



**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:** 4/30/2018  
**TO:** 5<sup>th</sup> District Legislative Assistant, Agricultural Commissioner, Building Division,  
Cal Fire/County Fire, Public Works, CA Fish and Wildlife, Cal Trans, RWQCB,  
U.S. Fish and Wildlife, AB 52  
**FROM:** Brandi Cummings ([bcummings@co.slo.ca.us](mailto:bcummings@co.slo.ca.us) or 805-781-1006)  
**PROJECT NUMBER & NAME:** DRC2018-00055 KEPHART  
**PROJECT DESCRIPTION:** Proposed Minor Use Permit for three 1 acre outdoor cannabis  
cultivation sites to be located at 8920 Carrisa Hwy.  
**APN(s):** 072-301-014

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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

Department Use Only  
Do Not Mark  
(Staff Apply Label Here)

## APPLICANT INFORMATION Check box for contact

person assigned to this project

☐ Landowner Name Trinidad Cano Daytime Phone 805-305-3105  
 Mailing Address 8920 CARRISA HWY Santa Margarita Ca Zip Code 93453  
 Email Address: \_\_\_\_\_

☐ Applicant Name F.C.P.A. (Dylan Kephart) Daytime Phone 916-995-1281  
 Mailing Address 11616 Cucamonga Trail Zip Code 93453  
 Email Address: DylanK@GWHealing.com

☐ Agent Name HUAN KEPHART Daytime Phone (805) 610-0306  
 Mailing Address 11616 CUCAMONGA TRAIL, CALIFORNIA VAILEY Zip Code 93453  
 Email Address: KACONST@GMAIL.COM

## PROPERTY INFORMATION

Total Size of Site: 40.0 ACRES Assessor Parcel Number(s): 072-301-014

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

Address of the project (if known): 8920 CARRISA HWY

Directions to the site (including gate codes) - describe first with name of road providing primary access to the site, then nearest roads, landmarks, etc.: HWY 58 EAST, APPROX. 1.5 PAST BITTERWATER RD.

Describe current uses, existing structures, and other improvements and vegetation on the property:  
1212 SF.D., MISC. STORAGE SHEDS 250 SF, SMALL FARM USE.

## PROPOSED PROJECT

Describe the proposed project (inc. sq. ft. of all buildings): SEE ATTACHED PLANS.

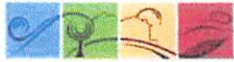
## LEGAL DECLARATION

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 Trinidad Cano Date 4-23-2018

## 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 CANNABIS

Describe any modifications/adjustments from ordinance needed and the reason for the request (if applicable): NONE REQUESTED AT THIS TIME

Describe existing and future access to the proposed project site: SEE ATTACHED PLANS

**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: VACANT South: VACANT  
East: VACANT West: 1 S.F.D. + BUILDING. (IMPROVED)

**For all projects, answer the following:**

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

Buildings: 0 sq. feet \_\_\_\_\_% Landscaping: 0 sq. feet \_\_\_\_\_%  
Paving: 0 sq. feet \_\_\_\_\_% Other (specify) CANNABIS CONTAINERS, TRAILERS = 151,880 sq. ft  
Total area of all paving and structures: \_\_\_\_\_ sq. feet \_\_\_\_\_ acres 8.7%  
Total area of grading or removal of ground cover: \_\_\_\_\_ sq. feet \_\_\_\_\_ acres  
Number of parking spaces proposed: 18 Height of tallest structure: N/A  
Number of trees to be removed: NONE Type: \_\_\_\_\_  
Setbacks: Front 310' Right 310' Left 310' Back 1200'

**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: \_\_\_\_\_ sq. feet ☐ acres  
Total floor area of all structures including upper stories: \_\_\_\_\_ sq. feet

**For residential projects, answer the following:** 1 S.F.D. EXISTING

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



### 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 CANNABIS FARM  
☐ Commercial/Office - Explain \_\_\_\_\_  
☐ Industrial - Explain \_\_\_\_\_
3. What is the expected daily water demand associated with the project? 9,000 - 21,000
4. How many service connections will be required? N/A
5. Do operable water facilities exist on the site?  
☒ Yes    ☐ No    If yes, please describe: EXISTING WELL
6. Has there been a sustained yield test on proposed or existing wells?  
☒ Yes    ☐ No    If yes, please attach.
7. Does water meet the Health Agency's quality requirements?  
Bacteriological? ☒ Yes    ☐ No  
Chemical? ☒ Yes    ☐ No  
Physical ☒ Yes    ☐ No  
Water analysis report submitted? ☒ Yes    ☐ No
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)  
☐ 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

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

1. Has an engineered percolation test been accomplished?  
☐ Yes    ☐ No    If yes, please attach a copy.
2. What is the distance from proposed leach field to any neighboring water wells? \_\_\_\_\_ feet
3. 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: N/A

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



### Solid Waste Information

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: K-4 CONSTRUCTION LIC. # 608572
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

1. Name of School District: ATASCADERO UNIFIED
2. Location of nearest police station: 356 NORTH MAIN ST. TEMPLETON
3. Location of nearest fire station: 13080 SODA LAKE RD., CALIF. VALLEY
4. Location of nearest public transit stop: NONE
5. Are services (grocery/other shopping) within walking distance (1/2 mile or closer) of the project?  
☐ Yes ☒ No

### Historic and Archeological Information

1. Please describe the historic use of the property: Oatmeal, Cattle, Goat, Wheat
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 DAYS A WEEK Hours of Operation: 24
2. How many people will this project employ? 12-30
3. Will employees work in shifts? ☒ Yes ☐ No  
If yes, please identify the shift times and number of employees for each shift 6 EMPLOYEES 7AM-3:30 P.M.  
4 EMPLOYEES 3:00PM-10P.M. 20 EMPLOYEES SEASONAL 2 SECURITY 11PM-7AM.
4. Will this project produce any emissions (i.e., gasses, smoke, dust, odors, fumes, vapors)?  
☒ Yes ☐ No If yes, please explain: CANNABIS ODORS
5. Will this project increase the noise level in the immediate vicinity? ☒ Yes ☐ No  
If yes, please explain: TRACTORS, MISC. LANDSCAPING EQUIPMENT.  
(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: \_\_\_\_\_  
CANNABIS PLANT MATERIALS
7. Will hazardous products be used or stored on-site? ☐ Yes ☐ No  
If yes, please describe in detail: NUTRIENTS, PESTICIDES APPROVED BY D.P.R.
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. 15 Between 4:00 to 6:00 p.m. 12

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: CARPPOOL
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: NONE

### 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: HOOP HOUSES AS NEEDED, METAL DRYING CONTAINERS AS NEEDED.
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:  
AS CANNABIS INDUSTRY AND LAWS PERMIT
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 \*: NONE

\*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: 4:1 KIT FOX MITIGATION

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 LICENSING

(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)

C.D.F.A.

MEDIUM OUTDOOR (43,560 #) APPLICANT  
PROCESSOR (DRYING, TRIMMING, CURING, PACKAGING) APPLICANT

BCC

DISTRIBUTION TYPE-II-M. APPLICANT

C.D.F.A.

MEDIUM OUTDOOR (43,560 #) SECONDARY LICENSE  
MEDIUM OUTDOOR (43,560 #) SECONDARY LICENSE





CCM 2016-00063

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**

- |   |                                     |   |
|---|-------------------------------------|---|
| <input checked="" type="checkbox"/> Cultivation | <input type="checkbox"/> Nursery    | <input type="checkbox"/> Manufacturing Facility |
| <input type="checkbox"/> Testing Facility       | <input type="checkbox"/> Dispensary | <input type="checkbox"/> 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: CCM2016-00063, ~~00426~~, 00126, 00426

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: F.C.P.A (DYLAN KEPHART)

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? THREE ONE ACRE OUTDOOR OPERATIONS  
please see attached

- |                                      |  |  |   |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Type 1      | <input type="checkbox"/> Type 2        | <input checked="" type="checkbox"/> Type 3 | <input type="checkbox"/> Type 4             |
| <input type="checkbox"/> Type 5      | <input type="checkbox"/> Microbusiness | <input type="checkbox"/> Indoor            | <input checked="" type="checkbox"/> Outdoor |
| <input type="checkbox"/> 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.

130,680

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. SEE ATTACHED PLANS

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
PG&E	218,000
Total Annual kWh: 218,000	

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	WELL	CANOPY A	CANOPY B	CANOPY C
Month and Year				
1	2018	1,000	1,000	1,000
2		1,000	1,000	1,000
3		1,000	1,000	1,000
4		1,000	1,000	1,000
5		1,500	1,500	1,500
6		1,500	1,500	1,500
7		2,000	2,000	2,000
8		2,500	2,500	2,500
9		3,000	3,000	3,000
10		3,000	3,000	3,000
11		3,000	3,000	3,000
12	2018	3,000	3,000	3,000
Totals		23,500	23,500	23,500

TOTAL 70,500 ANNUALLY



**CANNABIS APPLICATION SUPPLEMENT**

Do you plan on using pesticides?

☒ Yes☐ NoList of pesticides anticipated to be used: AZAMAX BOTANICAL INSECTICIDE,  
MITICIDE, AND NEMATICIDE, AZADIRACHTIN 2%.**For Manufacturing ONLY**N/AWhat 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**N/A

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

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**For Dispensaries ONLY**

N/A

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



## **CANNABIS ACTIVITIES LAND USE SITE OPERATIONS APN 072-301-014**

### **Security**

There will be a security shed located on site, and cannabis operations will always have an employee present at site.

### **Odor Management**

There is no cannabis odor management needed due to the nearest residence being approximately 700 feet away. The odor from the cannabis cultivation will naturally be mitigated in the open air.

### **Signage**

Standard private property signs at entrance. No other signs will be posted. All county and state permits shall be posted at each cultivation site.

### **Parking/Access**

There will be a locked gate entrance at designated parking.

### **Employee Safety and Training**

Standard Cal Osha Safety training, pertaining to standard agriculture practices.

### **Neighborhood Compatibility**

Numerous cannabis operations prior to this date are operating within half a mile west of this location (and continue to). This property is surrounded by solar panel farms for at least 5,000 to 10,000 feet with the exception of a residence to the west. The remote location of this parcel and other nearby existing cannabis operations would make the proposed farm very compatible.

### **Storm Water Control, Wastewater, and Green Waste**

Storm water control should not be an issue with the parcel being mostly flat. Proposed cannabis plants will utilize drip irrigations to mitigate runoffs and conserve water. All leftover plant matter not used pertaining to farm will be mulched in designated green waste area.

## **Pesticide and Fertilizer Usage**

Pesticide used on cannabis plants is Azamax, a natural insecticide with Azadirachtin 2% as active ingredient which was developed by General Hydroponics. Our cannabis farm will use House and Gardens all organic premium based nutrients. One of our other options is using commercial agriculture nutrients (Grow More) products. With strict new testing required by 3<sup>rd</sup> party labs we want to ensure the final product will be certified safe and of high quality.

## **Water Management Plan**

To ensure best water conservation practices our cannabis operations will be utilizing drip irrigation systems, also by watering our crop during early morning hours this will mitigate water loss through evaporation.



## Parcel Information

**APN:** 072-301-014

**Assessee:** CANO TRINIDAD & RAMONA

**Care Of:**

**Address:** 8920 CARRISA HWY CARRISA PLAINS  
CA 93453

**Description:** PM 23/87 LT 21

**Site Address:**  
08920 CARRISA HY

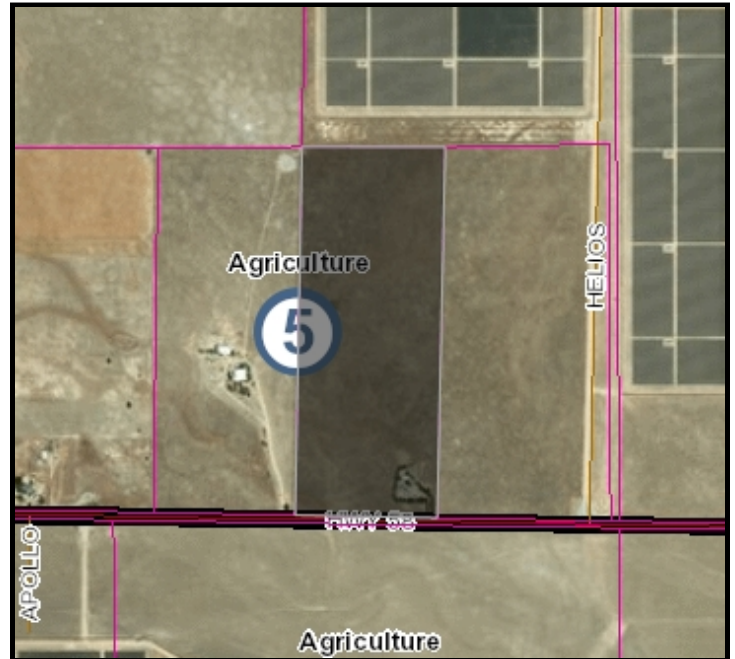
**Tax Rate Area Code:** 054060

**Estimated Acres:** 40.95

**Community Code:** CAR

**Supervisor District:** Supdist 5

**Avg Percent Slope:** 1



Selected Parcel

## Land Use Information

### Land Uses Combining Designations

AG	Flood Hazard Area
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Parcel location within San Luis Obispo County

## Permit Information

Permit	Description	Application Date
2018-00004	Cannabis Activities	4/26/2018 12:00:00 AM
DRC2018-00055	Land Use	4/23/2018 11:08:57 AM
PRE2018-00010	Pre-Application	2/27/2018 10:03:31 AM
CCM2016-00467	CCM - Condition Compliance Monitoring	3/20/2017 3:29:11 PM
CCM2016-00466	CCM - Condition Compliance Monitoring	3/13/2017 4:36:28 PM



## Parcel Summary Report

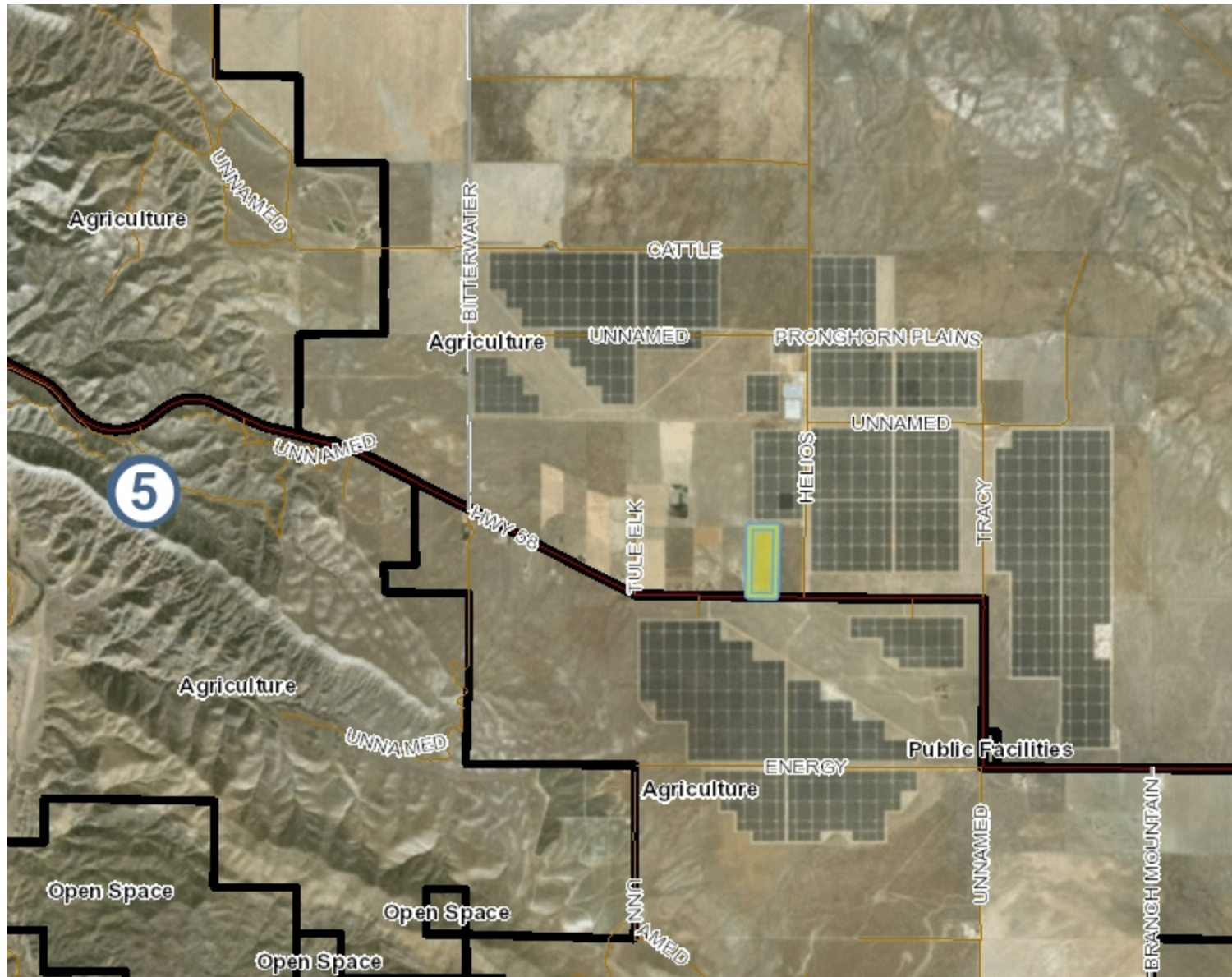
**APN: 072-301-014**

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CCM2016-00465	CCM - Condition Compliance Monitoring	3/13/2017 4:33:13 PM
CCM2016-00464	CCM - Condition Compliance Monitoring	3/13/2017 4:28:25 PM
PMT2004-01885	PMTR - Residential Permit	12/28/2004 12:00:00 AM
C2549	PMTR - Residential Permit	1/12/2001 12:00:00 AM
94626	PMTR - Residential Permit	11/21/1994 12:00:00 AM







# 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

-12,037.30      0      6,018.65      12,037.30 Feet      1: 72,224

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

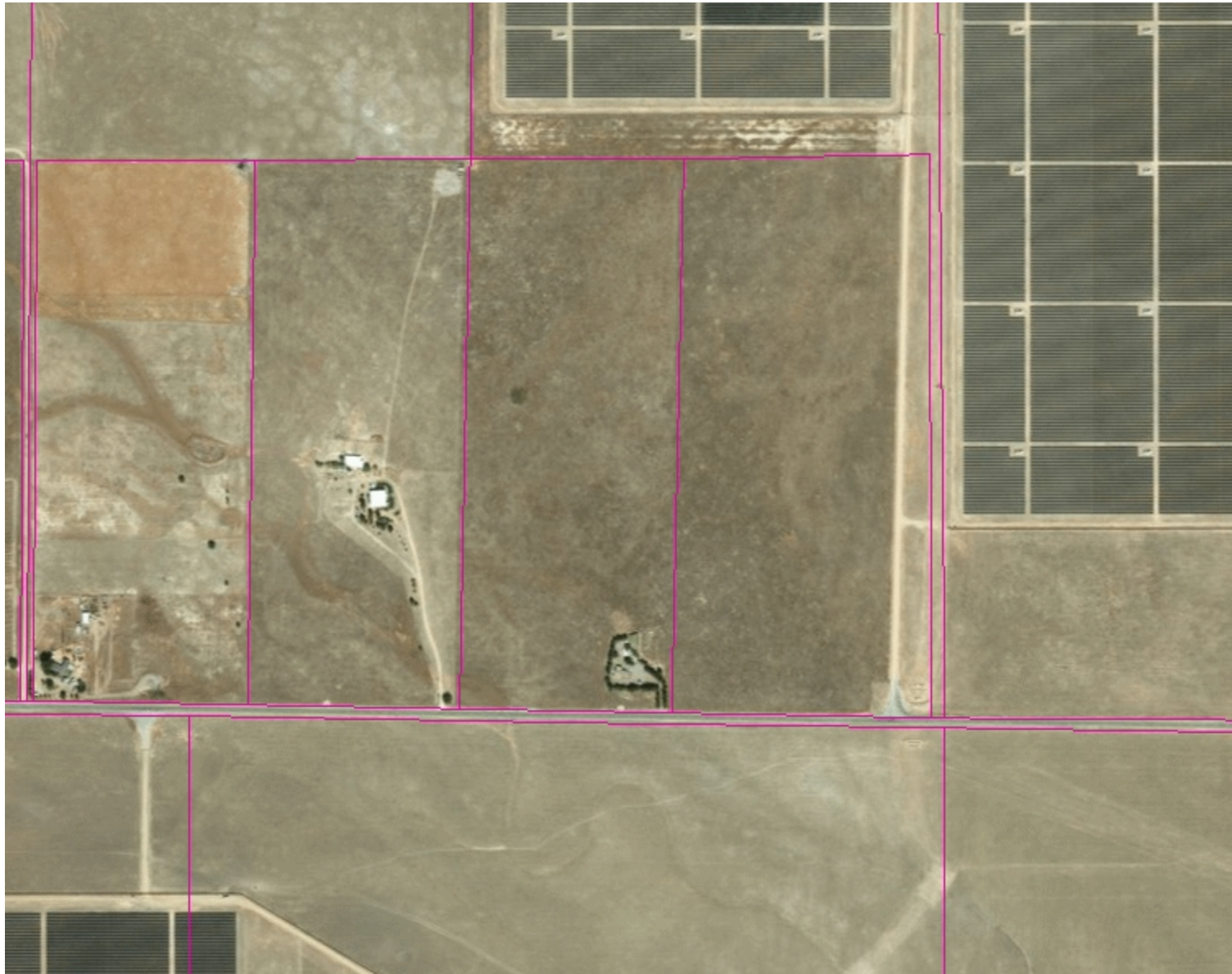


Referral -- Page 17 of 20






# Interactive Data Viewer



## Legend

 SLO County Parcels

-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



05

31

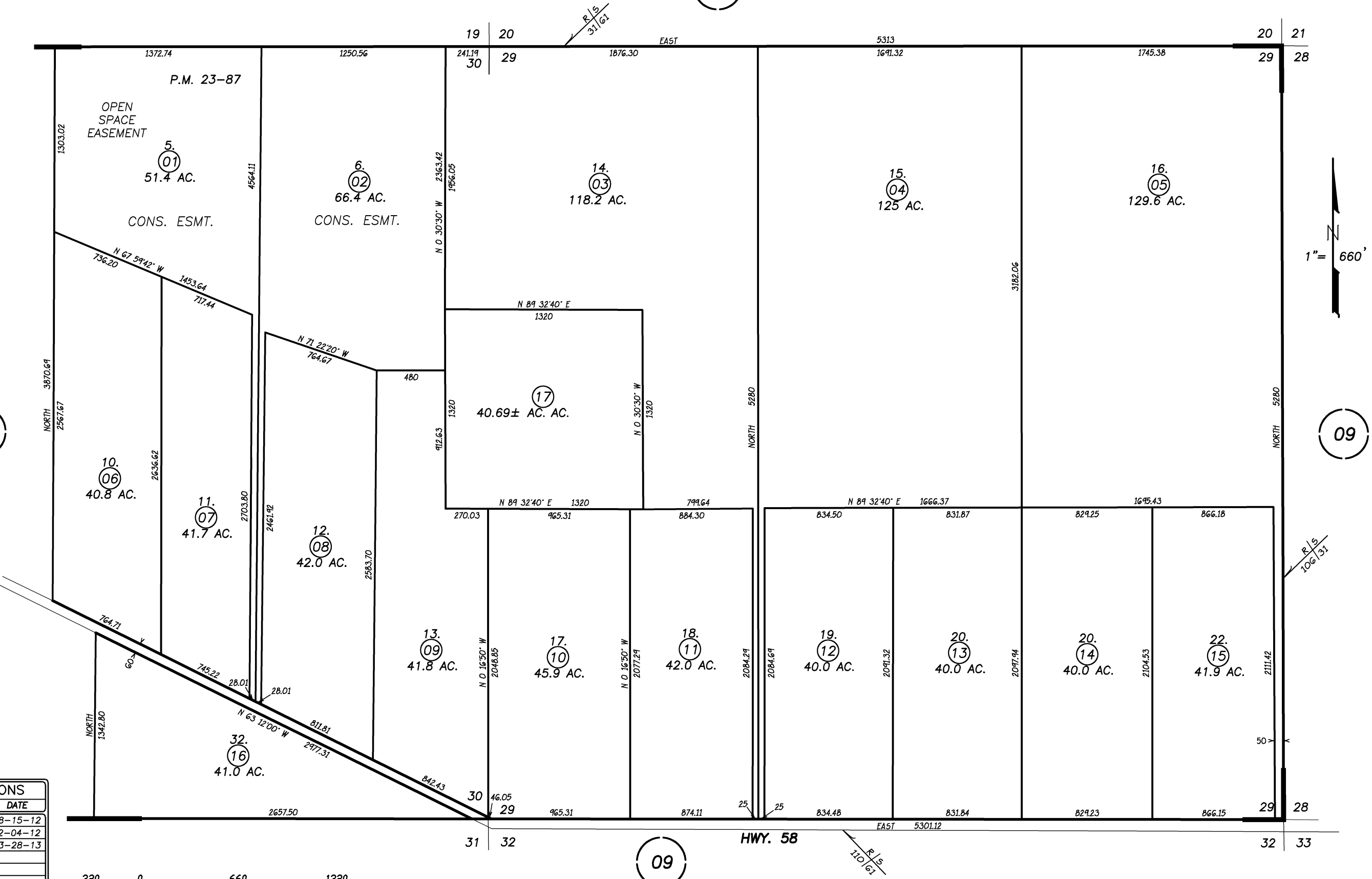
09

REVISIONS	
I.S.	DATE
NA	08-15-12
NA	12-04-12
NA	03-28-13

32006601320

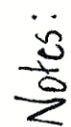
LZ08-15-12

THIS MAP IS PREPARED FOR ASSESSMENT PURPOSES ONLY.



PARCEL MAP; P.M. Bk. 23 Pg. 87  
T. 29S.; R. 18E.; SECTION 29, PTN 30 M.D.B.M.



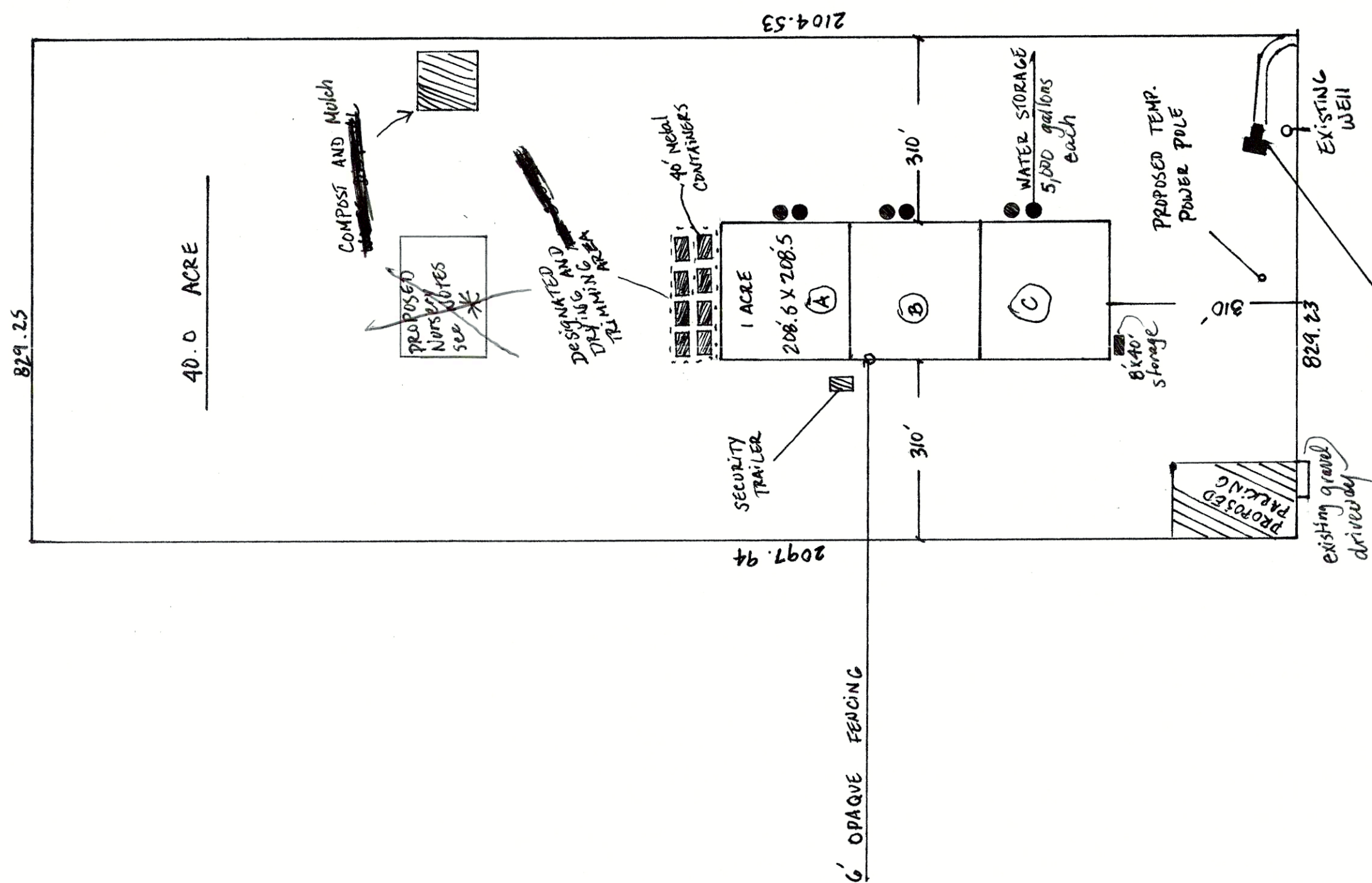


FENCING SHALL BE MINIMUM 6' AND OPAQUE.

One Metal container shall be used for storage  
One Metal container shall be used for trimming as needed  
Proposed 40 Acre is FLAT/NO SLOPE.

There is a single family residence located adjacent west parcel.

\* Future proposed Nursery only if applicable has approved by state and Council



EXISTING	RESIDENCE	1,272 sq
PROPOSED	3 ONE ACRE OUTDOOR MEDIUM GROW	

## LAND USE PERMIT

SCALE: 1/4" = 1'-0"

DRAWN BY H.K.

DATE: APRIL-2018

8920 CARRISA HWY.

DRAWING NUMBER