collecting recyclable materials and/or composting materials? Yes No
Com	munity Service Information
2. 3.	Name of School District:Templeton Unified School District Location of nearest police station:San Luis Obispo County Sheriff & Paso Robles Police Department Location of nearest fire station:Templeton Fire Department/ CAL Fire Location of nearest public transit stop:Paso Express Are services (grocery/other shopping) within walking distance (1/2 mile or closer) of the project?YesXNo
Histo	oric and Archeological Information
	Please describe the historic use of the property: _AG Land - livestock, alomnd and walnut orchard Are you aware of the presence of any historic, cultural or archaeological materials on the project site or in the vicinity? Yes
3.	Has an archaeological surface survey been done for the project site? If yes, please include two copies of the report with the application.
Com	mercial/Industrial Project Information
Only chan	complete this section if you are proposing a commercial or industrial project or zoning age.
	Days of Operation: Monday-Sunday Hours of Operation: 7AM-7PM
	How many people will this project employ? Up to 10 Will employees work in shifts? Yes
4.	Will this project produce any emissions (i.e., gasses, smoke, dust, odors, fumes, vapors)?
5.	☐ Yes ☐ No If yes, please explain:
6.	(If loud equipment is proposed, please submit manufacturers estimate on noise output.) What type of industrial waste materials will result from the project? Explain in detail: N/A
7.	Will hazardous products be used or stored on-site? ☐ Yes ☐ No If yes, please describe in detail: Fertilizer in proper storage building
8. 9.	Has a traffic study been prepared? ☐ Yes ☒ No If yes, please attach a copy. Please estimate the number of employees, customers and other project-related traffic trips to or from the project: Between 7:00 - 9:00 a.m. <u>Up to 7</u> Between 4:00 to 6:00 p.m. <u>Up to 5</u>

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10	. Are you proposing any special measures (carpooling, public transit, telecommuting) to reduce automobile trips by employees ☑ Yes □ No
11	If yes, please specify what you are proposing: Carpooling incentive Are you aware of any potentially problematic roadway conditions that may exist or result from the proposed project, such as poor sight distance at access points, connecting with the public road? Yes No If yes, please describe:
<u>Agri</u>	cultural Information
	complete this section if your site is: 1) Within the Agricultural land use category, or 2) ently in agricultural production.
2.	Is the site currently in Agricultural Preserve (Williamson Act)? If yes, is the site currently under land conservation contract? If yes No If your land is currently vacant or in agricultural production, are there any restrictions on the crop productivity of the land? That is, are there any reasons (i.e., poor soil, steep slopes) the land cannot support a profitable agricultural crop? Please explain in detail: Currently has 300+ almond or walnut tree
Spe	cial Project Information
1.	Describe any amenities included in the project, such as park areas, open spaces, common recreation facilities, etc.(these also need to be shown on your site plan): N/A
2.	Will the development occur in phases? ☐ Yes ☐ No
3.	If yes describe: Build greenhouses as able Do you have any plans for future additions, expansion or further activity related to or connected with this proposal? Yes No If yes, explain: Exploiting all cannabis licenses as issued
4.	Are there any proposed or existing deed restrictions?
Ener	gy Conservation Information
1.	Describe any special energy conservation measures or building materials that will be incorporated into your project *:
	*The county's Building Energy Efficient Structures (BEES) program can reduce your construction permit fees. Your building must exceed the California State Energy Standards (Title 24) in order to qualify for this program. If you are interested in more information, please contact the Building Services Division of the Department of Planning and Building at (805) 781-5600.
<u>Envi</u>	ronmental Information
1.	List any mitigation measures that you propose to lessen the impacts associated with your project: _As needed
2.	Are you aware of any unique, rare or endangered species (vegetation or wildlife) associated with the project site? Yes No If yes, please list:
and the second second	

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3.	Are you aware of any previous environmental determinations for all or portions of this property? Yes No If yes, please describe and provide "ED" number(s):
Othe	er Related Permits
1.	List all permits, licenses or government approvals that will be required for your project (federal, state and local): Local and State Cannabis Cultivation Permit/ Business License
	(If you are unsure if additional permits are required from other agencies, please ask a member of the Planning Department staff currently assigned to the project



COUNTY OF SAN LUIS OBISPO DEPARTMENT OF PLANNING & BUILDING

PLN-2018 12/8/2017

CANNABIS APPLICATION SUPPLEMENT

Cannabis Activities Proposed Cultivation	The following information is required in addition to the Land Use Permit Application.				
For Cultivation and Nurseries ONLY Approved Cooperative/Collective Registration number. Note: If you do not hold an approved cooperative/collective registration, you cannot apply for cultivation until 2019. Approved registration number: CCM2016-00287 What is the applicant on the approved registration? Note: The applicant name on the registration must match the applicant name on the land use permit. Name of applicant: Jason Kallen for City Boy Farms Are you planning on cultivating on the same site that a registration was approved for? Yes No What type of State cultivation license are you seeking? Type 1 Type 2 Type 3 Type 4 Type 5 Microbusiness Indoor Outdoor Mixed-light Designate the total square footage of your cultivation canopy area(s). This is not necessarily the maximum canopy size allowed by the tier of license for which you are applying, but the amount of canopy area you intend to produce. If you intend to have multiple canopy area locations, include only the total square footage of the total canopy. Check one or more of the following that apply and attach a detailed diagram of your designated canopy area. Include specific dimensions, in feet and inches, in the diagram. If you have only a single canopy area, clearly indicate that. If you are designating multiple canopy areas, clearly identify the square footage and dimensions of each area and how it is separated from other canopy areas. Note that if you are designating multiple canopy areas and how it is separated from other canopy areas. Note that if you are designating multiple canopy areas and how it is separated from other canopy areas. Note that if you are designating multiple canopy areas note that if you are designating multiple canopy areas note that if you are designating multiple canopy areas. Note that if you are designating multiple canopy areas has an interior wall. Vertically stacked canopy areas must be identified as such in the detailed diagram submitted by applicants.	Cannabis Activities Proposed				
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Approved registration number: CCM2016-00287 What is the applicant on the approved registration? Note: The applicant name on the registration must match the applicant name on the land use permit. Name of applicant: _Jason Kallen for City Boy Farms Are you planning on cultivating on the same site that a registration was approved for? Yes	For Cultivation and Nurseries ONLY				
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Type 1	☐ Yes				
Type 5 Mixed-light Designate the total square footage of your cultivation canopy area(s). This is not necessarily the maximum canopy size allowed by the tier of license for which you are applying, but the amount of canopy area you intend to produce. If you intend to have multiple canopy area locations, include only the total square footage of the total canopy. 290,000 Check one or more of the following that apply and attach a detailed diagram of your designated canopy area. Include specific dimensions, in feet and inches, in the diagram. If you have only a single canopy area, clearly indicate that. If you are designating multiple canopy areas, clearly identify the square footage and dimensions of each area and how it is separated from other canopy areas. Note that if you are designating multiple canopy areas you must separate each area by a physical boundary such as an interior wall. Vertically stacked canopy areas must be identified as such in the detailed diagram submitted by applicants.	What type of State cultivation license are you seeking?				
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I have designated the specific area and dimensions of my newly designated canopy area(s):	area. Include specific dimensions, in feet and inches, in the diagram. If you have only a single canopy area, clearly indicate that. If you are designating multiple canopy areas, clearly identify the square footage and dimensions of each area and how it is separated from other canopy areas. Note that if you are designating multiple canopy areas you must separate each area by a physical boundary such as an interior wall. Vertically stacked canopy areas must be identified as such in the detailed diagram				
	I have designated the specific area and dimensions of my newly designated canopy area(s):				

CANNABIS APPLICATION SUPPLEMENT

On my	/ floor plan	submitted	with the ap	plication	า
					application

Record your estimates of electrical usage in kilowatt-hours (kWh). To determine how many kWh a piece of equipment uses, take the following steps:

- Determine the wattage of the device by checking manufacturer specifications
- Multiply this number by the number of hours each month the device will be in use to determine watt-hours.
- Divide each month's watt-hours by 1,000 to determine kWh. Round to three decimal places.
- Repeat this for each piece of equipment and the total amounts for each month.
- Estimates should assume the business is in full production for each month.

Describe all sources of electrical power and the total annual kWh expected to be drawn from each. For example, if the operation uses on-site power generation from a source such as solar panels, document the amount of power you expect to use from that source in addition to any other sources.

Source or utility name	Expected kWh drawn annually
PG&E	810,000
Total Annual kWh:	810,000

Clearly identify the measurement unit you are using to estimate or report your water usage. If you are using multiple units, you may use additional columns to record that information. If you are using reclaimed water, identify that as a source. If you are utilizing more sources of water than may be included on this form, you may include that information on a separate page submitted with this application.

Estimate the total water used in the production of marijuana by month. If recording estimates for multiple sources, estimate these amounts separately.

Source		On-Site Well	
Month and Year			
1	2019	.46 acre feet	
2	2019	.46 acre feet	
3	2019	.46 acre feet	
4	2019	.49 acre feet	
5	2019	.52 acre feet	
6	2019	.55 acre feet	
7	2019	.58 acre feet	
8	2019	.61 acre feet	
9	2019	.61 acre feet	
10	2019	.46 acre feet	
11	2019	.46 acre feet	
12	2019	.46 acre feet	
Totals		6.12 acre feet	

PLN-2018 12/8/2017

CANNABIS APPLICATION SUPPLEMENT

Do you pla	an on usin	g pesticides?	The state of the s						
	☐ Yes No								
List of pesticides anticipated to be used:									
		*							
For Manufacturing ONLY									
What type of State manufacturing license are you seeking? Note: Volatile manufacturing is prohibited.									
\boxtimes	Type 6 Microbusir		уре 7	⊠ Type N	☑ Type P				
What type of products do you plan on manufacturing?									
\boxtimes	Oils	⊠ Edibles		Other					
Will the facility be utilizing a closed-loop extraction system?									
	Yes	□No							
(If extracting) What types of extraction will you be performing?									
	Butane Ethanol Other	☐ Pr	opane echanical	☐ Hexane ☐ None	☑ Carbon Dioxide				
For Distrib	oution ON	<u>LY</u>							
What type	of State dis	stribution licen	se are you see	king? N/A					
	Type 11	□ Ту	pe 11 – Transp	ort Only					
Will you be	operating	a storage-only	business?						
	Yes	□No							
How many vehicles do you anticipate transporting/distributing product?									
<u> </u>	1-5	☐ 6-10	□ 11+	☐ N/A Storage Only/	Other				

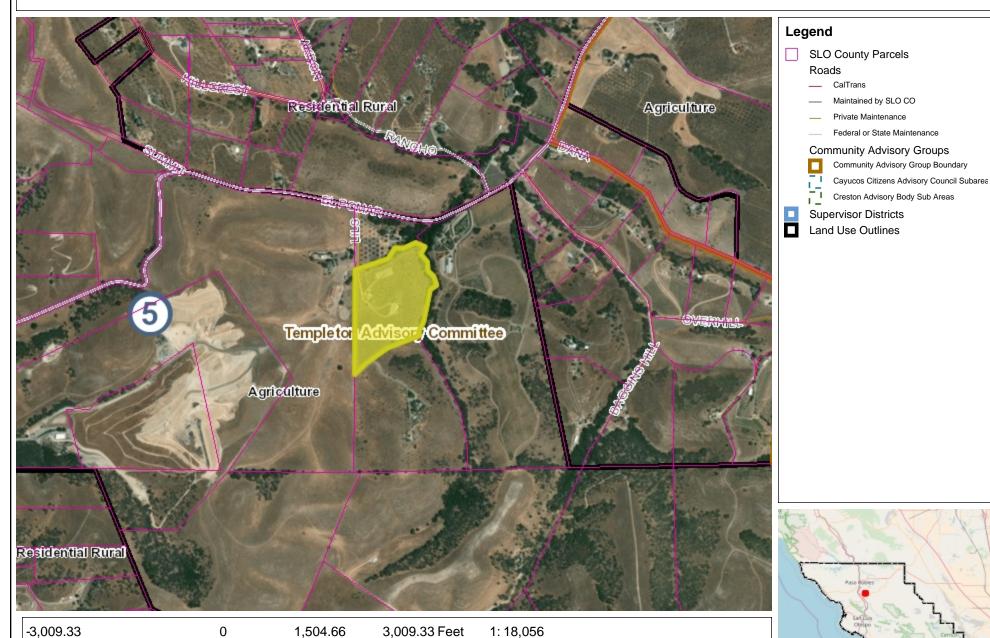
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CANNABIS APPLICATION SUPPLEMENT

For Dispensaries ONLY								
What type of State dispensary license are you seeking? Note: Dispensaries are not allowed to have storefronts open to the public.								
				☐ Type 10	Microbusiness			
Will you be delivering to other jurisdictions?								
	⊠ Yes	☐ No						
How many vehicles do you anticipate delivering product?								
	☑ 1-5	☐ 6-10	☐ 11+	☐ N/A Storage Only/Other				
How many deliveries per day do you anticipate delivering product?								
	⊠ <10	<u> </u>	<u></u> 51-100	□ >100	☐ N/A Storage Only/Other			



Interactive Data Viewer



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The County of San Luis Obispo does not assume liability for any damages caused by errors or omissions in the data and makes no warranty of any kind, express or implied, that these data are accurate and reliable.

Map for Reference Purposes Only

WGS_1984_Web_Mercator_Auxiliary_Sphere © County of San Luis Obispo Planning and Building Department

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Interactive Data Viewer



752.33 0 376.17 752.33 Feet 1:4,514

WGS_1984_Web_Mercator_Auxiliary_Sphere
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Map for Reference Purposes Only

Legend

SLO County Parcels

Roads CalTra

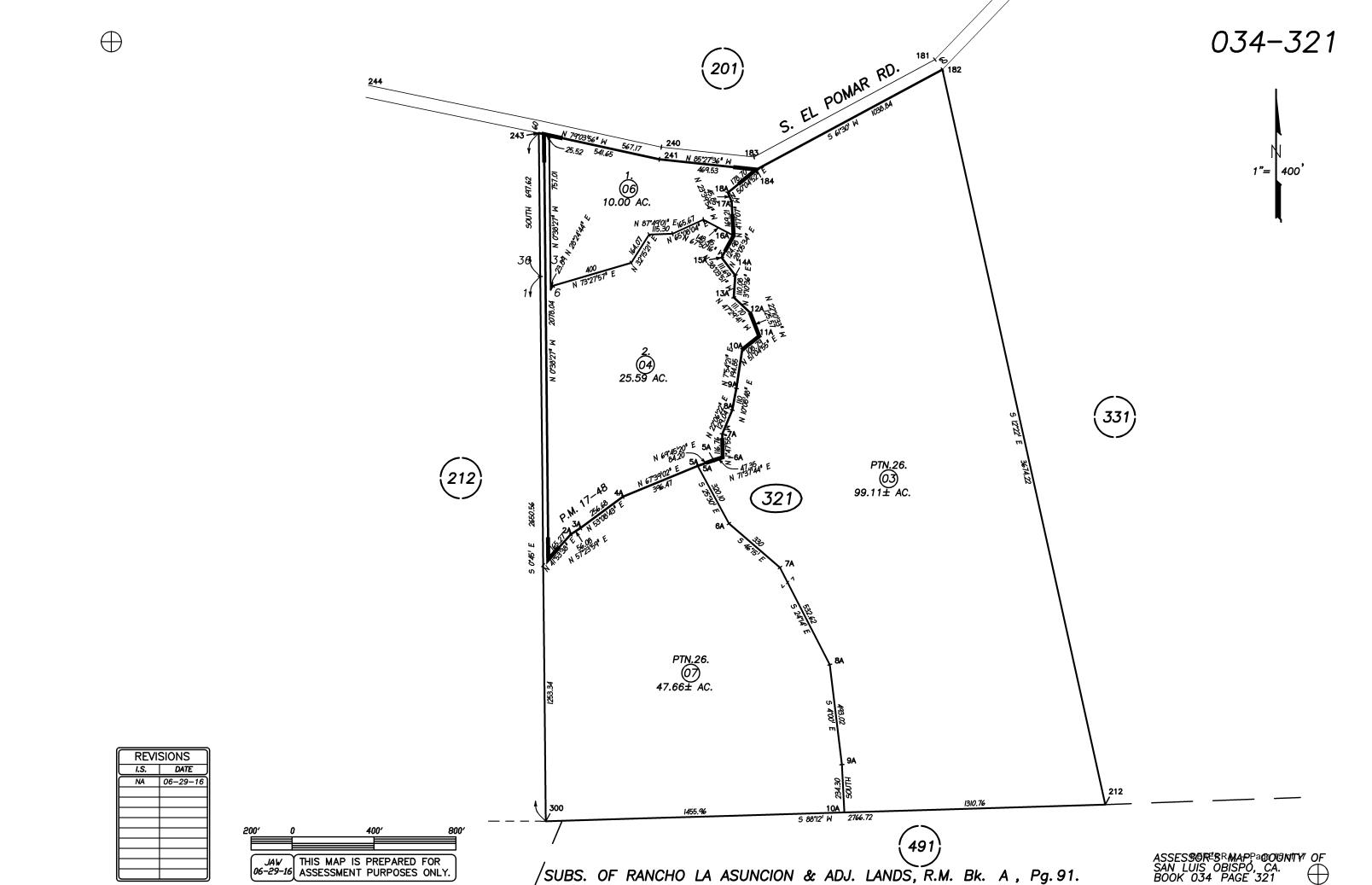
___ CalTrans

— Maintained by SLO CO

— Private Maintenance

Federal or State Maintenance







DEPARTMENT OF PLANNING AND BUILDING

Promoting the wise use of land - Helping to build great communities

CERTIFICATE OF CANNABIS CULTIVATION REGISTRATION

Registrant:

Jason Kallen

P.O. Box 617

Tujunga, CA 91043

Case ID#:

CCM2016-00287

APN:

070-351-031

Cultivation Type:

Cannabis Cultivation

Canopy Square Footage:

20,000 Square Feet

Maximum number of plants:

1,000 Plants

The above-referenced cannabis cultivator is hereby registered, pursuant to the provisions of San Luis Obispo County Ordinance 3334, Section 7, to cultivate cannabis at the location above, in accordance with the type, square footage and number of plants indicated.

We recommend that this notice be weatherproofed and visibly and clearly posted, within ten (10) feet of the ingress of the cultivation area, four (4) to six (6) feet above the ground, on a durable, rigid, and rectangular signboard of no less than eighteen (18) inches per side containing reflective material sufficient to allow an enforcement official to readily locate it with a flashlight after dark.

EXPIRATION OR TERMINATION

THIS REGISTRATION EXPIRES UPON THE EXPIRATION OF ORDINANCE 3334.

Pursuant to Section 11 of Ordinance 3334, this registration neither creates nor recognizes a vested right to continue this cultivation beyond the expiration of Ordinance 3334.

after The

ART TRINIDADE
CODE ENFORCEMENT SUPERVISOR

