



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF PLANNING & BUILDING
TREVOR KEITH, DIRECTOR

THIS IS A NEW PROJECT REFERRAL

DATE: 8/29/2018
TO: 2nd District Legislative Assistant, Building Division, CalFire/County Fire, Public Works, Environmental Health, Agricultural Commissioner, Sheriff, RWQCB, CA Fish and Wildlife, US Fish and Wildlife, AB52
FROM: Cassidy McSurdy (cmcsurdy@co.slo.ca.us or 805-788-2959)
PROJECT NUMBER & NAME: DRC2018-00143 AIRALE
PROJECT DESCRIPTION: Proposed Minor Use Permit for 1 acre outdoor cannabis cultivation to be located at 6450 Santa Rosa Creek Rd. Cambria, CA 93428
APN(s): 014-133-007

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.

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 JAMES S. SPLITZLEY Daytime Phone (805) 927-7530
 Mailing Address 6450 SANTA ROSA CREEK ROAD CAMBRIA CA Zip Code 93428
 Email Address: _____

☒ Applicant Name JONATHAN R. AIRALE Daytime Phone (805) 927-7211
 Mailing Address PO BOX 213 CAMBRIA CA Zip Code 93428
 Email Address: THEKINDREPER@GMAIL.COM

☐ Agent Name N/A Daytime Phone _____
 Mailing Address _____ Zip Code _____
 Email Address: _____

PROPERTY INFORMATION

Total Size of Site: 23.9 ACRES Assessor Parcel Number(s): 014-133-007

Legal Description: AGRICULTURAL

Address of the project (if known): 6450 SANTA ROSA CREEK ROAD CAMBRIA CA 93428

Directions to the site (including gate codes) - describe first with name of road providing primary access to the site, then nearest roads, landmarks, etc.: NORTH ON HWY 1, LEFT ON MAIN ST., RIGHT ON SANTA ROSA CREEK RD TO LOCATION

Describe current uses, existing structures, and other improvements and vegetation on the property: CERTIFIED ORGANIC FARM, AGRICULTURE, AVOCADOS, GRAPES, HOME WITH DETACHED GARAGE, GUEST HOME WITH DETACHED GARAGE AND WORKSH.

PROPOSED PROJECT

Describe the proposed project (inc. sq. ft. of all buildings): OUTDOOR CANNABIS CULTIVATION

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 [Signature] Date 21 AUG 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

AGRICULTURAL OUTDOOR CANNABIS CULTIVATION

Describe any modifications/adjustments from ordinance needed and the reason for the request (if applicable): OUTDOOR CANNABIS CULTIVATION SITE. SEE #4 MODIFICATION / ADJUSTMENT FROM ORDINANCE.

Describe existing and future access to the proposed project site: EXISTING PRIVATE DRIVEWAY OFF SANTA ROSA CREEK 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: AGRICULTURE South: AGRICULTURE
East: AGRICULTURE West: AGRICULTURE

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 0 %
Landscaping: 0 sq. feet 0 %
Paving: 0 sq. feet 0 %
Other (specify) 40,000 sq. ft. OUTDOOR CANNABIS CULTIVATION
Total area of all paving and structures: 0 sq. feet 0 acres
Total area of grading or removal of ground cover: 0 sq. feet 0 acres
Number of parking spaces proposed: 0
Height of tallest structure: 0
Number of trees to be removed: 0
Type: N/A
Setbacks: Front 900 ft. Right 100 ft. Left 450 ft. Back 300 ft.

Proposed water source: ☒ On-site well ☐ Shared well ☐ Other _____

☐ Community System - List the agency or company responsible for provision: N/A

Do you have a valid will-serve letter? ☐ Yes ☒ No (If yes, please submit copy)

Proposed sewage disposal: ☐ Individual on-site system ☐ Other SEPTIC TANK

☐ Community System - List the agency or company responsible for sewage disposal: N/A

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: 40,000 ☒ sq. feet ☐ acres
Total floor area of all structures including upper stories: 0 sq. feet

For residential projects, answer the following: — NOT APPLICABLE

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



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.

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: (5-15%) 1 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

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 OUTDOOR CANNABIS CULTIVATION
☐ Commercial/Office - Explain N/A
☐ Industrial - Explain N/A
3. What is the expected daily water demand associated with the project? 67 GALLONS
4. How many service connections will be required? NONE
5. Do operable water facilities exist on the site?
☒ Yes ☐ No If yes, please describe: 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 / 65 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:

1. Has an engineered percolation test been accomplished?
☒ Yes ☐ No If yes, please attach a copy. ESTABLISHED PROPERTY SINCE 1972 WITH 3 ESTABLISHED SYSTEMS.
- EXISTING - 2. What is the distance from proposed leach field to any neighboring water wells? 1000 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: NOT APPLICABLE

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
2. What is the amount of proposed flow? N/A 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? NONE
2. Name of Solid Waste Disposal Company: MISSION COUNTY DISPOSAL
3. Where is the waste disposal storage in relation to buildings? DOMESTIC TRASH CANS AT LOWER FRONT GATE
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: COAST UNIFIED SCHOOL DISTRICT
2. Location of nearest police station: CALIFORNIA HIGHWAY PATROL / SHERIFF DEPARTMENT
3. Location of nearest fire station: 2850 BURTON DRIVE CAMBRIA CA 93428
4. Location of nearest public transit stop: BURTON DRIVE AND MAIN STREET CAMBRIA CA 93428
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: AGRICULTURAL 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: MONDAY - SATURDAY Hours of Operation: 10am - 3pm
2. How many people will this project employ? NONE JUST MYSELF
3. Will employees work in shifts? ☐ Yes ☐ No NOT APPLICABLE
If yes, please identify the shift times and number of employees for each shift _____
4. Will this project produce any emissions (i.e., ~~gases, smoke, dust, odors, fumes, vapors~~)?
☒ Yes ☐ No If yes, please explain: SEPTEMBER TO OCTOBER THERE IS A NATURAL ODOR DURING FU BLOOM STAGE
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: NONE
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. 0 Between 4:00 to 6:00 p.m. 0

10. Are you proposing any special measures (carpooling, public transit, telecommuting) to reduce automobile trips by employees ☐ Yes ☒ No — *NOT APPLICABLE NO EMPLOYEES*
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: _____

SEE #5 VISIBILITY ENTERING / EXITING

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: *NO 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): *NONE*
2. Will the development occur in phases? ☒ Yes ☐ No
If yes describe: *SEE #6 SPECIAL PROJECT INFORMATION (SITE LAYOUT PLAN) - PHASE 2*
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: *SEE #7 SPECIAL PROJECT INFORMATION - PHASE 2*
4. Are there any proposed or existing deed restrictions? ☐ Yes ☒ No
If yes, please describe: _____

Energy Conservation Information — *NOT APPLICABLE*

1. Describe any special energy conservation measures or building materials that will be incorporated into your project *: *N/A*

*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:
PHASE 1 REMOVED 30,000 sq ft. OF GRAPES, REPLACED WITH 16,000 sq ft. OF OUTDOOR CANNABIS. PHASE 2 REMOVE 30,000 sq ft. OF GRAPES AND REPLACE WITH 24,000 sq ft. OF OUTDOOR CANNABIS EQUALING 40,000 sq ft. (1 ACRE)
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): ALL COUNTY PERMITS AND STATE LICENSES

(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

- | | | |
|---|-------------------------------------|---|
| <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- 00468

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: JONATHAN R. AIRALE

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?

- | | | | |
|--------------------------------------|--|---------------------------------|---|
| <input type="checkbox"/> Type 1 | <input type="checkbox"/> Type 2 | <input 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.

40,000 square-feet.

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.

CANNABIS APPLICATION SUPPLEMENT

I have designated the specific area and dimensions of my newly designated canopy area(s):

☐ On my floor plan submitted with the application

☒ On an additional document submitted with my application *SEE #1 DESIGNATED CANOPY AREA - DETAILED DIAGRAM*

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
<i>NOT APPLICABLE</i>	<i>OUTDOOR CULTIVATION</i>
Total Annual kWh: <i>N/A</i>	

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			
<i>WELL WATER</i>	<i>2018</i>			
1	<i>0</i>			
2	<i>0</i>	<i>PLANT SEEDS</i>		
3	<i>0</i>	<i>TRANSPLANT SEEDLINGS</i>		
4	<i>400 gal.</i>	<i>MAINTAIN SEEDLINGS</i>		
5	<i>3400 gal.</i>	<i>TRANSPLANT TEENS</i>		
6	<i>4800 gal.</i>	<i>GROW</i>		
7	<i>6000 gal.</i>	<i>GROW</i>		
8	<i>8000 gal.</i>	<i>GROW</i>		
9	<i>6000 gal.</i>	<i>GROW</i>		
10	<i>0</i>	<i>HARVEST</i>		
11	<i>0</i>			
12	<i>0</i>			
Totals	<i>28,600 gal.</i>			

CANNABIS APPLICATION SUPPLEMENT

Do you plan on using pesticides?

☐ Yes

☒ No

List of pesticides anticipated to be used: I DO NOT USE ANY PESTICIDES.
I GROW ON A CERTIFIED ORGANIC FARM. I GROW MY
CANNABIS TO CERTIFIED ORGANIC STANDARDS.

For Manufacturing ONLY — NOT APPLICABLE

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 — NOT APPLICABLE

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

Name : Jonathan Renold Airale CCM2016-00468
Site Address : 6450 Santa Rosa Creek Road Cambria CA 93428

B. Project Description:

My outdoor cannabis cultivation site is located on 23.9 AG - zoned acres on a certified organic farm CDFA reg. #40002486 in the unincorporated area of Cambria in San Luis Obispo County.

As the operation is small in size there are no employees and no traffic impact to or from the site.

My outdoor cannabis cultivation is grown on a certified organic farm. I grow my cannabis to certified organic standards. I only use OMRI approved additives and local certified organic soil. I DO NOT use pesticides.

My Cannabis production begins from seed in February and is ready to be planted in grow bags in May and harvested in October (one harvest, one crop - annually).

My crop is non-soil dependent because the cannabis plants are grown in grow bags above ground.

My water source is an on-site well that has a 65 gallon per minute water flow.

Being an individual cannabis cultivator with no employees, I am willing to work with the San Luis Obispo Planning Department regarding an individual processing location on site, processing (curing, drying, trimming) only cannabis grown on-site.

I would consider having a licensed dispensary, with a distribution license, purchase my crop.

Thank you, Jonathan Renold Airale CCM2016-00468

C. Operation Plan - Outdoor Cannabis Cultivation

6450 Santa Rosa Creek Road Cambria CA 93428

- a. Security: Locked gate with fence surrounding AG area and outdoor cannabis cultivation site.

Security camera with recording capability.

- b. Odor Management Plan:

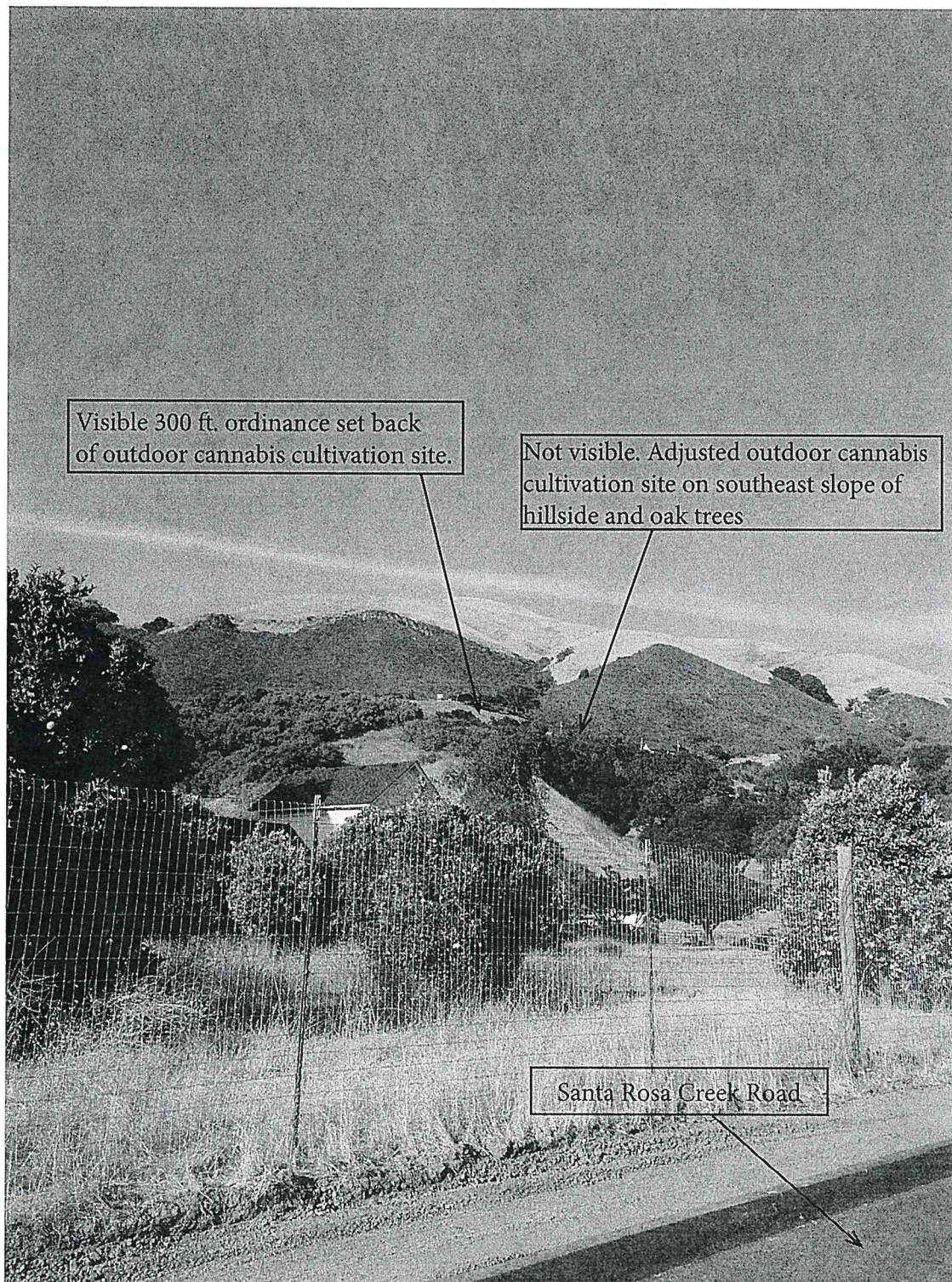
The property of my outdoor cannabis cultivation site is 23.9 acres. This helps the odor dissipate before reaching other properties. My outdoor cannabis plants are grown from seed beginning February and ending October. The cannabis plant produces a natural odor from September to October during the full bloom stage.

- c. Waste Management Plan:

Minimal if any taken off site to recycling center. Unused plant material and soil are reused within the cannabis cultivation site.

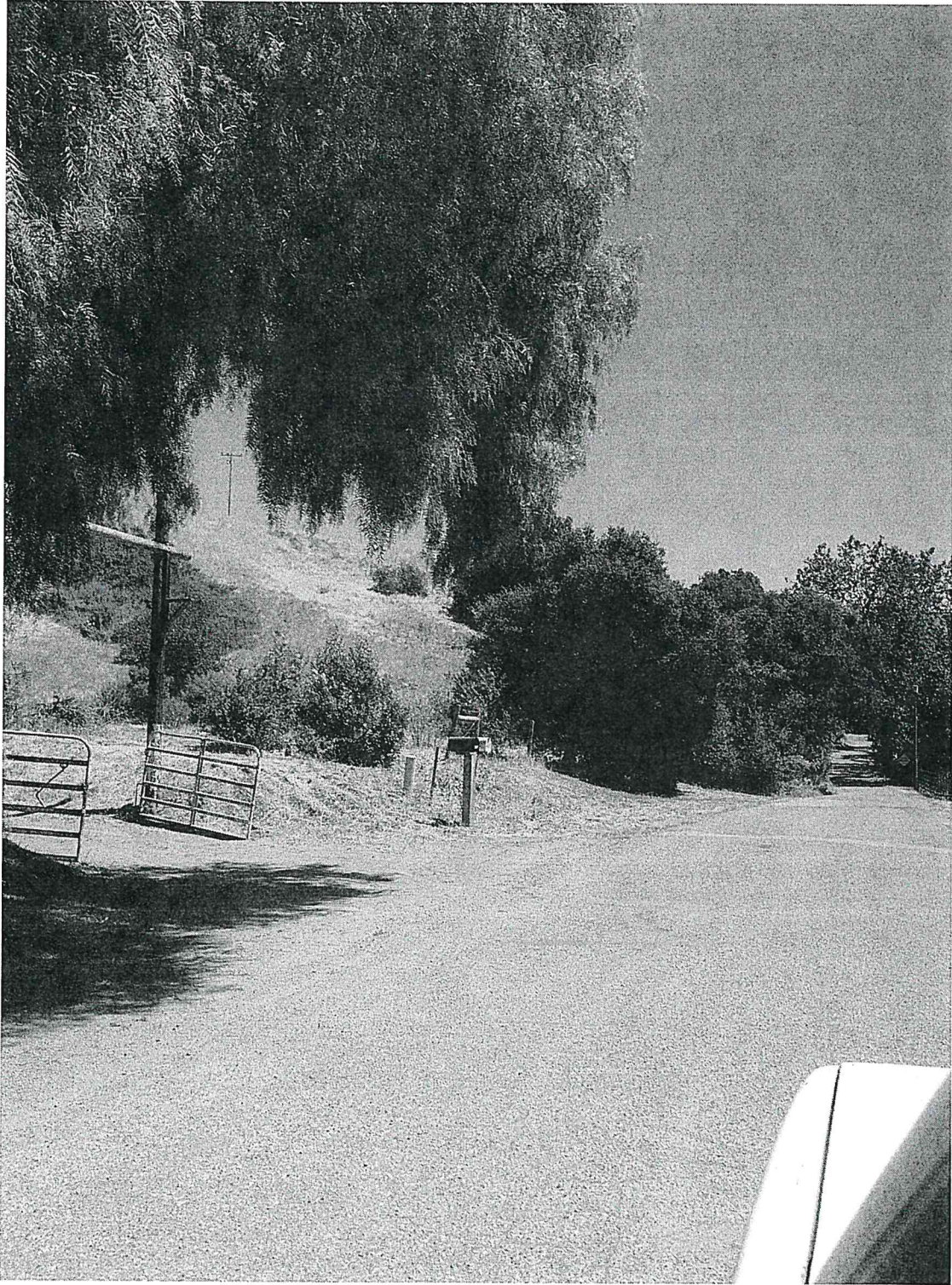
Jonathan Renold Airale CCM2016-00468

#4 Modification / Adjustments From Ordinance



The 300 foot set back in the ordinance needs modification for my outdoor cannabis cultivation. I have adjusted my outdoor cannabis cultivation site 100 feet from the southeast boundary line of the property eliminating visibility from Santa Rosa Creek Road.

#5 Visibility Entering



Visibility 480 feet southeast when ENTERING 6450 Santa Rosa Creek Road. Location of my cannabis cultivation site.

#5 Visibility Entering



Visibility 420 feet northwest when ENTERING 6450 Santa Rosa Creek Road. Location of my cannabis cultivation site.

#5 Visibility Exiting



Visibility 320 feet southeast when EXITING 6450 Santa Rosa Creek Road. Location of my cannabis cultivation site.

#5 Visibility Exiting



Visibility 420 feet northwest when EXITING 6450 Santa Rosa Creek Road. Location of my cannabis cultivation site.

#7 Special Project Information - Phase 2

In Phase 2 if economically feasible I would like the opportunity to apply for farm to table with only cannabis cultivated on site, County permitting under minor use permit.



Parcel Information

APN: 014-133-007

Assessee: SPITZLEY JAMES S TRE

Care Of:

Address: 6450 SANTA ROSA CREEK RD CAMBRIA
CA 93428

Description: PM 15/22 PAR 7 LESS MIN RTS IN PTN

Site Address:
06450 SANTA ROSA CREEK RD

Tax Rate Area Code: 061030

Estimated Acres: 22.35

Community Code: NCADEL

Supervisor District: Supdist 2

Avg Percent Slope: 29

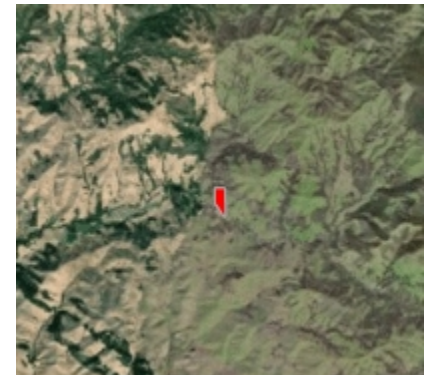


Selected Parcel

Land Use Information

Land Uses Combining Designations

AG	GSA Geologic Hazard Area Proposed Reservoir
----	--



Parcel location within San Luis Obispo County

Permit Information

Permit	Description	Application Date
CCM2016-00468	CCM - Condition Compliance Monitoring	3/27/2017 3:54:12 PM
PMT2016-03951	PMTR - Residential Permit	11/29/2016 12:48:58 PM
CCM2016-00068	CCM - Condition Compliance Monitoring	11/3/2016 2:01:36 PM
ZON2009-00739	Zoning Clearance	6/24/2010 9:29:28 AM
PMT2003-03856	PMTR - Residential Permit	6/15/2004 12:00:00 AM

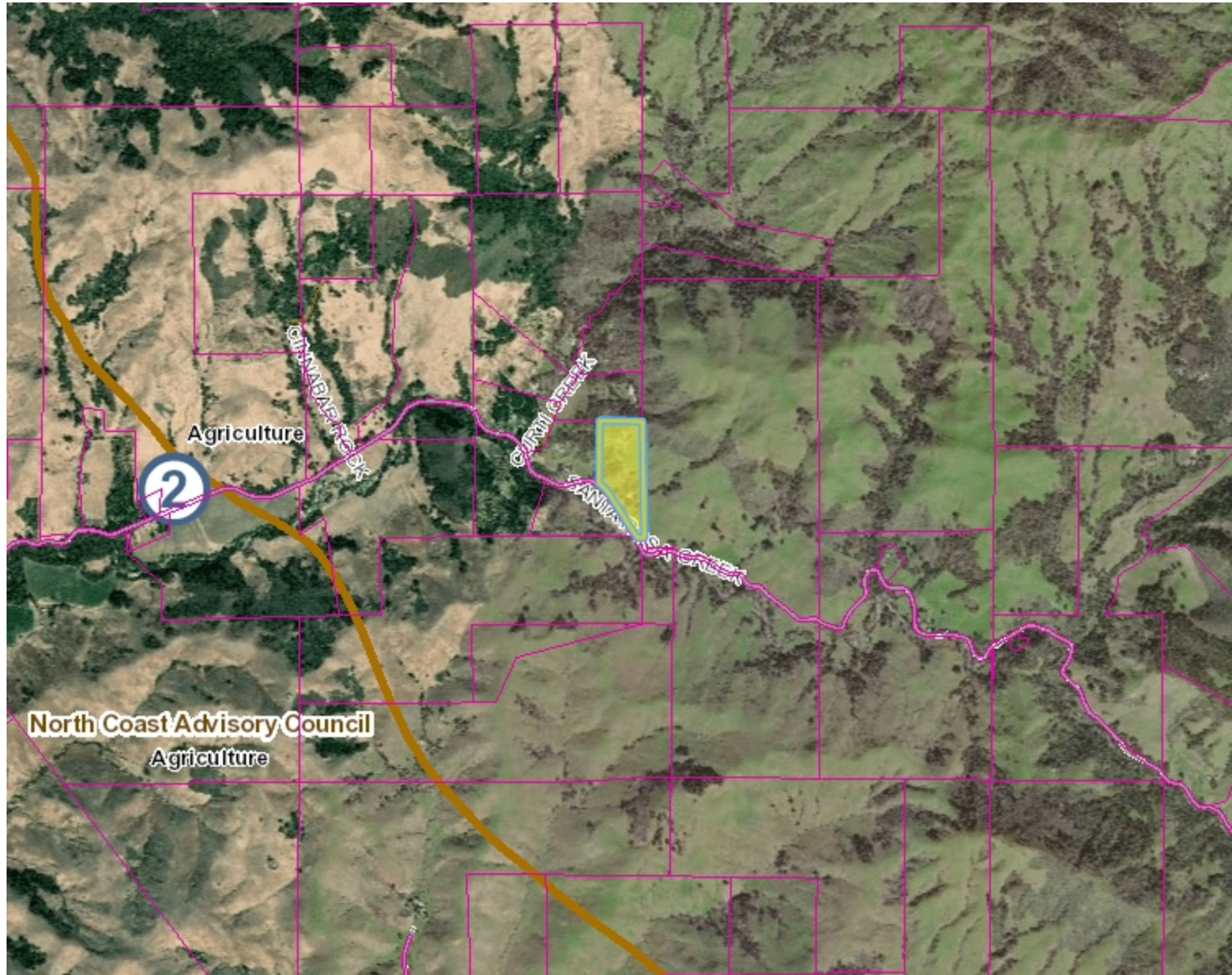


Parcel Summary Report

APN: 014-133-007

PMT2003-03857	PMTR - Residential Permit	6/15/2004 12:00:00 AM
PMT2002-22127	Determination	9/7/1990 12:00:00 AM

Interactive Data Viewer



Legend

- SLO County Parcels
- 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

-6,018.65 0 3,009.33 6,018.65 Feet 1: 36,112

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 22 of 29

Interactive Data Viewer



Legend

- SLO County Parcels
- Roads**
 - CalTrans
 - Maintained by SLO CO
 - Private Maintenance
 - Federal or State Maintenance
- CSD's

-752.33 0 376.17 752.33 Feet 1: 4,514

WGS_1984_Web_Mercator_Auxiliary_Sphere
 © County of San Luis Obispo Planning and Building Department

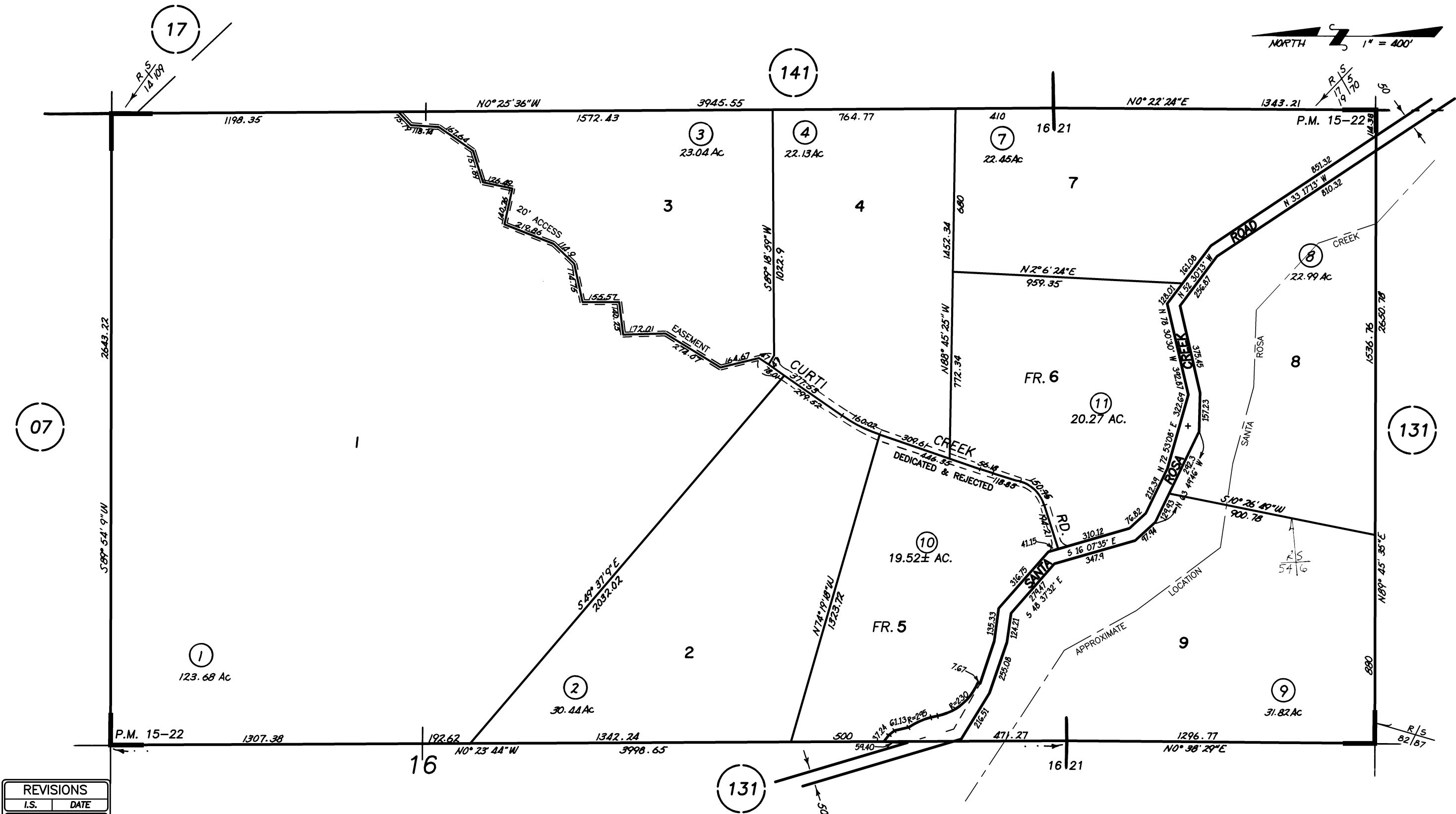


The County of San Luis Obispo does not assume liability for any damages
 caused by errors or omissions in the data and makes no warranty of any kind,
 express or implied, that these data are accurate and reliable.

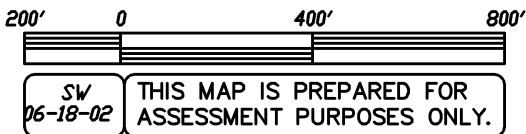
Map for Reference Purposes Only



Referral -- Page 23 of 29

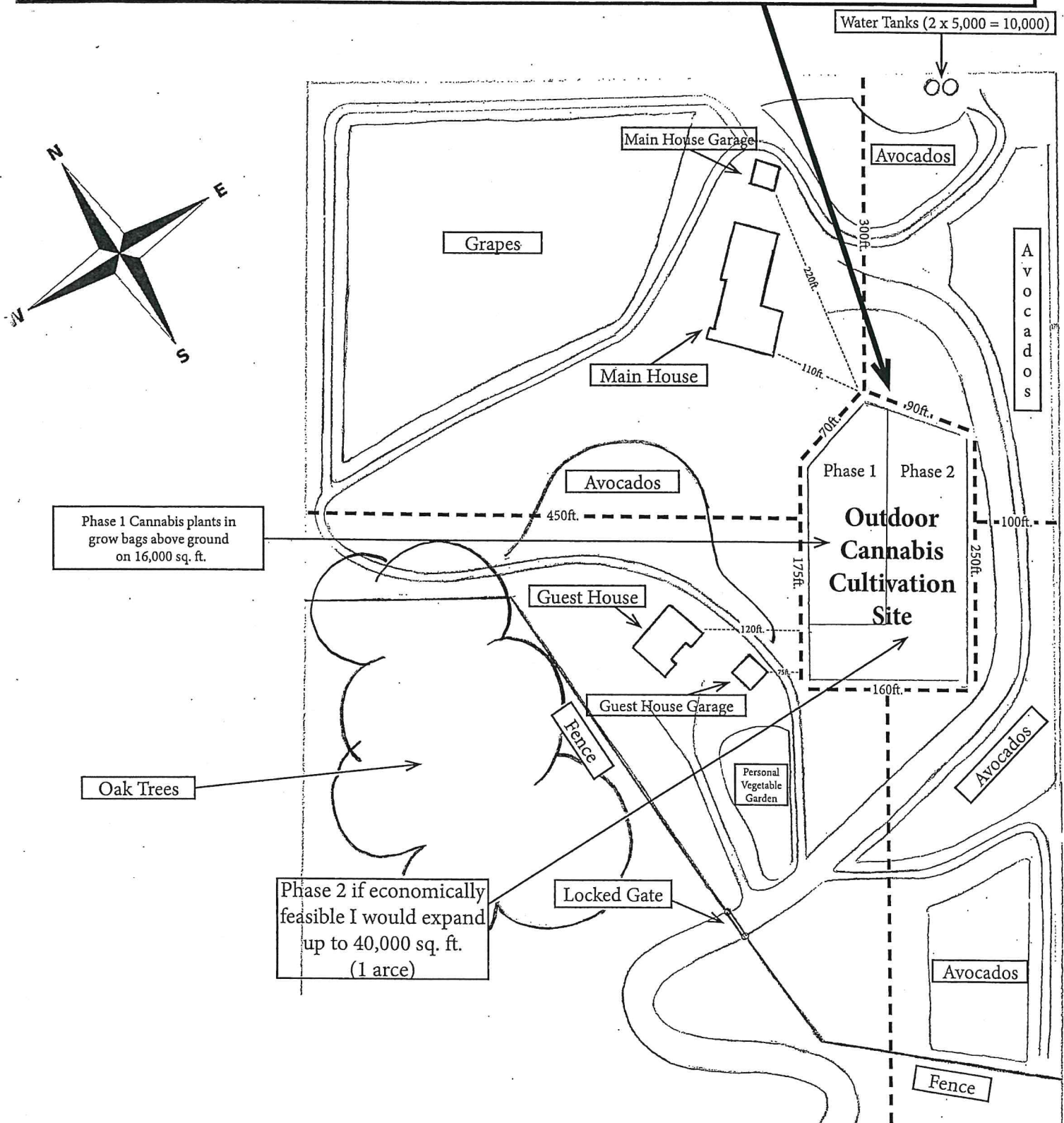


REVISIONS	
I.S.	DATE
06-049	08-10-05
18-129	02-21-18

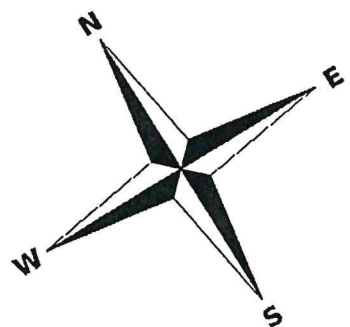
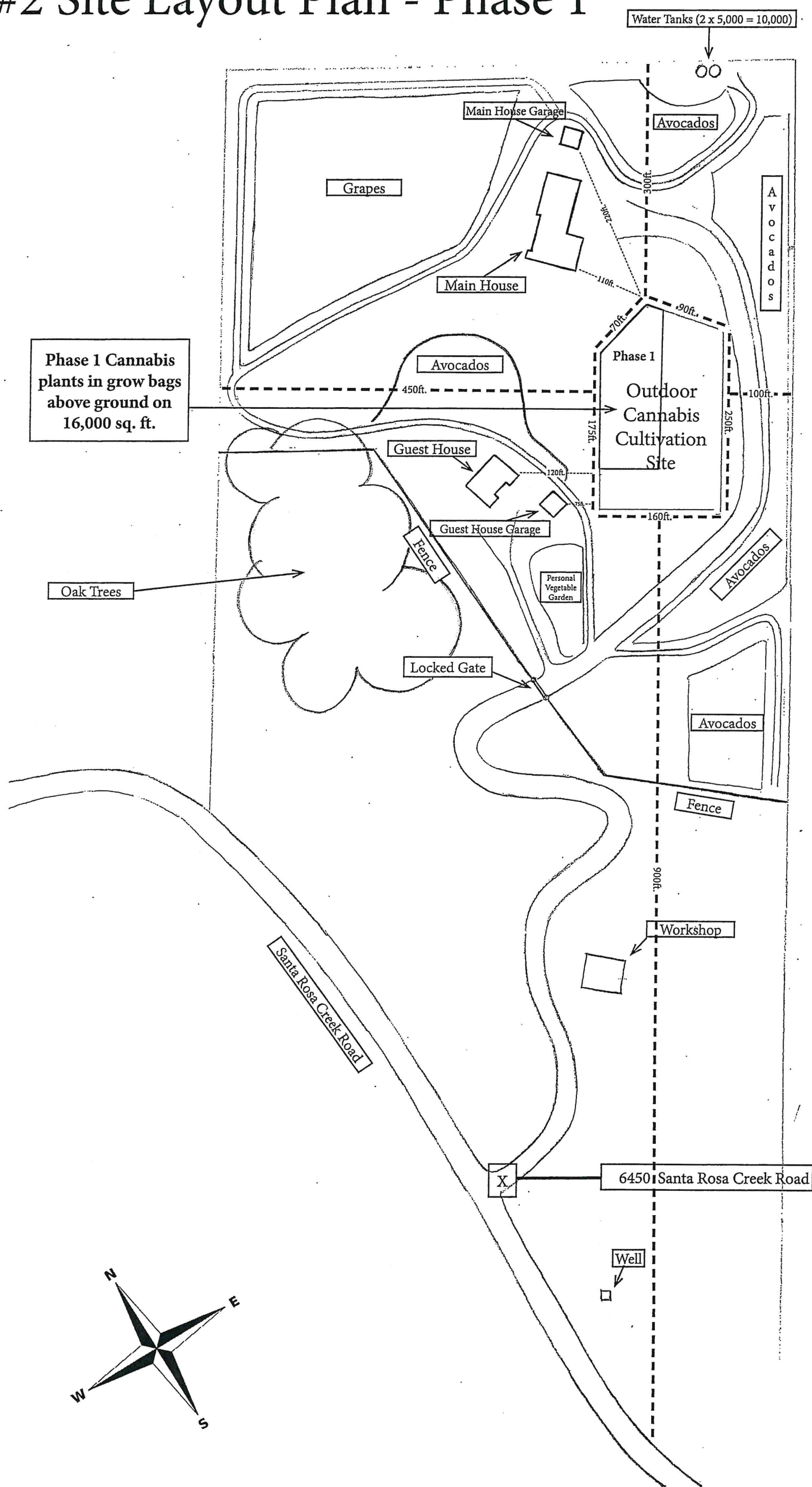


T.27S,R.9E. PTN. SEC'S. 16& 21 MDB&M

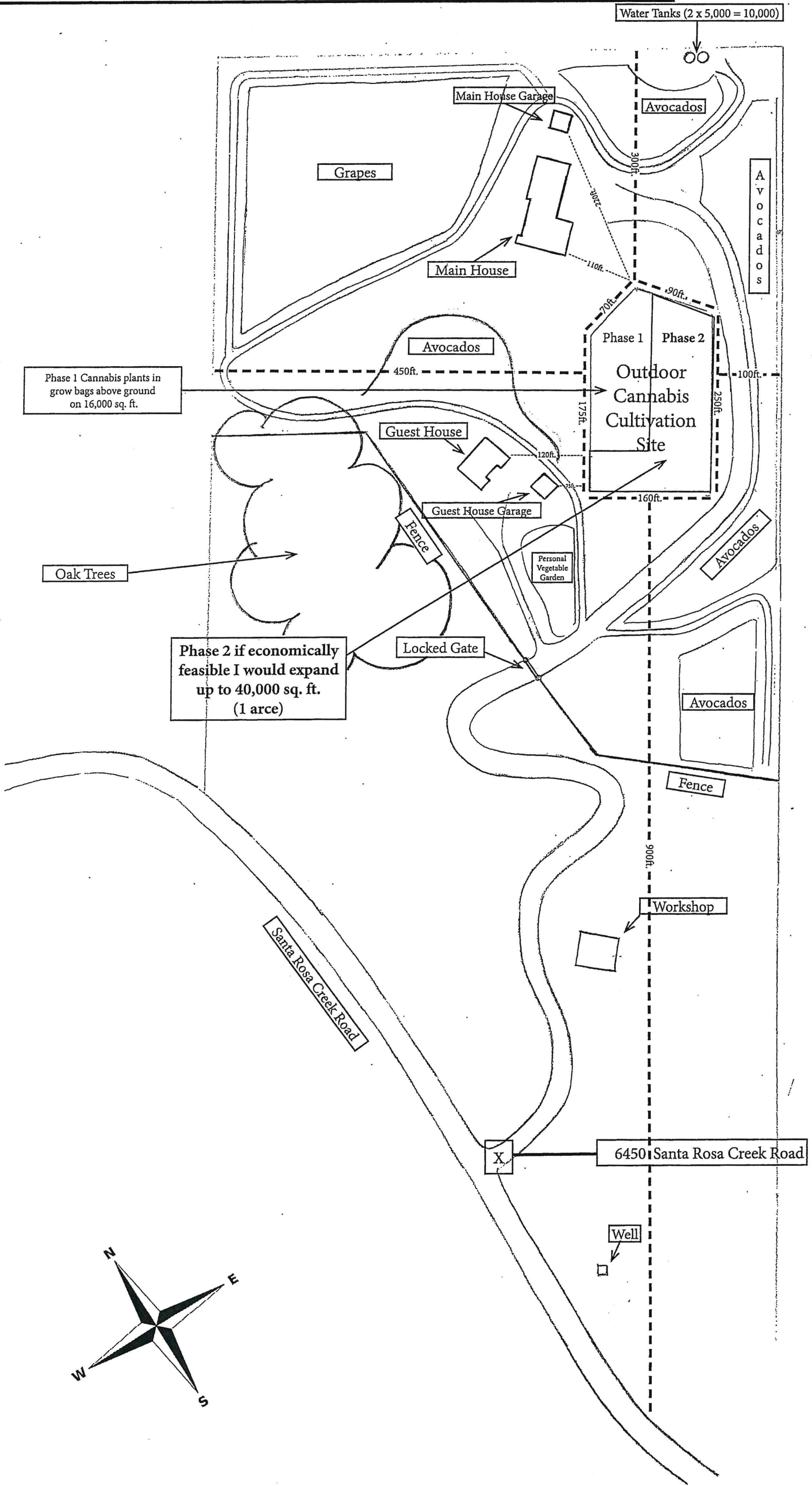
#1 Designated Single Canopy Area - Detailed Diagram



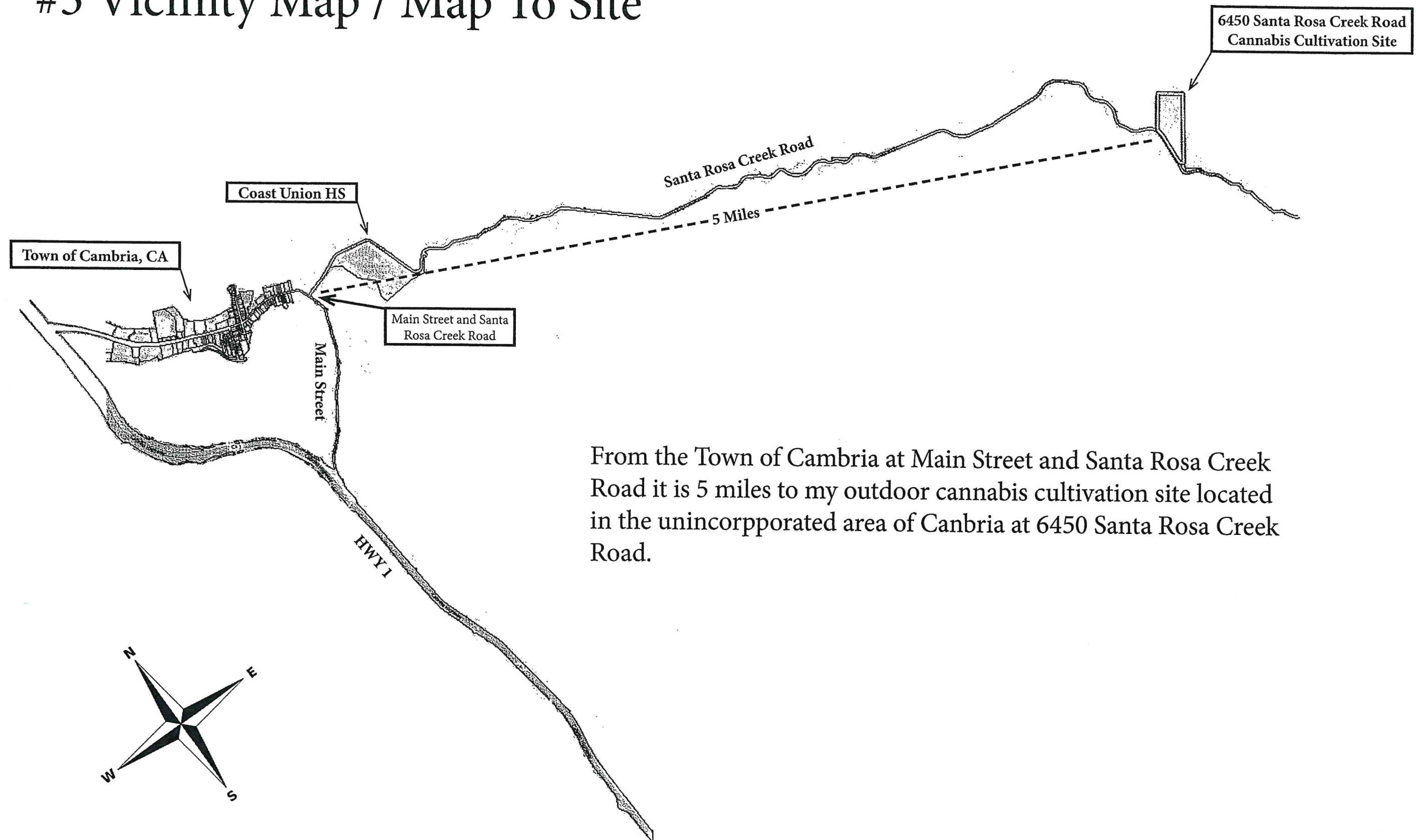
#2 Site Layout Plan - Phase 1



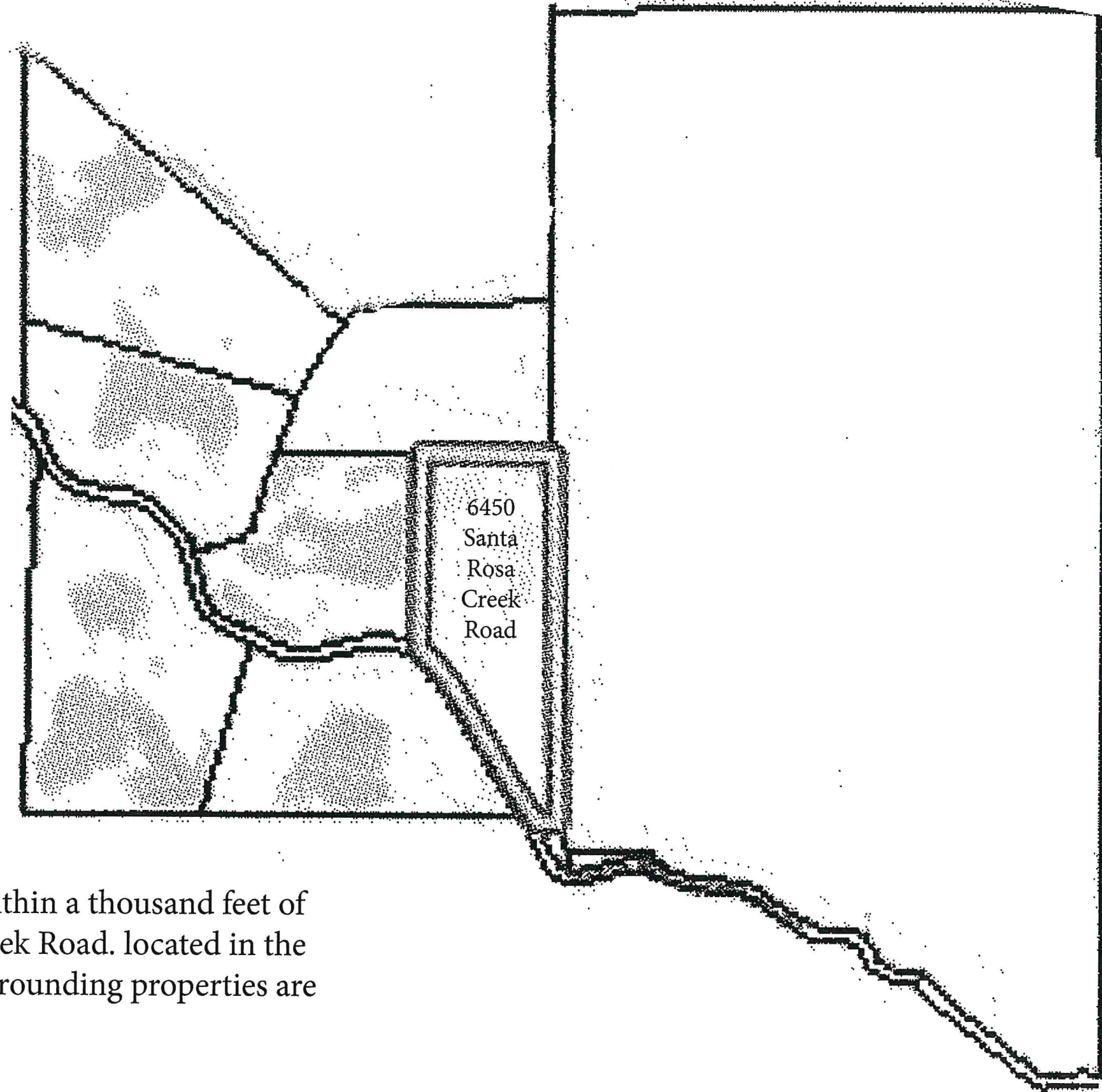
#6 Special Project Information (Site Layout Plan) - Phase 2



#3 Vicinity Map / Map To Site



#3b Vicinity Map / 1000 ft. from Site



There are no enumerated uses located within a thousand feet of the property line of 6450 Santa Rosa Creek Road, located in the unincorporated area of Cambria. All surrounding properties are AG land use.

