

**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**

APPLICATION # _____ FEE \$ _____
DATE RECEIVED _____
RECEIPT # _____ CHECK # _____ or CASH <input type="checkbox"/>
RECEIVED BY _____

APPLICANT/AGENT Eric Edgerton

ADDRESS 108432 Hwy 395 CITY/STATE/ZIP Coleville, Ca 96107

TELEPHONE () E-MAIL

PROPERTY OWNER, if other than applicant Edgerton Family Trust

ADDRESS 108432 Hwy 395 / P.O. Box 207 CITY/STATE/ZIP Coleville, CA 96107

TELEPHONE (775) 291-1480 E-MAIL

Copy of Title or Deed

OR

Signed statement of consent and a copy of the rental agreement

PROPERTY DESCRIPTION:

Assessor's Parcel # 002-450-024-000 General Plan Land Use Designation Ag10

TYPE OF ACTIVITY (check all intended use on the property):

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Nursery | <input checked="" type="checkbox"/> Cultivation | <input type="checkbox"/> Processing | <input checked="" type="checkbox"/> Distribution |
| <input type="checkbox"/> Manufacturing Type N or P | <input type="checkbox"/> Manufacturing Type 6 | <input type="checkbox"/> Manufacturing Type 7 | |
| <input type="checkbox"/> Testing | <input checked="" type="checkbox"/> Retail | <input type="checkbox"/> Microbusiness (check all activities that apply) | |
| <input type="checkbox"/> Other _____ | | | |

PROPOSED USE: Describe the proposed project in detail, attaching additional sheets if necessary. NOTE: An incomplete or inadequate project description may delay project processing and/or require additional staff time to write or refine the description.

See attached project description

