



HUMBOLDT COUNTY
PLANNING AND BUILDING DEPARTMENT
CURRENT PLANNING DIVISION
3015 H STREET, EUREKA, CA 95501 ~ PHONE (707) 445-7541

9/4/2018

PROJECT REFERRAL TO: CalFire

Project Referred To The Following Agencies:

Building Inspection Division, Public Works Land Use Division, Health and Human Services Environmental Health Division, County Counsel, CalFire, California Department of Fish And Wildlife, Northwest Information Center, Bear River Band Rohnerville Rancheria, Regional Water Quality Control Board, North Coast Unified Air Quality Management District, Humboldt County District Attorney, Humboldt County Agriculture Commissioner, Humboldt County Sheriff, Alderpoint Volunteer Fire Protection District, Division of Water Rights, Southern Humboldt Joint Unified School District

Applicant Name Meyers and Aquarian LLC Key Parcel Number 216-135-015-000

Application (APPS#) 12124 Assigned Planner Cannabis Planner (CPOD) (707) 445-7541 Case Number(s) CUP16-538

Please review the above project and provide comments with any recommended conditions of approval. To help us log your response accurately, please include a copy of this form with your correspondence.

Questions concerning this project may be directed to the assigned planner for this project between 8:30am and 5:30pm Monday through Friday.

County Zoning Ordinance allows up to 15 calendar days for a response. If no response or extension request is received by the response date, processing will proceed as proposed.

If this box is checked, please return large format maps with your response.

Return Response No Later Than 9/19/2018

Planning Commission Clerk

County of Humboldt Planning and Building Department

3015 H Street

Eureka, CA 95501

E-mail: PlanningClerk@co.humboldt.ca.us Fax: (707) 268-3792

We have reviewed the above application and recommend the following (please check one):

Recommend Approval. The Department has no comment at this time.

Recommend Conditional Approval. Suggested Conditions Attached.

Applicant needs to submit additional information. List of items attached.

Recommend Denial. Attach reasons for recommended denial.

Other Comments: _____

DATE: _____

PRINT NAME: _____

We have reviewed the above application and recommend the following (please check one):

The Department has no comment at this time.

Suggested conditions attached.

Applicant needs to submit additional information. List of Items attached.

Recommend denial.

Other comments.

Date:

Name:

Forester Comments:

Date:

Name:

Battalion Chief Comments:

Summary: