



COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH
 CANNABIS COMPLIANCE AND ENFORCEMENT PROGRAM
 5050 COMMERCE DRIVE, BALDWIN PARK, CA 91706
 Telephone: (626) 430-5635 Email: ccep@ph.lacounty.gov



COMMERCIAL CANNABIS FACILITY PLAN CHECK APPLICATION

Incomplete application will not be processed. Three (3) sets of plans are required.

I. APPLICANT INFORMATION			
NAME:			
TITLE:			
CELL PHONE:			
BUSINESS PHONE:			
EMAIL:			
II. FACILITY INFORMATION			
NAME/DBA:			
ADDRESS:			
OWNER NAME:			
OWNER PHONE:			
OWNER EMAIL:			
NUMBER OF EMPLOYEES:			
III. PROJECT TYPE			
<input type="checkbox"/> CONSTRUCTION (New cannabis facility or a remodel exceeding 301 sq. ft.)	<input type="checkbox"/> REMODEL (Less than 300 sq. ft. at an existing cannabis facility)	<input type="checkbox"/> SITE EVALUATION (No changes or modification to previously approved cannabis facility or operation)	
IF REMODEL, SUBMIT:	1. SCOPE OF WORK	2. CITY REMODEL PERMIT	3. OPERATIONAL LETTER
IV. FACILITY CLASSIFICATION AND FEES (Check all that apply)			
CULTIVATION		DISTRIBUTION	
<input type="checkbox"/> CONSTRUCTION: (based on facility size)	FEE	<input type="checkbox"/> CONSTRUCTION: (based on facility size)	FEE
<input type="checkbox"/> 1 - 9,999 SQ. FT. (PE: 9710)	\$1,721.00	<input type="checkbox"/> 1 - 4,999 SQ. FT. (PE: 9704)	\$2,139.00
<input type="checkbox"/> 10,000 - 21,999 SQ. FT. (PE: 9711)	\$1,942.00	<input type="checkbox"/> 5,000 - 9,999 SQ. FT. (PE: 9705)	\$2,508.00
<input type="checkbox"/> 22,000 + SQ. FT. (PE: 9712)	\$2,164.00	<input type="checkbox"/> 10,000 + SQ. FT. (PE: 9706)	\$2,729.00
<input type="checkbox"/> REMODEL (PE: 9713)	\$501.00*	<input type="checkbox"/> REMODEL (PE: 9713)	\$501.00*
<input type="checkbox"/> SITE EVALUATION (PE: 9714)	\$334.00**	<input type="checkbox"/> SITE EVALUATION (PE: 9714)	\$334.00**
MANUFACTURING		RETAIL / DELIVERY ONLY	
<input type="checkbox"/> CONSTRUCTION: (based on facility size)	FEE	<input type="checkbox"/> CONSTRUCTION: (based on facility size)	FEE
<input type="checkbox"/> 1 - 999 SQ. FT. (PE: 9707)	\$2,139.00	<input type="checkbox"/> 1 - 999 SQ. FT. (PE: 9701)	\$1,573.00
<input type="checkbox"/> 1,000 - 4,999 SQ. FT. (PE: 9708)	\$2,581.00	<input type="checkbox"/> 1,000 - 4,999 SQ. FT. (PE: 9702)	\$1,795.00
<input type="checkbox"/> 5,000 + SQ. FT. (PE: 9709)	\$2,803.00	<input type="checkbox"/> 5,000 + SQ. FT. (PE: 9703)	\$2,114.00
<input type="checkbox"/> REMODEL (PE: 9713)	\$501.00*	<input type="checkbox"/> REMODEL (PE: 9713)	\$501.00*
<input type="checkbox"/> SITE EVALUATION (PE: 9714)	\$334.00**	<input type="checkbox"/> SITE EVALUATION (PE: 9714)	\$334.00**
EXTRACTION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
GRAND TOTAL:			

* The fee is based on a minimum service charge of three (3) hours. Additional fees may apply to offset the costs incurred for services exceeding initial fee and shall be charged based on the Standard Billing Hourly Rate.

** The fee is based on a minimum service charge of two (2) hours. Additional fees may apply to offset the costs incurred for services exceeding initial fee and shall be charged based on the Standard Billing Hourly Rate.

ACKNOWLEDGEMENT: Under penalty of perjury, I hereby declare that the information contained within the application is complete, true, and accurate. I understand the fee is **NON-REFUNDABLE** and the application is **NON-TRANSFERABLE**. The fee amount is based on my declaration of the project type and business classification indicated above. If the declaration is found to be incorrect, I understand that additional fees may apply. I also understand that plans are reviewed within twenty (20) working days after receipt of payment. Once deemed **APPROVED**, it is valid for twelve (12) months. If **NOT APPROVED**, it is valid for six (6) months to obtain approval. Finally, I understand plans must be approved prior to construction or installation of equipment and recognize that it is a misdemeanor violation to operate without approval from the Cannabis Compliance and Enforcement Program. I understand that it is my responsibility to obtain all necessary license and/or permits from local agencies and the state.

SIGNATURE: _____

DATE: _____