



CASE# _____

**RESTRICTIONS ON CANNABIS CULTIVATION
COMPLAINT FORM**

Date: _____

Property Owner: _____ Parcel: _____

Alleged Violation Address: _____

City: _____

Complaint Types: Check violation(s) that apply **AND** include written remarks below.

- Cultivation Area Violation (over max sq ft/ratio) (Medical Cannabis Cultivation)
- Cultivation of more than six plants per parcel (Non-Medical Cannabis Cultivation)
- Parcel does not have a legal residence
- Outdoor grow on a parcel 0.5 acre or less (Medical Cannabis)
- Outdoor grow on parcel 5.0 acres or less (Non-Medical Cannabis Cultivation)
- Setback violation (please specify below in detail)
- Cannabis plants are in public view
- Fencing (no fence on parcel less than 5 acres, unapproved materials, plants are taller than fence, unsecured access, etc.)
- Building violations (no permit and larger than 120sq feet, unpermitted electrical, no ventilation, etc.)
- No permitted permanent water supply or no municipal sewer system/permitted sewage disposal system
- Illegal use, disposal and/or storage of chemicals
- Other: _____

❖ For environmental complaints contact Environmental Health at 530.538.7281 or
202 Mira Loma Dr, Oroville, CA 95965

Please describe the violation(s) in the space provided below:



Butte County Department of Development Services
 PAULA M. DANELUK, DIRECTOR | CURTIS JOHNSON, ASSISTANT DIRECTOR
 7 County Center Drive Oroville, CA 95965 Telephone 530.552.3702 FAX 530.538.7785
 Facsimile www.buttecounty.net/dds

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NOTICE

Anonymous complaint forms will now be accepted; however, to better address the complaint it is helpful to be able to contact you with any follow up questions Code Enforcement might have. Also, those that would like to be contacted upon the resolution of their complaint please leave your information below:

Your Name: _____ Phone: _____

Address: _____ City: _____

Email Address: _____

To check the status of your complaint, please call Butte County Code Enforcement at: 530.552.3702

Please check, if you would like to be contacted upon the resolution of your complaint.

<u>FOR COUNTY STAFF USE ONLY</u>	
<input type="checkbox"/>	Complainant location verified
<input type="checkbox"/>	Complaint logged
<input type="checkbox"/>	Case opened (case# _____)
<input type="checkbox"/>	Parcel size, # plants allowed, setbacks, permits, etc. reviewed
<input type="checkbox"/>	Parcel history reviewed
<input type="checkbox"/>	Complaint form scanned and attached to case