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MEDICAL CANNABIS PERMIT APPLICATION INSPECTION CARD

To obtain a medical cannabis permit from the City Administrator's Office (CAO) applicants must comply with the requirements of all applicable departments listed below, which shall be demonstrated by obtaining signatures of final approval on this inspection card. Failure to obtain approvals within one year of submission of the application to the CAO shall result in automatic expiration of the application. Please note this inspection card is for the CAO's purposes only and it does not constitute a permit of any kind nor relieve an applicant from the responsibility of complying with the below agencies in the future.

Applicant: _____ Address of Facility: _____

DATE	DEPARTMENT	STAFF NAME	STAFF SIGNATURE
1	Planning/Zoning		
2	Port of Oakland (if facility falls under Port jurisdiction)		
3	Building Services		
	- Plumbing		
	- Electrical		
	- Building		
4	Fire Prevention Bureau		
5	Revenue Management Bureau		
6	Alameda County Environmental Health (edible manufacturers only)		
7	Alameda County Agriculture (cultivators using pesticides only)		
8	EBMUD (Cultivators and Manufacturers only)		

CONTACT INFORMATION FOR INSPECTING AGENCIES ON BACK OF CARD

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PROPOSED CANNABIS USES (list all): _____

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PROPOSED CANNABIS USE _____

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Please give a brief description of your cannabis operation including type of activity, size of operation, and any chemical which might be used. This will assist us in making our CEQA determination.

Blank lines for providing a brief description of the cannabis operation.