



**COUNTY OF SAN LUIS OBISPO**  
**DEPARTMENT OF PLANNING & BUILDING**  
**MARVIN A. ROSE, INTERIM DIRECTOR**

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**THIS IS A NEW PROJECT REFERRAL**

**DATE:** 2/13/2018  
**TO:** 3rd District Legislative Assistant, CAL FIRE / County Fire\*, Public Works\*, Sheriff, City of San Luis Obispo.  
**FROM:** Brandi Cummings (805-781-1006 or bcummings@co.slo.ca.us)  
Development Review Team / Current & Environmental Planning

**PROJECT NUMBER & NAME:** DRC2017-00112 WEST COAST ORGANIX

**PROJECT DESCRIPTION:** Proposed Minor Use Permit for Cannabis Activities consisting of delivery and dispensary services, located at 712 Fiero Lane in San Luis Obispo.

**APN(S):** 076-413-029

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**Return this letter with your comments attached no later than 14 days from receipt of this referral. CACs please respond within 60 days. Thank you.**

**PART I:** IS THE ATTACHED INFORMATION ADEQUATE TO COMPLETE YOUR REVIEW?

- ☐ YES (Please go on to PART II.)
- ☐ NO (Call me ASAP to discuss what else you need. We have only 10 days in which we must obtain comments from outside agencies.)

**PART II:** ARE THERE SIGNIFICANT CONCERNS, PROBLEMS OR IMPACTS IN YOUR AREA OF REVIEW?

- ☐ YES (Please describe impacts, along with recommended mitigation measures to reduce the impacts to less-than-significant levels, and attach to this letter.)
- ☐ NO (Please go on to PART III.)

**PART III:** INDICATE YOUR RECOMMENDATION FOR FINAL ACTION.

Please attach any conditions of approval you recommend to be incorporated into the project's approval, or state reasons for recommending denial.

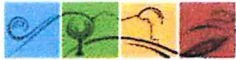
IF YOU HAVE "NO COMMENT," PLEASE SO INDICATE, OR CALL.

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**Date**

**Name**

**Phone**



# GENERAL APPLICATION FORM

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

DRC2017-00112

WEST COAST OR

MINOR USE PERMIT

CANNABIS ACTIVITIES - DELIVERY,  
DISPENSARY

SLOSLO/ SLOC

BNC

AR CS

## APPLICANT INFORMATION Check box for contact

person assigned to this project

☐ Landowner Name Josha Erdman Daytime Phone (805) 764-3400  
 Mailing Address PO Box 12004 SLO, CA 93406 Zip Code 93406  
 Email Address: Josha@5talentsproperties.com

☐ Applicant Name DANIEL MCMONEGAL West Coast Organics Daytime Phone (805) 878-0844  
 Mailing Address 528 SANDERLOCK ST Zip Code 93401  
 Email Address: mcmonegal@hotmail.com

☐ Agent Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## PROPERTY INFORMATION

Total Size of Site: 2200 sq ft Assessor Parcel Number(s): 076-413-029

Legal Description: \_\_\_\_\_

Address of the project (if known): 712 Fiero #29

Directions to the site (including gate codes) - describe first with name of road providing primary access to the site, then nearest roads, landmarks, etc.: \_\_\_\_\_

Describe current uses, existing structures, and other improvements and vegetation on the property: \_\_\_\_\_

## PROPOSED PROJECT

Describe the proposed project (inc. sq. ft. of all buildings): CANNABIS DELIVERY / DISPENSARY

## LEGAL DECLARATION

I, the owner of record of this property, have completed this form accurately and declare that all statements here are true. I do hereby grant official representatives of the county authorization to inspect the subject property.

Property owner signature Josha Erdman, Manager Date 1/24/18

## FOR STAFF USE ONLY



# LAND USE PERMIT APPLICATION

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): 1000+ft to nearest daycare

Describe existing and future access to the proposed project site: Fiero

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: commercial South: com.  
East: CS West: CS

## For all projects, answer the following:

Square footage and percentage of the total site (approximately) that will be used for the following:

Buildings: \_\_\_\_\_ sq. feet \_\_\_\_\_% Landscaping: \_\_\_\_\_ sq. feet \_\_\_\_\_%  
Paving: \_\_\_\_\_ sq. feet \_\_\_\_\_% Other (specify) \_\_\_\_\_

Total area of all paving and structures: \_\_\_\_\_ ☐ sq. feet ☐ acres

Total area of grading or removal of ground cover: \_\_\_\_\_ ☐ sq. feet ☐ acres

Number of parking spaces proposed: \_\_\_\_\_ Height of tallest structure: \_\_\_\_\_

Number of trees to be removed: \_\_\_\_\_ Type: \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Back \_\_\_\_\_

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: County Fire

## For commercial/industrial projects answer the following:

Total outdoor use area: 0 ☐ sq. feet ☐ acres

Total floor area of all structures including upper stories: 2200 sq. feet

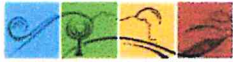
## For residential projects, answer the following:

Number of residential units: \_\_\_\_\_ Number of bedrooms per unit: \_\_\_\_\_

Total floor area of all structures including upper stories, but not garages and carports: \_\_\_\_\_ sf

Total of area of the lot(s) minus building footprint and parking spaces: \_\_\_\_\_ sf





# ENVIRONMENTAL DESCRIPTION FORM

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:**

- Answer **ALL** of the questions as accurately and completely as possible.
- Include any additional information or explanations where you believe it would be helpful or where required. Include additional pages if needed.
- 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.
- 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.

N/A

## Physical Site Characteristic Information

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

- Describe the topography of the site:  
Level to gently rolling, 0-10% slopes: \_\_\_\_\_ acres  
Moderate slopes - 10-20%: \_\_\_\_\_ acres  
20-30%: \_\_\_\_\_ acres  
Steep slopes over 30%: \_\_\_\_\_ acres
- Are there any springs, streams, lakes or marshes on or near the site? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_
- Are there any flooding problems on the site or in the surrounding area? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_
- Has a drainage plan been prepared? ☐ Yes ☐ No  
If yes, please include with application.
- Has there been any grading or earthwork on the project site? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
- Has a grading plan been prepared? ☐ Yes ☐ No  
If yes, please include with application.
- Are there any sewer ponds/waste disposal sites on/adjacent to the project? ☐ Yes ☐ No
- Is a railroad or highway within 300 feet of your project site? ☐ Yes ☐ No
- Can the proposed project be seen from surrounding public roads? ☐ Yes ☐ No  
If yes, please list: \_\_\_\_\_

### Water Supply Information

- 2/12
- What type of water supply is proposed?  
☐ Individual well    ☐ Shared well    ☒ Community water system
  - What is the proposed use of the water?  
☐ Residential    ☐ Agricultural - Explain \_\_\_\_\_  
☒ Commercial/Office - Explain \_\_\_\_\_  
☐ Industrial - Explain \_\_\_\_\_
  - What is the expected daily water demand associated with the project? \_\_\_\_\_
  - How many service connections will be required? \_\_\_\_\_
  - Do operable water facilities exist on the site?  
☐ Yes    ☐ No    If yes, please describe: \_\_\_\_\_
  - Has there been a sustained yield test on proposed or existing wells?  
☐ Yes    ☐ No    If yes, please attach. \_\_\_\_\_
  - Does water meet the Health Agency's quality requirements?  
Bacteriological?    ☐ Yes    ☐ No  
Chemical?    ☐ Yes    ☐ No  
Physical    ☐ Yes    ☐ No  
Water analysis report submitted?    ☐ Yes    ☐ No
  - 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)  
☐ Will Serve Letter    ☐ Pump Test \_\_\_\_\_ Hours / \_\_\_\_\_ GPM  
☐ Surrounding Well Logs    ☐ Hydrologic Study    ☐ Other \_\_\_\_\_

Please attach any letters or documents to verify that water is available for the proposed project.

### Sewage Disposal Information

2/12

If an on-site (individual) subsurface sewage disposal system will be used:

- Has an engineered percolation test been accomplished?  
☐ Yes    ☐ No    If yes, please attach a copy.
- What is the distance from proposed leach field to any neighboring water wells? \_\_\_\_\_ 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
- Has a piezometer test been completed?  
☐ Yes    ☐ No    If 'Yes', please attach.
- 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)

2/12

If a community sewage disposal system is to be used:

- Is this project to be connected to an existing sewer line?    ☐ Yes    ☐ No  
Distance to nearest sewer line: \_\_\_\_\_ Location of connection: \_\_\_\_\_
- What is the amount of proposed flow? \_\_\_\_\_ GPD
- Does the existing collection treatment and disposal system have adequate additional capacity to accept the proposed flow?    ☐ Yes    ☐ No



**Solid Waste Information**

- N/A
1. What type of solid waste will be generated by the project?  
☐ Domestic ☐ Industrial ☐ Agricultural ☐ Other, please explain? \_\_\_\_\_
  2. Name of Solid Waste Disposal Company: \_\_\_\_\_
  3. Where is the waste disposal storage in relation to buildings? \_\_\_\_\_
  4. Does your project design include an area for collecting recyclable materials and/or composting materials? ☐ Yes ☐ No

**Community Service Information**

- N/A
1. Name of School District: \_\_\_\_\_
  2. Location of nearest police station: \_\_\_\_\_
  3. Location of nearest fire station: \_\_\_\_\_
  4. Location of nearest public transit stop: \_\_\_\_\_
  5. Are services (grocery/other shopping) within walking distance (1/2 mile or closer) of the project? ☐ Yes ☐ No

**Historic and Archeological Information**

- N/A
1. Please describe the historic use of the property: \_\_\_\_\_
  2. Are you aware of the presence of any historic, cultural or archaeological materials on the project site or in the vicinity? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_
  3. Has an archaeological surface survey been done for the project site? ☐ Yes ☐ No  
If yes, please include two copies of the report with the application.

**Commercial/Industrial Project Information**

**Only complete this section if you are proposing a commercial or industrial project or zoning change.**

1. Days of Operation: 7 Hours of Operation: per ord.
2. How many people will this project employ? 5
3. Will employees work in shifts? ☒ Yes ☐ No  
If yes, please identify the shift times and number of employees for each shift \_\_\_\_\_
4. Will this project produce any emissions (i.e., gasses, smoke, dust, odors, fumes, vapors)?  
☐ Yes ☒ No If yes, please explain: \_\_\_\_\_
5. Will this project increase the noise level in the immediate vicinity? ☐ Yes ☒ No  
If yes, please explain: \_\_\_\_\_  
(If loud equipment is proposed, please submit manufacturers estimate on noise output.)
6. 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: \_\_\_\_\_
8. Has a traffic study been prepared? ☐ Yes ☒ No If yes, please attach a copy.
9. 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. 12-15 Between 4:00 to 6:00 p.m. 3

10. Are you proposing any special measures (carpooling, public transit, telecommuting) to reduce automobile trips by employees ☐ Yes ☒ No  
If yes, please specify what you are proposing: \_\_\_\_\_
11. 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: \_\_\_\_\_

### **Agricultural Information**

**Only complete this section if your site is: 1) Within the Agricultural land use category, or 2) currently in agricultural production.**

1. Is the site currently in Agricultural Preserve (Williamson Act)? ☐ Yes ☒ No  
2. If yes, is the site currently under land conservation contract? ☐ Yes ☒ No  
3. 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: \_\_\_\_\_

### **Special 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): \_\_\_\_\_
2. Will the development occur in phases? ☐ Yes ☒ No  
If yes describe: \_\_\_\_\_
3. Do you have any plans for future additions, expansion or further activity related to or connected with this proposal? ☐ Yes ☒ No If yes, explain: \_\_\_\_\_
4. Are there any proposed or existing deed restrictions? ☐ Yes ☒ No  
If yes, please describe: \_\_\_\_\_

### **Energy 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.

### **Environmental Information**

1. List any mitigation measures that you propose to lessen the impacts associated with your project: \_\_\_\_\_
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: \_\_\_\_\_

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): \_\_\_\_\_

**Other Related Permits**

1. List all permits, licenses or government approvals that will be required for your project (federal, state and local): \_\_\_\_\_

*State cannabis + 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  
CANNABIS APPLICATION SUPPLEMENT

PLN-2018  
12/8/2017

The following information is required in addition to the Land Use Permit Application.

**Cannabis Activities Proposed**

☐ Cultivation  
☐ Testing Facility

☐ Nursery  
☒ Dispensary

☐ Manufacturing Facility  
☐ Distribution Facility

**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-

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: DANIEL MUMONELAL

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 5  
☐ Mixed-light

☐ Type 2  
☐ Microbusiness

☐ Type 3  
☐ Indoor

☐ Type 4  
☐ Outdoor

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 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.

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 application  
☐ On an additional document submitted with my 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
<b>Total Annual kWh:</b>	

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			
Month and Year			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
<b>Totals</b>			

## CANNABIS APPLICATION SUPPLEMENT

Do you plan on using pesticides?

☐ 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.*

☐ Type 6 ☐ Type 7 ☐ Type N ☐ Type P  
☐ Microbusiness

What type of products do you plan on manufacturing?

☐ Oils ☐ Edibles ☐ Topicals ☐ Other \_\_\_\_\_

Will the facility be utilizing a closed-loop extraction system?

☐ Yes ☐ No

(If extracting) What types of extraction will you be performing?

☐ Butane ☐ Propane ☐ Hexane ☐ Carbon Dioxide  
☐ Ethanol ☐ Mechanical ☐ None  
☐ Other \_\_\_\_\_

### For Distribution ONLY

What type of State distribution license are you seeking?

☐ Type 11 ☐ Type 11 – Transport Only

Will you be operating a storage-only business?

☐ Yes ☐ No

How many vehicles do you anticipate transporting/distributing product?

☒ 1-5 ☐ 6-10 ☐ 11+ ☐ N/A Storage Only/Other



## 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 9 – non-storefront dispensary      ☐ 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      ☒ 11-50      ☐ 51-100      ☐ >100      ☐ N/A Storage Only/Other



## Parcel Summary Report For Parcel # 076-413-029

2/13/2018  
1:51:47PM

### San Luis Obispo County Department of Planning and Building

County Government Center

San Luis Obispo, California 93408

Telephone: (805) 781-5600

#### People Information

##### Role      Name and Address

OWN      5 TALENTS PROPERTIES LLC A CA LLC  
PO BOX 12004 SLO CA 93406-2004

#### Address Information

##### Status              Address

P              00712 FIERO LN 0029 SLOC

#### Lot Information:

<u>Tract /</u> <u>Twtnshp</u>	<u>Block /</u> <u>Range</u>	<u>Section</u>	<u>Community:</u>	<u>Plan/Area:</u>	<u>Lue 1:</u>	<u>Lue 2:</u>	<u>Lue 3:</u>	<u>Lot:</u>	<u>Flags:</u>	<u>Misc</u>
1636	0000	U29	San Luis Obisp	San Luis Obis	CS	AR		Y	CD	D81061601 / D880002

#### Parcel Information

##### Status              Description

Active              TR 1636 U 29 & PTN LT 1

##### Notes

APPLICANT WANTS TO PUT IN A DISPENSARY - BRANDI SAID NO PRE APP NECESSARY - MUP T3 W/CE - L32A, X20A/B, X34A/B AND URBAN  
CREDIT - \$5,303 ESTIMATE - BNC 1/24/18

##### Tax Districts

SAN LUIS COASTAL

SAN LUIS OBISPO JT(27,40)

COUNTY-ZONE NO. 09

SAN LUIS

NO. 03

AREA NO. 22 (AIRPORT AREA SPECIFIC PLAN)

AREA NO. 21

#### Case Information

##### Case Number:

##### Case Status:



## Parcel Summary Report For Parcel # 076-413-029

2/13/2018  
1:51:47PM

### San Luis Obispo County Department of Planning and Building

County Government Center

San Luis Obispo, California 93408

Telephone: (805) 781-5600

73296 FNL Primary Parcel

**Description:**

TENANT IMPROVE TO IND SHELL BLDG

85860 EXP Primary Parcel

**Description:**

CONST ALT FOR TENANT IMPROVEMENT,IND

88853 FNL Primary Parcel

**Description:**

CONSTR TENT IMPROVE FOR EMERGENCY MED SER AGENCY

DRC2017-00112 REC Primary Parcel

**Description:**

CANNABIS ACTIVITIES - DELIVERY, DISPENSARY

PMT2011-01670 ISS Primary Parcel

**Description:**

TENANT IMPROVEMENT - INTERIOR REMODEL (304 SF) AND RELOCATE SPRINKLERS - FOR DIGITAL FOUNDATION, UNIT #29 -- 8/8/13  
REVISION: - ONLY REMOVING (2) WALLS TO ENLARGE OFFICE CREATING MEETING ROOM (14' X 18') AND NO BATHROOM CHANGE.

70129 FNL Related Parcel

**Description:**

D880002D RDD Related Parcel

**Description:**

INDUSTRIAL CONDOS W/ TR 1636







# Interactive Data Viewer








## Legend

### Roads

-  CalTrans
-  Maintained by SLO CO
-  Private Maintenance
-  Federal or State Maintenance

### Community Advisory Groups

-  Community Advisory Group Boundary
-  Cayucos Citizens Advisory Council Subarea
-  Creston Advisory Body Sub Areas

-  Supervisor Districts
-  Land Use Outlines

-1,504.66      0      752.33      1,504.66 Feet      1: 9,028



WGS\_1984\_Web\_Mercator\_Auxiliary\_Sphere  
 © County of San Luis Obispo Planning and Building Department

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













# Interactive Data Viewer

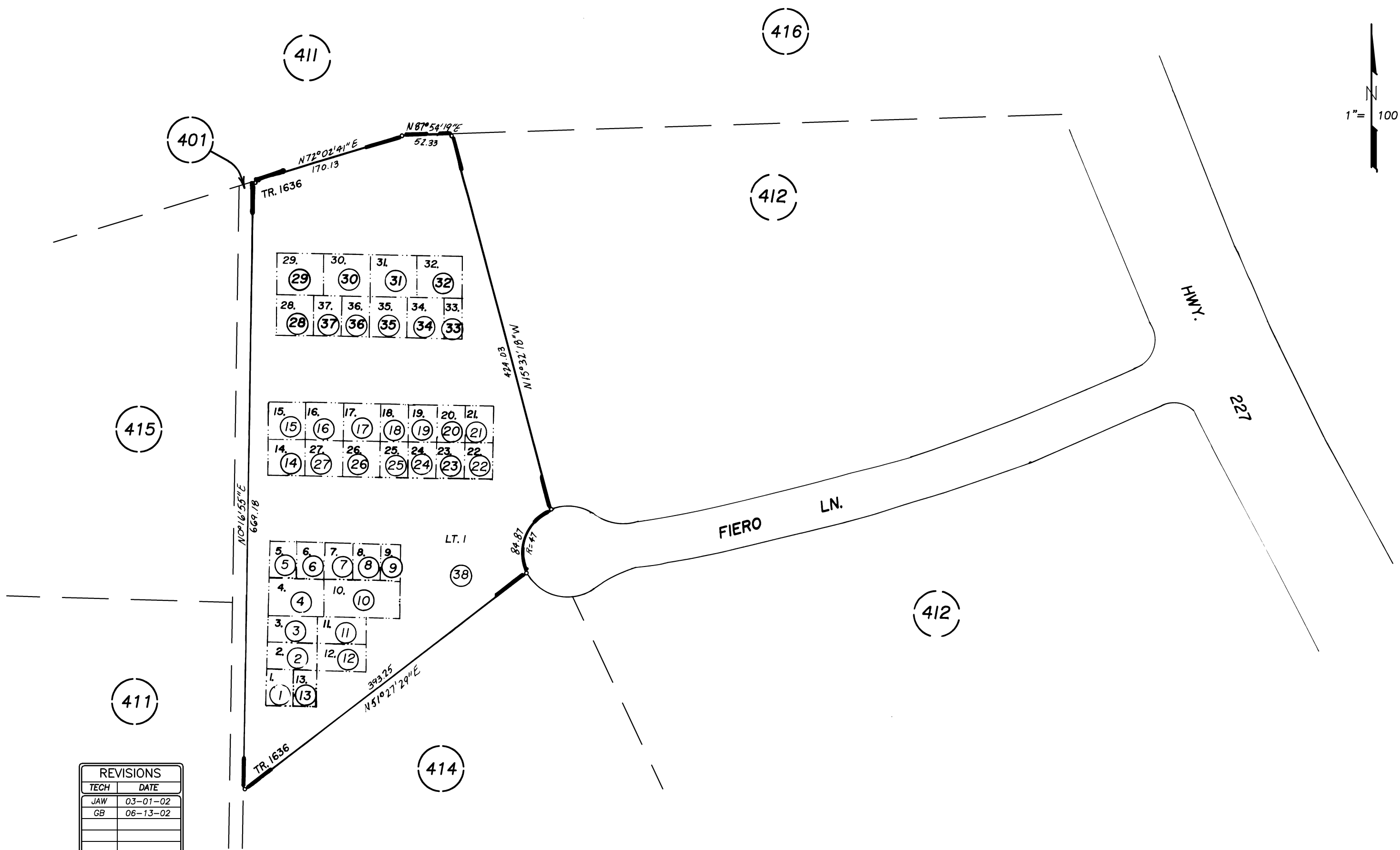
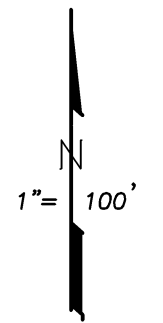


## Legend

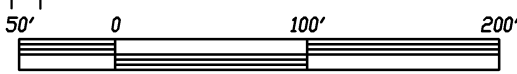
-  SLO County Parcels
- Roads**
  -  CalTrans
  -  Maintained by SLO CO
  -  Private Maintenance
  -  Federal or State Maintenance
-  Land Use Outlines

-188.08      0      94.04      188.08 Feet      1: 1,128





REVISIONS	
TECH	DATE
JAW	03-01-02
GB	06-13-02



JAW 03-01-02 THIS MAP IS PREPARED FOR ASSESSMENT PURPOSES ONLY.





053-422-004

076-412-003

## Legend

☐ SLO County Parcels

076-415-008

076-413-029

076-413-030

076-413-031

076-413-032

076-413-028

076-413-037

076-413-036

076-413-035

076-413-034

076-413-033

076-413-038

076-413-015

076-413-016

076-413-017

076-413-018

076-413-019

076-413-020

-96.00

0

48.00

96.00 Feet

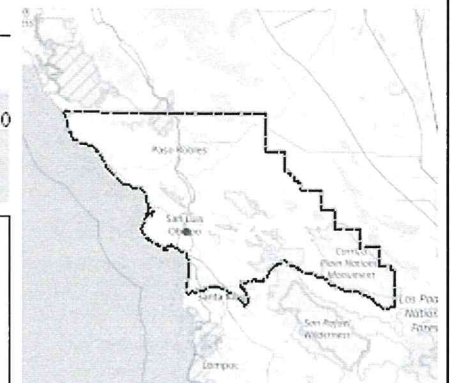
1: 576

WGS\_1984\_Web\_Mercator\_Auxiliary\_Sphere  
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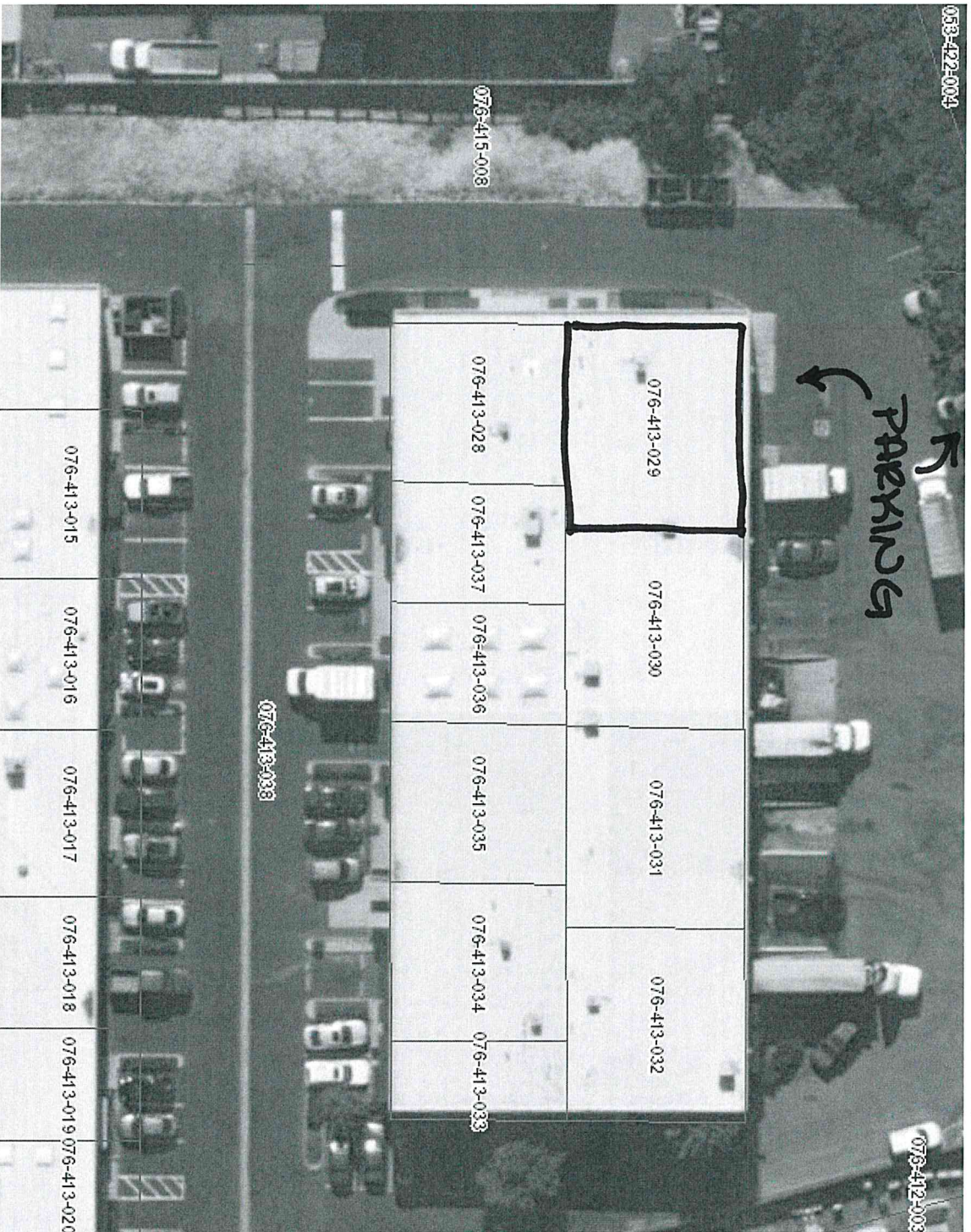
The County of San Luis Obispo does not assume liability for any damages caused by errors or omissions in the data and makes no warranty of any kind, express or implied, that these data are accurate and reliable.

Map for Reference Purposes Only



## Interactive Data Viewer

053=422=004



00.96-

0

48.00

96.00 Feet

1:576

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20

7

2

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WGS\_1984\_Web\_Mercator\_Auxiliary\_Sphere  
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### Legend

☐ SLO County Parcels