

Notice of Construction & Application for Approval

Marijuana Producer / Grower / Processor Application					Form MJ	
AGENCY USE ONLY	Date		Reg No.		NOC No.	
My business is: (check one) <input type="checkbox"/> New <input type="checkbox"/> Existing	This application is for activities or equipment that are: (Check all that apply) <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Being changed <input type="checkbox"/> Relocating			Applicant Name & Mailing Address Phone _____ Fax _____ Email _____		
Company or Owner Name & Mailing Address (if different)				Installation Address (include city & zip code)		

Please note: Your application will not be processed unless the filing fee of \$1,150 is included with the application or until you pay by credit card. To pay by credit card, check here and an accounting technician will contact you. Additional fees may apply after the application is reviewed.

General Information (check all that apply)	
Recreational Tier Level of I-502 License _____	Grow, process, package marijuana plant matter
Medical	Extract cannabis concentrate from marijuana

Growing, Processing, Trimming			
Location of Plants and Expected Actual Canopy Size (square feet):			Expected Annual Yield (pounds per year):
Indoor	Canopy _____ sq ft	Veg _____ sq ft	Flowers / Buds _____ lbs
	Flowering _____ sq ft	No. of plants _____	Leaves _____ lbs
Outdoor	Canopy _____ sq ft	No. of plants _____	Number of crops per year _____
Greenhouse	Canopy _____ sq ft	No. of plants _____	

Odor Control for Growing, Processing, Trimming				
Provide the following information for odor control devices used in producing/growing. If more space is needed, attach additional sheet. * Attach specification sheets for each type and model of odor control device and fan. *				
Type of Device (example: carbon canisters)	Number of Devices	Make	Model	Flowrate (CFM)

Extraction

Do you do any type of extraction from marijuana plants? Yes No * Attach spec sheet for extraction device *

If yes, what type of solvent and how much do you use? * Attach MSDS for solvent *

Type _____ Amount per month _____

Odor Control for Extraction

Provide the following information for odor control devices used in processing. If more space is needed, attach additional sheet.

* Attach specification sheets for each type and model of odor control device and fan. *

Type of Device (example: carbon canisters)	Number of Devices	Make	Model	Flowrate (CFM)

Other Solvent Usage

List name and amount of all other solvents or any other material containing volatile organic compounds (VOC) used. Include those used for cleaning or sanitizing. If more space is needed, attach additional sheet.

* Attach specification sheets for each type and model of odor control device and fan. *

Name of Solvent or VOC	Purpose	Amount Per Month

Attachments

Make sure to provide all of the following attachments with your application

- A plan view drawing of facility including each room, greenhouse, or outdoor area and what is performed in each. The drawing must include the location of each odor control device and associated ductwork as well as stacks if vented outdoors.
- A schematic drawing of the HVAC system for the entire facility that clearly indicates the path of all air that flows through any area where growing or processing occurs
- Specification sheets for each type and model of odor control device and fan
- Specification sheets for your extraction device
- MSDS for extraction solvents
- MSDS for each solvent and volatile organic material used
- Environmental Checklist (SEPA)

Certification: I, the undersigned, certify that the information contained in this application and the accompanying forms, plans, and supplemental data described herein is, to the best of my knowledge, accurate and complete.

Type or print name	Title	Phone
Signature	Date	

Application Submittal

EMAIL application and attachments to NOC@pscleanair.org -or- MAIL application, payment, and attachments.