Mono County Community Development Department

PO Box 347 Mammoth Lakes, CA 93546 (760) 924-1800, fax 924-1801 commdev@mono.ca.gov

Planning Division

PO Box 8 Bridgeport, CA 93517 (760) 932-5420, fax 932-5431 www.monocounty.ca.gov

COMMERCIAL CANNABIS ACTIVITY

USE PERMIT	APPLICATION # FEE \$				
APPLICATION	DATE RECEIVED				
	RECEIPT # CHECK # or CASH 🗖				
	RECEIVED BY				
APPLICANT/AGENT ROBERT M. DIVITO					
ADDRESS 8033 SUNSET BLVD., #987	CITY/STATE/ZIP LOS ANGELES, CA 90046				
	E-MAIL ROBERT@E7CA.COM				
	ant PROPERTY UNDER PURCHASE AGREEMENT (SIGRA LLC)				
ADDRESS 110411 US HIGHWAY 395	CITY/STATE/ZIP COLEVILLE, CA 96107				
TELEPHONE (312) 823 7638	E-MAIL ROBERT@E7CA.COM				
☐ Copy of Title or Deed					
OR					
☐ Signed statement of consent and a cop	by of the rental agreement				
PROPERTY DESCRIPTION:					
Assessor's Parcel #002-060-044-000	General Plan Land Use Designation COMMERCIAL				
TYPE OF ACTIVITY (check all intended u	se on the property):				
☐ Nursery ☐ Cultivation ☐ Pr	rocessing				
☐ Manufacturing Type N or P ☐ M	Ianufacturing Type 6 ☐ Manufacturing Type 7				
☐ Testing ☐ M Retail ☐ M	icrobusiness (check all activities that apply)				
Other					
	project in detail, attaching additional sheets if necessary. NOTE: An ion may delay project processing and/or require additional staff time				
APPLICANT PROPOSES TO DEVELOP A COM	MERCIAL CANNABIS (MEDICAL AND ADULT-USE) DISPENSARY ON THE				
PROPERTY WITH A SECONDARY CANNABIS	S DELIVERY BUSINESS.				

Will the activity take pla	ce in an existing structu	re? 🛛 YES	☐ NO	□ N/A	
If NO, have you ap	plied for a Building Perm	nit? 🛚 YES	□ NO		
WATER CONSERVATIO water systems or other r				-	systems, grey
ELEMENT 7 WILL USE A R	RANGE OF WATER SAVING	DEVICES AT T	HE FACILITY IN	CLUDING A RAIN	WATER TANK
SYSTEM THAT CAPTURES	S RAIN FROM THE ROOF S	TRUCTURE, W <i>A</i>	TER SAVING FA	AUCETS AND TAPS	S, & WATER
EFFICIENT TOILET FLUSH	I SYSTEMS.				
ATTACHMENTS: The fo	llowing documents are r	equired for th	is application to	o be deemed com	uplete:
Vicinity Map					
🛛 Site Plan					
🛛 Floor Plan					
🛛 Odor Mitigation I	Plan				
🛛 Sign Plan					
Visual Screening	; Plan				
\[\begin{align*} \text{Lighting Plan} \end{align*} \]					
Parking Plan					
☑ Fire Prevention P	lan				
☐ Documentation f	or any "fixed noise sourc	ces"			
DISTRIBUTION Storage and hand TESTING FACILITY Certificate of acc		l accrediting b	ody		
corporation, or \square owner document must accompa	nterest in the property : T's legal agent having Powany the application form December 30, 2019	must sign, 🗖 wer of Attorney), AND THAT T	corporate office y for this action	cer(s) empowered n (a notarized "Po NG IS TRUE AND	d to sign for the ower of Attorney"
Signature	Date	Signature		Date	
Signature	Date	Signature		Date	_
Signature	Date	Signature		Date	_