



Cultivation Site Inspection Report

Applicant Name:	Contact number:
CCBL #:	CCBL Type and Phase:
Site Address:	
Agent name:	Contact Number:

Pass	Fail	N/A	Inspection Type	Ordinance section	Quick Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth Facilities (1,000 feet)	10A.17.040 A(1)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjoining parcel setbacks	10A.17.040 B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fallowed area		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights shielded	10A.17.040 E	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Track and Trace	10A.17.020 J	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cultivation Fence/site secured	10A.17.040 B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tree removal	10A.17.040 K	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immature area	10A.17.060	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residential unit	10A.17.070 E	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fertilizers/Pesticide storage	10A.17.070 Q	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Defensible Space	10A.17.070 N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard dogs/pets restrained	10A.17.070 Y (3)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site plan/location accuracy • Trimming area • Cannabis storage • Drying area	10A.17.070 S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator use/Fuel storage	10A.17.090 E (2)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water source/irrigation lines/Water storage	10A.17.090 E (4)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grading (building permit)	10A.17.100 C (1)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cumulative total square footage of plant canopy	10A.17.070 D (1)	

Applicant signature:	Inspector Signature:
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Inspection Pass
Inspection fail
Date: _____

Additional Notes:
