

MACOMB TOWNSHIP

54111 Broughton Road • Macomb, MI 48042 •

586-992-0710 Ext. 7103

www.macomb-mi.gov



APPLICATION PACKET FOR:

ZONING CERTIFICATE TO CULTIVATE MEDICAL MARIHUANA

APPLICANTS TAKE NOTE OF THE FOLLOWING:

All applications must contain each and every page from this application packet, including the checklist and any unused pages. If your application does not include all items, it will not be processed by the Planning Department for review.

Please use only the forms provided with this application.
No other forms, however similar, will be accepted.

ZONING CERTIFICATE TO CULTIVATE MEDICAL MARIHUANA

CHECKLIST OF REQUIRED DOCUMENTS

This application must be accompanied by all items listed in the checklist below. This application shall be completed and submitted with proper payment (as indicated in the application) in an envelope stating “Attention: Planning Department,” applicants name, and type of applicant on the outside of the envelope and placed in the night drop off box at the back of the building at Macomb Township Town Hall at 54111 Broughton Road, Macomb Township, MI 48042 (alternatively the package can be dropped off with the Planning Department at Town Hall, or mailed to this address). In addition to the hard copy submission, **A PDF OF THE APPLICATION, A COPY OF THE CHECK, AND ANY/ALL PLANS AND SUPPLEMENTAL INFORMATION MUST BE EMAILED TO PlanDropbox@macomb-mi.gov**. Once the package is received and we have verified confirmation of payment, the submittal will be reviewed. If additional information is required, Planning Department staff will contact you via email or phone with additional instructions.

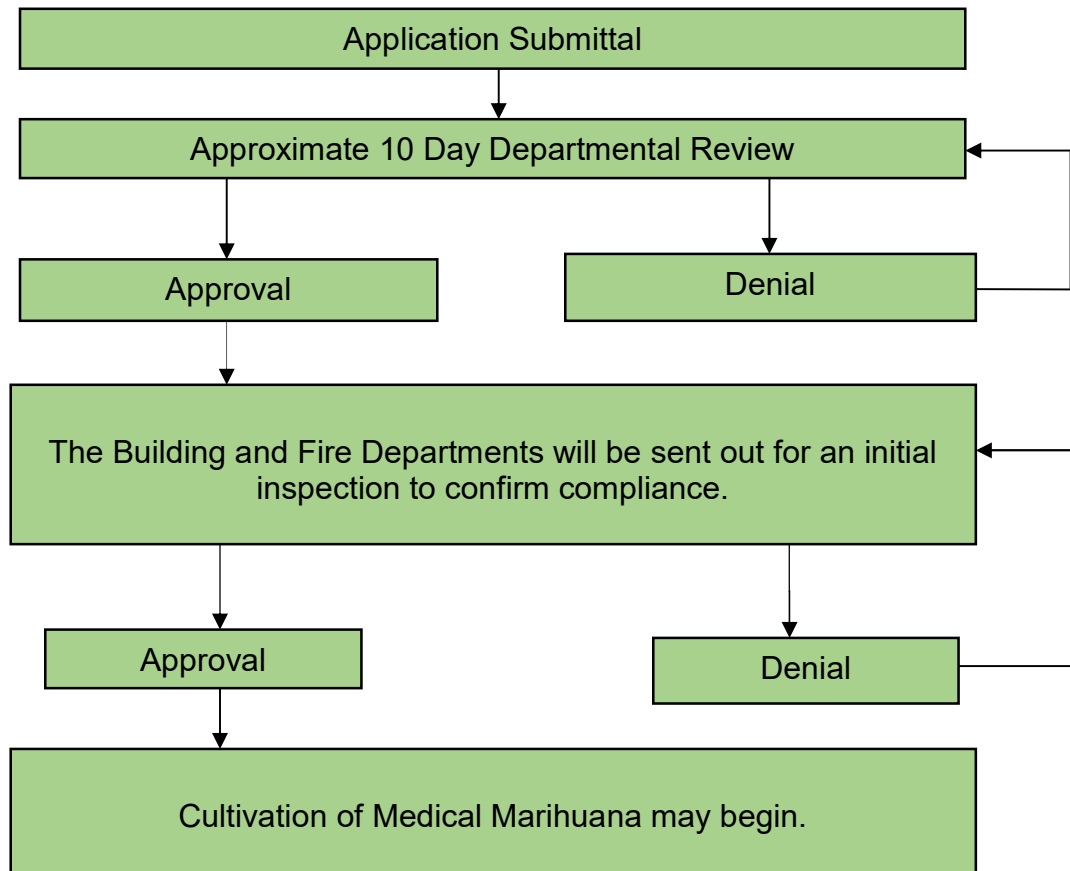
- A completed application**, we will not accept incomplete applications or missing pages. If you need more space for any response, please attach as many additional pages as you need;
- Payment** – Please make your (non-refundable) check payable to “**Macomb Township Treasurer**”. Payment for registered caregiver (residential zone) cultivation is \$500.00 and for registered patient and caregiver (commercial, industrial etc.) cultivation \$1,000.00. This fee covers the Caregiver and the first two (2) patients. If any additional patients are requested (maximum 5 patients) please add \$250.00 for each additional patient. Payment **must** be provided per the instructions above. Failure to do so will delay the review process;
- Letter** describing in detail the type of cultivation, name and number of patients and your experience with cultivation;
- Copy of Valid and Current Medical Marihuana Card(s) and State Issued ID** issued to the primary caregiver and any registered patients from the State of Michigan; Residential Cultivation must show all cards and ID’s with matching addresses that also match the address requested;
- Description of all Equipment (nature and type);**
- Description of the Location;**
- Description of the Enclosed, Locked Facility;**
- Certificate of Occupancy.**

ZONING CERTIFICATE TO CULTIVATE MEDICAL MARIHUANA

OVERVIEW

What is a Zoning Certificate to Cultivate Medical Marihuana? A Zoning Certificate to Cultivate Medical Marihuana is a certificate that allows for activities related to medical marihuana growth, cultivation, processing, etc. for patients and caregivers.

What are the procedures for a Medical Marihuana Review? Upon receipt of a complete application for the Zoning Certificate to Cultivate Medical Marihuana, the Planning Department will send copies of the application to the appropriate department heads for review and recommendation. These departments will be given approximately ten (10) business days for review. Results of the review shall be communicated to the applicant. Revisions or more information may be required and requested. Applicant may proceed with any building permits required if the application was approved. The Planning Department will send appropriate departments to inspect the property at a time after this certificate is approved.



ZONING CERTIFICATE TO CULTIVATE MEDICAL MARIHUANA

APPLICATION

MACOMB TOWNSHIP
54111 BROUGHTON
MACOMB, MICHIGAN 48042
(586) 992-0710 EXT. 7103

Applicant's Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Property Information:

Address: _____
(if different from applicant)

City _____ State _____ Zip Code _____

Location of Property _____
(for example: the north side of 23 Mile Road and ¼ mile east of Romeo Plank Road)

Legal Owner of Property _____ Phone _____
(Print Owner's Name)

Address _____ Email _____

City _____ State _____ Zip Code _____

I certify that the information as described in this application and any attached documents are accurate and true.

Applicant's Signature _____ **Date** _____

Owner's Signature _____ **Date** _____
(if different from applicant)

STATE OF MICHIGAN
ss.
COUNTY OF MACOMB

On this _____ day of _____, 20____, before me personally appeared _____
_____ to me known to be the person(s) described in and who executed the foregoing instrument and
acknowledged that _____ executed the same as _____ free act and deed
(he, she, they) (his, her, their)

Notary Public
Macomb County, Michigan
My Commission Expires: _____
Acting in Macomb County, Michigan

Description of All Equipment (nature and type) which will be used to cultivate, process and store marihuana.

Description: _____

Description of the Location at the property where the use will take place, ex.,
basement, garage, etc.

Description: _____

Description of the Enclosed, Locked Facility please describe in full detail the manner
in which the facility will closed and locked.

Description: _____

**ZONING CERTIFICATE TO CULTIVATE MARIHUANA
VERIFICATION OF RECORDED LEGAL PROPERTY**

PERMANENT PARCEL NO. 08 - _ _ - _ _ - _ _ .

PUBLIC ROAD(S) FRONTAGE _____

ADDRESS OF PARCEL (if available) _____

OWNERS NAME _____

ADDRESS OF OWNER _____

LEGAL DESCRIPTION
(Please print or type the description here or attach hereto. Please indicate if the description is attached)