

File # UPC19-0012

We live across from and above this property.

The proposed hours of operation are excessive given the quiet, rural nature of the area. We are concerned about traffic, chronic noise from ventilation fans, long-term operational noise, and ambient light at night. The hours are 7 am-7 pm during harvesting which occurs 4-6 times/year and also includes processing crops from other growers. The hours of operation are vague in that they also allow for 24/7 factory operation "as needed."

Angela Hutton / Allan Kypperman MD



**PLANNING COMMISSION /
BOARD OF ZONING ADJUSTMENTS APPEAL FORM**

PJR-021

To: Board of Supervisors
County of Sonoma, State of California

File No.: UPC 19-0012

Appeal is hereby made by ALLAN KIPPERMAN MD & AYLIS HATTON

Mailing Address 4760 BLOOMFIELD ROAD.

City / State / Zip PETALUMA, CA 94952

Phone: 415-860-4857 415-279-7092 Email: AKMD@AYLISHATTON.COM
AKMD@AKMD.COM

The Sonoma County ☒ Planning Commission / ☒ Board of Zoning Adjustments on

(date) 8/22/2024

☐ approved / ☐ denied a request by _____

for CANNIBIS FACTORY AT BLOOMFIELD FARMS

Located at 4707 BLOOMFIELD RD., PETALUMA, CA 94952

APN _____ Zoning: LEA Supervisorial District: 2

This appeal is made pursuant to Sonoma County Code Chapter Section 26-92-160 for the following specific reasons:

PLEASE SEE ATTACHED STATEMENT

Appellant Signature Allan L Kipperman ayes/hatton Date: 8/27/2024

DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY PERMIT SONOMA STAFF

This appeal was filed with Permit Sonoma on this date 8/27/24
receipt of which is hereby acknowledged.

Permit Sonoma Staff Signature [Signature]



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
2550 Ventura Avenue, Santa Rosa, CA 95403-2829
(707) 565-1900 FAX (707) 565-1103

Receipt for: UPC19-0012

Record Information

Record Number	Record Name	Site Address	APN
UPC19-0012	Cannabis Use Permit Bloomfield Flowers LLC	4707 Bloomfield Rd, PETALUMA [BLO]	027-050-022

Payment Information

Receipt #	Date	Cashier	Method	Comment	Transaction Amount
658103	08/27/2024	RMATEJA	Check		\$1,450.00

Payor

Allan L Kipperman MD

Total Amount: \$1,450.00

Fee Information

Description	Fee Item	Invoice#	Amount
Appeal	1011-000M	506383	\$1,450.00
Total Fee Amount:			<u>\$1,450.00</u>

