**Residential Cannabis Grow Compliance Checklist – MD**

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

**Plant Limits**

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

\_\_\_\_\_ My household grows no more than 2 cannabis plants total, regardless of adult count.

\_\_\_\_\_ I understand medical patients can grow up to 4 plants only with proper qualifying status.

\_\_\_\_\_ I do not exceed state-allowed maturity stages (both mature and immature count).

**Growing Location**

\_\_\_\_\_ Plants are grown at my primary residence - owned or rented with permission.

\_\_\_\_\_ My grow area is out of public view, including from sidewalks, roads, or adjacent properties.

**Security & Access**

\_\_\_\_\_ Plants are in a locked, secure space (e.g., grow tent, locked room, fence).

\_\_\_\_\_ No one under 21, or unauthorized persons can access the grow area.

**Safety Measures**

\_\_\_\_\_ I use code-compliant electrical connections for all grow equipment.

\_\_\_\_\_ I keep water sources and humidity away from outlets, cords, and electronics.

\_\_\_\_\_ My grow area has proper ventilation and odor control to reduce mold and smell.

\_\_\_\_\_ A fire extinguisher is available near the grow space and is easily accessible.

**Legal Compliance**

\_\_\_\_\_ I grow cannabis only for personal, non-commercial use and do not sell it.

\_\_\_\_\_ If sharing, I give no more than 1.5 oz flower per adult and no exchange of value.

\_\_\_\_\_ Harvested cannabis is stored securely and not transported beyond possession limits (1.5 oz).

\_\_\_\_\_ My harvested cannabis is stored securely, and I follow state possession limits when transporting it.

\_\_\_\_\_ I am in compliance with any additional local ordinances, HOA, or lease agreements that apply to my residence.

***🖊️ Acknowledgment***

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

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