PLAN CHECK SERVICE REQUEST
CANNABIS FACILITY

Environmental Health Division
5050 Commerce Drive
Baldwin Park, CA 91706
www.publichealth.lacounty.gov/EH | (888) 700-9995

County of Los Angeles Public Health

☐ TENANT IMPROVEMENT
☐ NEW FACILITY
☐ FACILITY REMODEL
☐ CHANGE OF OWNERSHIP

DATE OF APPLICATION: _____

ONE (1) SET OF PLANS IS REQUIRED. INCOMPLETE APPLICATIONS WILL **NOT** BE PROCESSED.

Contact the Cannabis Compliance and Enforcement Program at 626-430-5635 or ccep@ph.lacounty.gov for questions.

SUBMITTER'S INFORMATION			
Submitter Name (First, Middle, Last):			**Title:**
Received By:	**Business Phone:**	**Mobile:**	**Email:**

FACILITY'S INFORMATION	
Name/DBA:	**Business Phone:**
Address:	
City:	**Zip Code:**
☐ **Approval Letter from the City (Attach a copy with this application.)** ☐ **Referral Form from the Building & Safety (B&S) Department**	

OWNER'S INFORMATION	
First Name:	**Last Name:**
Corporation Name:	
Business Phone:	**Mobile Phone:**
Email:	

CHANGE OF OWNERSHIP

Facilities that have been previously approved, permitted by Public Health, and have not undergone any changes, may request a site evaluation to determine if they meet current requirements. Facilities that have experienced remodeling are required to submit plans.

A site evaluation is subject to an initial fee of $334 per category.

CHECK ALL CATEGORIES THAT APPLY:

☐ CULTIVATION ☐ DISTRIBUTION ☐ MANUFACTURING ☐ RETAIL **GRAND TOTAL**: _____

FACILITY CLASSIFICATION & FEES

Facility Remodel Remodeling is limited to facilities with a permit and no changes of ownership.

- If the remodel is 300 square feet or less at an existing facility, select the "Remodel" option.
- If the remodel is more than 300 square feet at an existing facility, the full plan check fee applies.
- Provide the following:
  - Scope of Work
  - Health Permit
  - Operational Letter

Additional fees may apply to offset the costs incurred for services exceeding the initial fee. These fees will be charged based on the Standard Billing Hourly Rate.

PLAN CHECK CATEGORY

CULTIVATION:

☐ 1 - 9,999 SQ. FT.	**(PE: 9710)**	$1,721	☐ 22,000+ SQ. FT.	**(PE: 9712)**	$2,164
☐ 10,000 - 21,999 SQ. FT.	**(PE: 9711)**	$1,942	☐ REMODEL	**(PE: 9713)**	$501

ACTIVITY (CHECK ALL THAT APPLY): ☐ GROW ☐ PRE-ROLL ☐ DRY/TRIM ☐ PACKAGE ☐ CURE/GRADE

DISTRIBUTION:

☐ 1 - 4,999 SQ. FT.	**(PE: 9704)**	$2,139	☐ 10,000+ SQ. FT.	**(PE: 9706)**	$2,729
☐ 5,000 - 9,999 SQ. FT.	**(PE: 9705)**	$2,508	☐ REMODEL	**(PE: 9713)**	$501

ACTIVITY (CHECK ALL THAT APPLY):
☐ STORAGE ☐ BATCH SAMPLE ☐ PRE-ROLL ☐ PACKAGE ☐ TRANSPORT

MANUFACTURING:

☐ 1 - 999 SQ. FT.	**(PE: 9707)**	$2,139	☐ 5,000+ SQ. FT.	**(PE: 9709)**	$2,803
☐ 1,000 - 4,999 SQ. FT.	**(PE: 9708)**	$2,581	☐ REMODEL	**(PE: 9713)**	$501

ACTIVITY (CHECK ALL THAT APPLY):
☐ INFUSE ☐ EXTRACT ☐ PRE-ROLL ☐ PACKAGE ☐ OTHER: _____

EXTRACT METHOD (CHECK ONE):
☐ MECHANICAL ☐ VOLATILE ☐ NON-VOLATILE ☐ OTHER _____

RETAIL:					
☐ 1 - 999 SQ. FT.	**(PE: 9701)**	$1,573	☐ 5,000+ SQ. FT.	**(PE: 9703)**	$2,114
☐ 1,000 - 4,999 SQ. FT.	**(PE: 9702)**	$1,795	☐ REMODEL	**(PE: 9713)**	$501
ACTIVITY (CHECK ALL THAT APPLY): ☐ STOREFRONT ☐ DELIVERY ONLY					

GRAND TOTAL: _____

ACKNOWLEDGEMENT

Under penalty of perjury, I hereby declare that the information contained in this application is complete, true, and accurate. I understand the fee is **NON-REFUNDABLE** and that this application is **NON-TRANSFERABLE**. The fee amount is based on my declaration of the project type and business classification indicated above. If this declaration is found to be incorrect, I understand that additional fees may apply.

I understand that plans will be reviewed within twenty (20) working days after payment is received. Once the plans are deemed **APPROVED**, I understand that the approval is valid for twelve (12) months. If plans are **NOT APPROVED**, I understand that corrected plans must be resubmitted within six (6) months to obtain approval.

I understand that plans must be approved by the Cannabis Compliance and Enforcement Program before construction begins or equipment is installed. Finally, I understand that it is my responsibility to obtain all required licenses and/or permits from local agencies and the State.

Print Name: _____ **Signature:** _____ **Date:** _____

OFFICE USE ONLY			
RECEIVED BY:	**REVIEWED BY:**	**PAYMENT DATE:**	**INVOICE NUMBER:**
COMMENTS:			**SR #:**