



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

Cannabis Compliance Division

950 MAIDU AVENUE, SUITE 170, PO Box 599002

NEVADA CITY, CA 95959-7902

(530) 265-1222 Option 8 www.nevadacountyca.gov

Matt Kelley, Director

Cannabis Cultivation Fallow Declaration

2026

Use of This Form:

Pursuant to Section 12.03.300 C (4) regarding “Canopy Area”, this form may be used to declare a temporary reduction in cannabis cultivation. Any permanent alterations to a cultivation permit must be made pursuant to Sec. 12.03.300 of the Nevada County Code.

Please use one form per application or permit. Stated reductions expire December 31st of the above indicated year.

Cost of Fallow Declaration: \$165.84

Requirements:

- This form must be submitted to the Nevada County Cannabis Compliance Division on or before **June 15th, 2026**, within 30 days of permit or clearance issuance for new cultivation, or later date if it had not been possible to cultivate sooner. When submitted after the applicable deadline, and where cultivation was not possible, the cause must be documented in writing and submitted with this form. Additional supporting documentation, including photographic evidence, shall be required when requested by staff. Applicants are subject to inspection to verify compliance and if found in violation of the declaration will be subject to denial, suspension, and revocation of permits and/or abatement pursuant to Section 12.03.300 N, O.
- Unless cultivation area is reduced to zero, an annotated copy of the approved site plan, or a revised site plan reflecting the reductions in cultivation area is required. Site plan revisions must be limited to cultivation area and type only. Other revisions are deemed ineffective when submitted with this form. Site plans demonstrating measures of cultivation area inconsistent with county practices shall not be accepted.

SITE INFORMATION & LOCATION

Site Address:		APN(s): - - - -	
Annual Cannabis Permit (ACP) #	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>	Mixed Light <input type="checkbox"/>
Permitted Square Footage:	Reduced Square Footage:		
APPLICANT INFORMATION			
Name:	Phone:		
Address:	E-mail:		

I hereby declare that the indicated reduction(s) in cannabis cultivation to the indicated type(s) and/or amount(s) on the indicated parcel(s) are true and correct. I agree to onsite inspections for the purpose of compliance with this declaration and acknowledge that any expansion or deviation from the declared cultivation invalidates this declaration and may result in the revocation of the permit of the Annual Cannabis Permit.

The person executing this declaration represents and warrants that they duly authorize and have legal authority to execute and deliver this declaration.

Signature:

Date: