



**DEPARTMENT OF RESOURCE MANAGEMENT**  
**Planning Services Division**

Phone (707) 784-6765

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675 Texas Street Suite 5500, Fairfield, CA 94533

Bill Emlen, Director

[www.solanocounty.com](http://www.solanocounty.com)

Mike Yankovich, Program Manager

## **Medicinal Cannabis Outdoor Cultivation Exception Request Overview**

### **PURPOSE**

The Solano County Zoning Regulations requires the issuance of an exception request prior to a qualified patient cultivating medicinal cannabis outdoors. The purpose of an exception request is to ensure that all standards and requirements for the use, as described in the Zoning Regulations or elsewhere in the County Code, are met prior to commencement of the use and will continue to be met during operation of the use.

A qualified patient may request an exception to the general prohibition on outdoor cannabis cultivation to cultivate up to three (3) medicinal cannabis plants outdoors on a yearly basis. In no case will a qualified patient cultivate more than six (6) mature or twelve (12) immature cannabis plants total on the parcel regardless of whether the patients' cannabis cultivation occurs indoors and outdoors. All cultivation and cultivation activities must be in compliance with state and county law.

### **ACTION**

Upon receiving all required information and fees, the County shall provide notice of the Exception for Medicinal Cannabis Exception Request to all contiguous neighbors of the parcel for which the exception is requested. This notice shall provide ten (10) business days for a contiguous neighbor to request a hearing on the Exception Request. In the event no timely request for a hearing is made, the Exception shall be granted. An approved Exception shall expire one (1) year after being granted.

### **SUBMITTAL REQUIREMENTS**

- Completed and signed Medicinal Cannabis Outdoor Cultivation Exception Request Application Form.
- Proof of legal ownership of the parcel or written permission from landlord granting the applicant permission to cultivate cannabis.
- Proof of qualified patient status. (Proof may include California issued Medical Marijuana ID Card or California physician's recommendation. Information identifying any patient will not be retained and status shall be verified solely for the purposes of ensuring compliance with and eligibility for a Medicinal Cannabis Outdoor Cultivation Exception Request).
- Assessor's Parcel Map with subject property outlined in red. (Available at the Assessor's Department located at the County Administration Center (2<sup>nd</sup> floor) or online via [www.solanocounty.com](http://www.solanocounty.com). Click on County's Assessor Recorder Department webpage.)
- Development Plan (1 copy)
  - Plot plan of the parcel indicating where the cultivation will occur, identify all structures on the property and indicate the distance between all structures to the outdoor cultivation site. Indicate the distance between the outdoor cultivation site and all property lines.
- Filing Fee
  - Please consult the fee schedule or contact Planning Services at (707) 784-6765 for appropriate filing fees. Cash, ATM/Debit or check made payable to Solano County are accepted.



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**Medicinal Cannabis Outdoor Cultivation  
 Exception Request Application**

For Office Use	
Application No.	Date Filed
Zoning District	Permit Fee
Land Use Type	Receipt No.
	Initial Review by

**A qualified patient may request an exception to the general prohibition on outdoor cannabis cultivation to cultivate three (3) medicinal cannabis plants outdoors on a yearly basis. In no case will a qualified patient cultivate more than six (6) mature or twelve (12) immature cannabis plants total on the parcel regardless of whether the patients' cannabis cultivation occurs indoors and outdoors. All cultivation and cultivation activities must be in compliance with state and county law.**

**SITE INFORMATION**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Assessor's Parcel Number(s): \_\_\_\_\_ Size (sq. ft/acre): \_\_\_\_\_

Preferred Property Access by Staff:  OK to access  Call applicant before access  Call owner before access

**CONTACT INFORMATION**

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner (check if same as applicant ): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 21 years or older?  Yes  No

**I. Development Plan:**

Please include a plot plan of the parcel where the medicinal outdoor cannabis cultivation will occur. Note: the outdoor cultivation area must be at least ten (10) feet from any property line and within 150 feet of a residence on the parcel.

**II. Patient Details:**

Please provide proof of qualified patient status.

Staff Use Only	
Staff Confirmed Patient Information	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

**DECLARATION of INFORMATION**

The property owner and applicant must sign below certifying that all information is to the best of his or her knowledge and is true and correct.

If the applicant is not the owner of record of all property included in this application, the signature given below is certification that the owners of record have knowledge of and consent to the filing of this application and supporting information. Additionally, the undersigned does hereby authorize representatives of the County to enter upon the above-mentioned property for inspection purposes. Failure to comply with County’s medicinal cannabis outdoor exception request requirements, as well as failure to provide accurate information to the County may be grounds to deny the permit or a future medicinal cannabis outdoor cultivation exception request permit or may be grounds for a revocation of a medicinal cannabis outdoor cultivation exception request permit.

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I hereby certify that the statements furnished above and in the attached exhibits, present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

An approved application shall expire one (1) year after being granted.

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_