



MEDICAL MARIJUANA ZONING VERIFICATION APPLICATION

(Electronic version available at: <http://casagrandeaz.gov/dept/planning/planning-division/devforms/>)

I. APPLICANT INFORMATION:

Name _____
 Address _____ City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Email Address _____

2. PROPERTY OWNER INFORMATION:

Name _____
 Address _____ City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Email Address _____

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.

6. Medical Marijuana Distance Requirements:

a. 500 Foot Separation –

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

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Distance: _____ Address: _____
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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.



6. Medical Marijuana Distance Requirements:

b. 1000 Foot Separation:

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

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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.



City of Casa Grande, Planning & Development Dept., 510 E. Florence Blvd, Casa Grande, AZ 85122

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
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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.

Fees

Medical Marijuana Zoning Verification Letter: \$105

Technology Recovery Fee: 5% of application fee



Over-All Review Time-Frames for Projects ^{1,7,8}

Project Classification	Administrative Completeness Review (CR) of Initial Submittal²	Review of Initial Submittal and Staff Decision to Approve or Issue a Review Letter^{4,8}	CR Review of Re-Submittal	Review of Resubmittal^{5,7,8} and Staff Decision to Approve/Deny	Over-All Review Timeframe^{6,7,8}
Zoning Verification Letter – Medical Marijuana	5	20	5	20	50

¹All times are maximum timeframes in business days (Mon-Fri.; excluding City Holidays). Shorter review times will be accomplished where possible.

²Completeness Review timeframes are calculated from date of application submittal to date of acceptance or rejection of the application as administratively complete.

³Substantive Review timeframes are calculated from date of acceptance of application for Substantive Review, or upon receipt of re-submittal of revised plans/reports, to the date of issuance of a comprehensive review letter, or final administrative decision.

⁴ Review of initial submittal limited to determination of compliance with ordinances, codes, regulations or policy relevant to the specific permit or project application. The review comments on the initial submittal may be amended to address code/policy requirements that City staff failed to include in the 1st comprehensive review document.

⁵ Review of resubmittal shall be limited to:

- a) Addressing 1st review comments that the applicant failed to adequately address in their resubmittal; or
- b) Addressing new review issues arising from modifications the applicant has made to the design and/or technical reports. In this case the City may issue an additional review letter addressing the new design.

⁶Over-All Review timeframe is the sum of the Completeness, Initial & Resubmittal Substantive Review timeframes.

⁷ If an applicant requests significant changes, alterations, additions or amendments to an application that are not in response to the request for corrections, the City may make **one additional comprehensive written request for corrections (i.e., review of 2nd resubmittal)**. Said additional request for correction shall not exceed 50% of the Substantive Review time frame for the specific type of permit.

⁸The Substantive Review timeframe and the Overall Review timeframe may be extended by mutual consent of the applicant and the City. Said extension shall not exceed 50% of the Over-All timeframe.

⁹Indicates that the Project will require a public hearing and Board/Commission and/or City Council approval. For these Projects the Substantive Review period ends when staff schedules the application for the public hearing and Board/Commission/City Council action.



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In accordance with the Regulatory Bill of Rights (ARS 9-835) the City of Casa Grande will typically make an administrative decision on each permit application after one (1) comprehensive staff review. However, from time to time a 2nd review is necessary to resolve code/policy compliance issues associated with a permit. In accordance with ARS 9-835.I., by mutual agreement, the applicant and the City may engage in a 2nd review of an application as long as said 2nd review does not exceed the over-all time frame by 50%. The specific 1st and 2nd and over-all review timeframes for this application are provided above. Applicants may sign below, consenting to a 2nd review if necessary, within the stated prescribed timeframe. Your consent is not required at time of application submittal. Applicants who do not sign below will be contacted by City staff if a 2nd review is determined to be necessary prior to making an administrative decision on this application. Applications denied after the completion of the review cycle are eligible for re-application to address the code/policy deficiencies which were the basis for the application denial with the payment of a fee equal to 25% of original application fee amount. Said re-application shall occur within 90 days of the application denial.

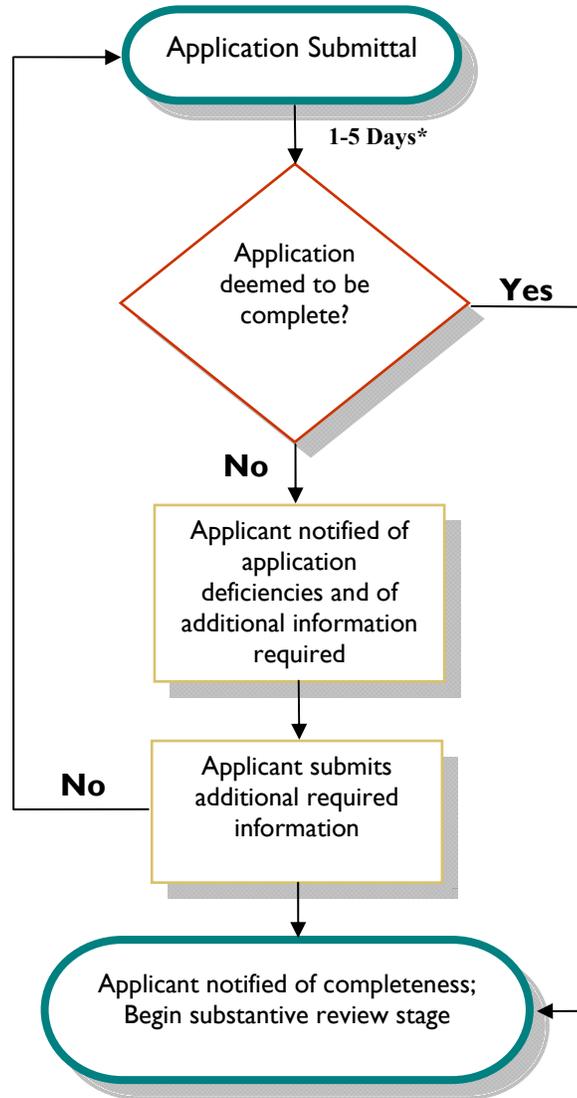
I hereby consent to an extension of the stated Substantive Review timeframe for a maximum of _____ additional days.

Applicant

Agreed to by City



Administrative Completeness Review Process



** All time frames are listed as business days.*



MEDICAL MARIJUANA ZONING VERIFICATION LETTER INFORMATION

OVERVIEW

HELPFUL HINTS

- Use the application form provided.
- Make sure the property is located in the City of Casa Grande city limits prior to requesting a letter.
- Make sure to include payment with your submittal.

Submit to:
 City of Casa Grande
 Planning & Development Dept.
 510 E. Florence Blvd.
 Casa Grande, AZ 85122

What is a Medical Marijuana Zoning Verification Letter?

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.

What type of information is provided in a Medical Marijuana Zoning Verification Letter?

The zoning verification letter will determine:

- Whether the proposed Medical Marijuana use complies with all applicable City of Casa Grande zoning regulations.

The Medical Marijuana Zoning Verification letter is provided in a standard format approved by the City of Casa Grande.

How do I obtain a Medical Marijuana Zoning Verification Letter?

Complete the application above and submit with the required application fee of \$105 + 5%.