



County of Mendocino

Department of Planning and Building Services

860 NORTH BUSH STREET UKIAH CALIFORNIA 95482

752 SOUTH FRANKLIN ST FORT BRAGG CALIFORNIA 95437

RICHARD ANGLE, INTERIM DIRECTOR

TELEPHONE: 707-234-6650

FAX: 707-463-5709

FB PHONE: 707-964-5379

FB FAX: 707-961-2427

pbs@mendocinocounty.gov

www.mendocinocounty.gov/pbs

PROPERTY OWNER CONSENT FORM

I, _____, declare under penalty of perjury that:

1. I am the record title owner of the property located at:

_____, Mendocino County, California,
(Physical Address)

APN _____, or the title owner is a trust or business entity named,
_____, and I have been duly authorized to represent such
trust or business entity for purposes of executing this document.

2. I, or the trust or business entity I represent, am aware that the applicant is in the process of applying to the County of Mendocino Cannabis Program for a permit to cultivate cannabis on the property described above in conformance with all the provisions of Chapters 10A.17 and 20.242 of the Mendocino County Code.

3. I, or the trust or business entity I represent, understand that, as the owner of the parcel containing a Cannabis Cultivation Site, I am required to sign this agreement in order for the applicant's application to go forward and understand that I may be liable under local, state, or federal law for the cannabis cultivation activities I am allowing on my property.

Signed this _____ day of _____, 20_____

(Landowner Signature)

(Renter Signature)