**Residential Cannabis Grow Compliance Checklist – CO**

*Use this checklist to verify your setup complies with state regulations and best practices.*

**Plant Limits**

\_\_\_\_\_ I am 21 or older.

\_\_\_\_\_ I am growing no more than 6 cannabis plants, with no more than 3 flowering at one time.

\_\_\_\_\_ My home has no more than 12 plants total, regardless of how many adults live there.

\_\_\_\_\_ I understand that seedlings, clones, and flowering plants all count toward the limit.

**Growing Location**

\_\_\_\_\_ My plants are grown indoors or in a secure, enclosed structure on private property that is part of my primary residence.

\_\_\_\_\_ The grow area is not visible to the public, and I do not cultivate outdoors, including on porches, patios, or in greenhouses open to view.

**Secure & Private**

\_\_\_\_\_ The grow area is locked or physically secured to prevent unauthorized access.

\_\_\_\_\_ No one under 21 has access to or helps with my cannabis plants or growing area.

\_\_\_\_\_ I do not allow visitors or guests to interact with the grow space.

**Safety Measures**

\_\_\_\_\_ I use safe, code-compliant electrical setups for lights and equipment.

\_\_\_\_\_ My grow space has ventilation and odor control to reduce humidity and smell.

\_\_\_\_\_ I keep water away from electrical components to prevent hazards.

\_\_\_\_\_ A working fire extinguisher is available near the grow area.

**Legal Compliance**

\_\_\_\_\_ I grow cannabis only for personal, non-commercial use.

\_\_\_\_\_ I do not sell, trade, or share cannabis, seeds, or plants with others.

\_\_\_\_\_ My harvested cannabis is securely stored in my home.

\_\_\_\_\_ I comply with local city or county rules, including HOA or rental restrictions.

***🖊️ Acknowledgment***

I have reviewed this checklist and understand the legal requirements for personal cannabis cultivation in the state of Colorado. I acknowledge that staying within these guidelines is my responsibility.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_