



PLAN CHECK SERVICE REQUEST

CANNABIS

Environmental Health Division
Cannabis Compliance and Enforcement Program
5050 Commerce Drive, Baldwin Park, CA 91706
ccep@ph.lacounty.gov
(626) 430-5635



Date of Application:		Submitter Name: (First Middle Last):		Title:		
Received By:		Business Phone:		Mobile:		
Email:						
ONE (1) SET OF PLANS IS REQUIRED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.						
FACILITY	Name/DBA:			OWNER	First Name: Middle Name:	
	Address:				Last Name:	
	City:		Corporation Name:			
	Zip:		Business Phone/s:			
	Business Phone/s:				Mobile: E-mail:	
☐ Approval Letter from the City (Attach a copy with application)						
CHECK ALL THAT APPLY						
FACILITY CLASSIFICATION & FEES	CULTIVATION¹		FEE		DISTRIBUTION¹	
	☐ CONSTRUCTION/TENANT IMPROVEMENT (New/TT cannabis facility or a remodel exceeding 301 sq. ft.)				☐ CONSTRUCTION/TENANT IMPROVEMENT (New/TT cannabis facility or a remodel exceeding 301 sq. ft.)	
	☐ 1 - 9,999 SQ. FT. (PE: 9710)		\$1,721.00		☐ 1 - 4,999 SQ. FT. (PE: 9704)	
	☐ 10,000 - 21,999 SQ. FT. (PE: 9711)		\$1,942.00		☐ 5,000 - 9,999 SQ. FT. (PE: 9705)	
	☐ 22,000+ SQ. FT. (PE: 9712)		\$2,164.00		☐ 10,000+ SQ. FT. (PE: 9706)	
	☐ REMODEL* (< 300 sq. ft. at an existing cannabis facility) (PE: 9713)		\$501.00 ²		☐ REMODEL* (< 300 sq. ft. at an existing cannabis facility) (PE: 9713)	
	ACTIVITY: ☐ GROW ☐ DRY/TRIM ☐ PRE-ROLL ☐ PACKAGE CURE/GRADE				ACTIVITY: ☐ STORAGE ☐ PRE-ROLL ☐ TRANSPORT ☐ BATCH SAMPLE ☐ PACKAGE	
	MANUFACTURING¹		FEE		RETAIL¹	
	☐ CONSTRUCTION/TENANT IMPROVEMENT (New/TT cannabis facility or a remodel exceeding 301 sq. ft.)				☐ CONSTRUCTION/TENANT IMPROVEMENT (New/TT cannabis facility or a remodel exceeding 301 sq. ft.)	
	☐ 1 - 999 SQ. FT. (PE: 9707)		\$2,139.00		☐ 1 - 999 SQ. FT. (PE: 9701)	
☐ 1,000 - 4,999 SQ. FT. (PE: 9708)		\$2,581.00		☐ 1,000 - 4,999 SQ. FT. (PE: 9702)		
☐ 5,000+ SQ. FT. (PE: 9709)		\$2,803.00		☐ 5,000+ SQ. FT. (PE: 9703)		
☐ REMODEL* (< 300 sq. ft. at an existing cannabis facility) (PE: 9713)		\$501.00 ²		☐ REMODEL* (< 300 sq. ft. at an existing cannabis facility) (PE: 9713)		
ACTIVITY: ☐ INFUSE ☐ EXTRACT ☐ OTHER ☐ PRE-ROLL ☐ PACKAGE				*IF REMODEL, SUBMIT: 1. SCOPE OF WORK 2. HEALTH PERMIT 3. OPERATIONAL LETTER		
EXTRACT METHOD: ☐ MECHANICAL ☐ VOLATILE ☐ NON-VOLATILE ☐ OTHER						
1. Additional fees will apply to offset the costs incurred for services exceeding initial fee and shall be charged based on the Standard Billing Hourly Rate. 2. The fee is based on a minimum service charge of two (2) hours and does not include any subsequent field visit. Additional fees will apply to offset the costs incurred for services exceeding initial fee and shall be charged based on the Standard Billing Hourly Rate.					GRAND TOTAL: \$	
ACKNOWLEDGEMENT	Under penalty of perjury, I hereby declare that the information contained within the application is complete, true, and accurate. I understand the fee is NON-REFUNDABLE and the application is NON-TRANSFERABLE. The fee amount is based on my declaration of the project type and business classification indicated above. If the declaration is found to be incorrect, I understand that additional fees may apply. I understand that plans are reviewed within twenty (20) working days after receipt of payment. Once deemed APPROVED, I understand that the plan approval is valid for twelve (12) months. If plans are NOT APPROVED, I understand that corrected plans must be resubmitted within (6) months to obtain approval. I understand that plans must be approved prior to construction or installation of equipment from the Cannabis Compliance and Enforcement Program. Finally, I understand that it is my responsibility to obtain all necessary license and/or permits from local agencies and the state.					
	Print Name: _____ Signature: _____ Date: _____					