



## MEDICAL MARIJUANA ZONING VERIFICATION APPLICATION

(Electronic version available at: [www.casagrandeaz.gov/web/guest/devforms](http://www.casagrandeaz.gov/web/guest/devforms))

*Incomplete applications will not be accepted.*

Process time: 5 working days  
Fee: \$105 + 5%

**1. Applicant:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. Alternate Contact:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address letter to:  Applicant  Alternate Contact

How would you like to receive the letter?  US Mail  Email  Fax  Other \_\_\_\_\_

**3. Location of Proposed Medical Marijuana Use:**

Assessors Parcel Number (s): \_\_\_\_\_

Pinal County Parcel Search Link: <http://pinalcountyaz.gov/Departments/Assessor/Pages/ParcelInfoSearch.aspx>

Parcel Address/Location: \_\_\_\_\_

**4. Type of Medical Marijuana Use:** (Check all that apply)

- Cultivation Facility
- Dispensary
- Dispensary Cultivation Facility
- Infusion Facility
- Other (Please specify) \_\_\_\_\_

**5. Type of Building to be used:** (Check one)

- Single Tenant/User Building
- Multiple Tenant/User Building

If multiple tenant/user building please provide detail on how the construction of the common interior walls meet any of the following standards:

- a. Minimum 6 inch Masonry
- b. Interior wall covered with sheet metal, a minimum of 18 gauge, and one layer of 1/2" plywood fastened with screws to the interior wall studs.
- c. Construction designs approved by the Building Official as providing equivalent level of security.



**6a. Medical Marijuana Distance Requirements:**

Medical Marijuana uses shall meet a minimum separation of 500 feet, measured in a straight line, from the boundary of the parcel containing a Medical Marijuana use to the property boundary of the parcel containing any of the uses listed below:

- **Substance Abuse Diagnostic and Treatment Facility or other Drug or Alcohol Rehab Facility**
- **Residential Dwelling or any Platted Residential Subdivision**
- **Public Library**
- **Public Park**
- **Church or Religious Institution**
- **Airport**
- **Other Medical Marijuana Uses**

Please indicate in the blanks provided the type of use, distance and exact address of any of the above listed uses which are within 600 feet of the proposed Medical Marijuana facility/property:

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

*\*\* Any Medical Marijuana Use that is located within 50 ft of the minimum separation distance of any of the above land uses may be required to provide evidence from a registered Land Surveyor that the proposed medical marijuana use complies with the minimum land use separation requirements.*



**6b. Medical Marijuana Distance Requirements:**

Medical Marijuana uses shall meet a minimum separation of 1,000 feet, measured in a straight line, from the boundary of the parcel containing the medical marijuana use to the property boundary of the parcel containing any of the uses listed below.

- **Public or Private School**
- **Day Care Center Providing Care to Children**

Please indicate in the blanks provided the type of use, distance and exact address of any of the above listed uses which are within 1,100 feet of the proposed Medical Marijuana facility/property:

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

Use: \_\_\_\_\_

Distance: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Confirmation:  Complies with zoning  Does not comply with zoning

*\*\* Any Medical Marijuana Use that is located within 50 ft of the minimum separation distance of any of the above land uses may be required to provide evidence from a registered Land Surveyor that the proposed medical marijuana use complies with the minimum land use separation requirements.*



**OWNER/APPLICANT ACKNOWLEDGEMENT OF RESPONSIBILITIES:**

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of this application. I agree that if this request is issued on the representations made in this submittal, and any approval or subsequently issued building permit(s) or other type of permit(s) may be revoked without notice if there is a breach of representations.

\_\_\_\_\_  
Signature of Property Owner                      Date                      Signature of Applicant                      Date

\*\* Applicants who are not the property owner of record are required to have the application co-signed by the property owner and provide a signed statement by the property owner authorizing the submittal of the application on their behalf by the applicant. See attached Owner Authorization Form.

<b><u>CITY INTAKE:</u></b>	
Date Accepted & Logged In: _____	Intake Staff: _____
Fee Receipt # _____	Assigned Planner: _____
<b>Planner Approval for Submittal:</b> _____	



## MEDICAL MARIJUANA ZONING VERIFICATION LETTER INFORMATION

### OVERVIEW

<p><b>HELPFUL HINTS</b></p> <ul style="list-style-type: none"> <li>▪ Use the application form provided.</li> <li>▪ Make sure the property is located in the City of Casa Grande city limits prior to requesting a letter.</li> <li>▪ Make sure to include payment with your submittal.</li> </ul>	<p><b>What is a Medical Marijuana Zoning Verification Letter?</b></p> <p>A Medical Marijuana zoning verification letter is a document provided by the City to verify the current zoning of a proposed Medical Marijuana use site along with an indication of whether the current use is permitted and meets the requirements of the City of Casa Grande Medical Marijuana Ordinance.</p> <p><b>What type of information is provided in a Medical Marijuana Zoning Verification Letter?</b></p> <p>The zoning verification letter will determine:</p> <ul style="list-style-type: none"> <li>▪ Whether the proposed Medical Marijuana use complies with all applicable City of Casa Grande zoning regulations.</li> </ul>
<p><b>Submit to:</b> City of Casa Grande Planning &amp; Development Dept. 510 E. Florence Blvd. Casa Grande, AZ 85122</p>	<p>The Medical Marijuana Zoning Verification letter is provided in a standard format approved by the City of Casa Grande.</p> <p><b>How do I obtain a Medical Marijuana Zoning Verification Letter?</b></p> <p>Complete the application above and submit with the required application fee of \$105 + 5%.</p>
<p><b>For more information</b> Contact: Keith Newman, City Planner Phone: 520-421-8630 Email: <a href="mailto:knewman@casagrandeaz.gov">knewman@casagrandeaz.gov</a></p>	



### Owners Authorization Form

This sheet must be completed if the applicant is **not** the owner of the property.

The Undersigned, do hereby grant permission to: \_\_\_\_\_

to act on my behalf for the purpose of obtaining a Medical Marijuana Zoning Verification Letter on the following described property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

STATE OF ARIZONA )  
County of \_\_\_\_\_ ) ss  
\_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, the

undersigned Notary Public, personally appeared \_\_\_\_\_  
known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that  
executed the same.

IN WITNESS WHEREOF, I hereto set my hand and official seal.

My commission expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public