

MACOMB TOWNSHIP

54111 Broughton Road • Macomb, MI 48042
586-992-0710 Ext. 7103 • PlanDropBox@macomb-mi.gov

www.macomb-mi.gov



APPLICATION PACKET FOR:

ZONING CERTIFICATE TO CULTIVATE MEDICAL AND ADULT USE MARIHUANA REVIEW

APPLICANTS TAKE NOTE OF THE FOLLOWING:

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

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

If you would like to meet with staff before submitting any application, please call or email us to schedule a meeting. We can be reached at 586-992-0710 Ext. 7103 or PlanDropBox@macomb-mi.gov.

ZONING CERTIFICATE TO CULTIVATE MEDICAL AND ADULT USE MARIHUANA REVIEW APPLICATION PACKET

CHECKLIST OF REQUIRED DOCUMENTS

This application must be accompanied by all items listed in the checklist below. This application shall be completed and submitted electronically via email to PlanDropBox@macomb-mi.gov and shall include a PDF of the application, a copy of the check, and any/all plans and supplemental information. The check shall be hand delivered to the Planning Department within Town Hall during posted business hours or mailed to Macomb Township Town Hall at 54111 Broughton Road, Macomb Township, MI 48042 in an envelope stating "Attention: Planning Department," (if mailed, the application shall be included in the envelope with the check).

Once the complete 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.

Please initial below to indicate that each required item is being submitted. Failure to initial that all items have been provided will result in an immediate rejection of the application.

_____ **Completed Application.** This includes an **Affidavit of Ownership**. Incomplete applications or
Initial missing pages will not be accepted.

_____ **Payment.** Please make your (non-refundable) check payable to "**Macomb Township**". All
Initial application fees include an initial review and up to two (2) additional review cycles.

- Payment for Medical Marihuana (not allowed in residentially zoned properties) is \$1200.00 fee which includes a \$300.00 Fire review fee, and includes a caregiver. An additional \$300.00 fee is required per each patient. A re-review fee is \$375.00 per request, which includes a \$150.00 Fire re-review fee.
- Adult Use Cultivation is \$800.00 per person, in all zoning categories. This includes a \$300.00 Fire review fee. A re-review fee is \$375.00 per request, which includes a \$150.00 Fire re-review fee.

Payment must be dropped off at the Planning Department, or mailed with tracking, addressed to the Planning Department.

_____ **Letter.** A letter describing in detail the type of cultivation, the caregiver's experience with
Initial cultivation, total number of patients and their names.

_____ **Copy of Valid and Current Medical Marihuana Cards and State Issued IDs** issued to the
Initial primary caregiver and any registered patients from the State of Michigan. All cards and IDs for Adult Use Cultivation within residential zones must feature addresses that match the address requested for cultivation. Please submit images of both sides of all cards and ID's.

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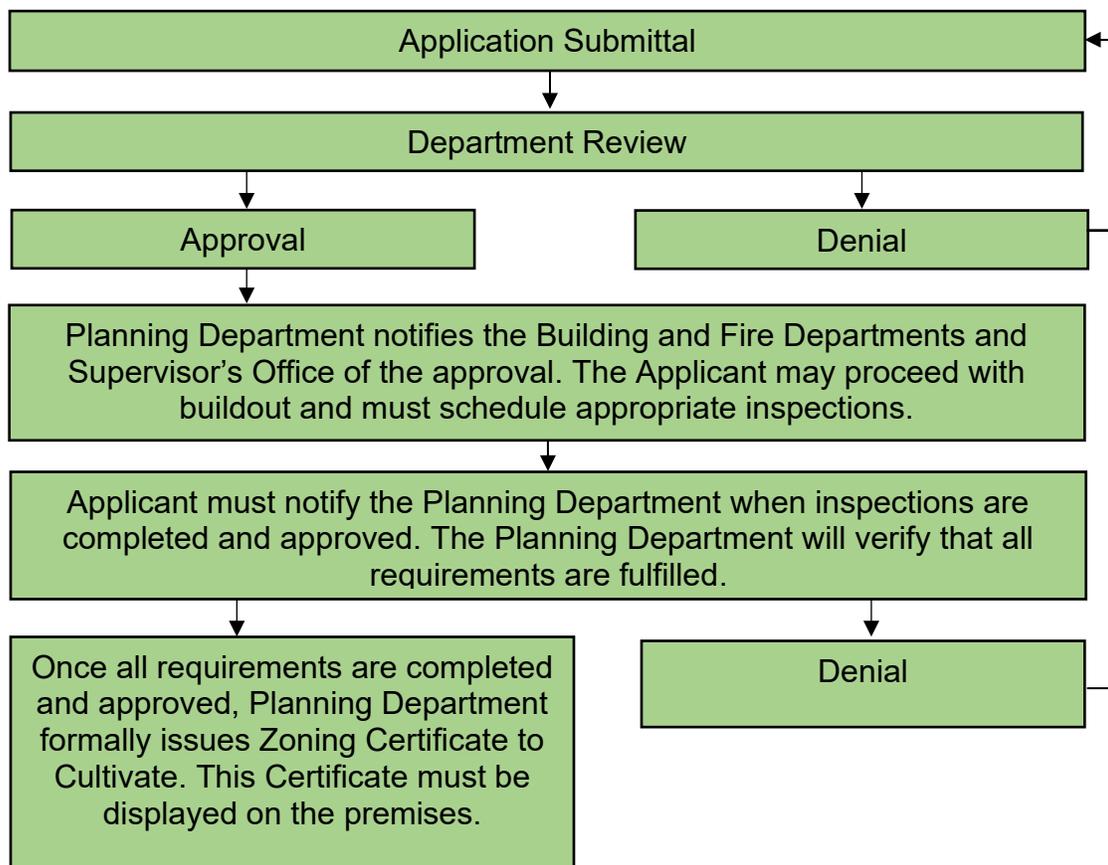
OVERVIEW

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

How long does an approved Zoning Certificate to Cultivate Marihuana remain valid? Approval is valid until the end of the calendar year in which it was approved. It is not Macomb Township's responsibility to notify a project representative prior to the project expiration date. Failure to apply for an extension before the expiration date will require a new submittal including payment.

Am I required to start all over at the end of the year? Any approved Zoning Certificate to Cultivate must be reapplied for, if operations are intended to continue. The application entitled, "Annual Renewal of Zoning Certificate to Cultivate Medical and Adult Use Marihuana" and associated payment must be formally submitted to the Planning Department by the end of the first week of December of the same year that the original approval was issued.

What are the procedures for requesting a Zoning Certificate to Cultivate Marihuana Review? Upon receipt of a complete application for the Zoning Certificate to Cultivate Marihuana review, the Planning Department will distribute the application and submittals to internal departments for an approximate ten (10) day review period. Results of the reviews will be communicated to the applicant. The Planning Department has final authority to approve or deny the request.



**ZONING CERTIFICATE TO CULTIVATE MEDICAL AND ADULT USE MARIHUANA REVIEW
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APPLICATION

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

Permanent Parcel Number 08 - ____ - ____ - ____.

Project Name _____

Applicant Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Applicant Signature _____

Representative Name _____ Phone _____
(if different from applicant)

Address _____

City _____ State _____ Zip Code _____

Email _____

Representative Signature _____

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

Current Zoning Classification _____

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

Address _____ Email _____

City _____ State _____ Zip Code _____

Legal Owner Signature _____

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VERIFICATION OF RECORDED LEGAL PROPERTY

Permanent Parcel No. 08 - ____ - ____ - ____.

Project Name _____

Address of Parcel (if available) _____

Owner Name _____

Address of Owner _____

**LEGAL DESCRIPTION
(INSERT HERE)**

**ZONING CERTIFICATE TO CULTIVATE MEDICAL AND ADULT USE MARIHUANA REVIEW
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AFFIDAVIT OF OWNERSHIP

PLEASE TAKE NOTICE that an Affidavit of Ownership must be filed with all development and variance applications in Macomb Township. **Proof of ownership or interest in the property must be attached; (i.e. affidavit, deed, land contract, option agreement, lease, etc.)** This requirement must be fulfilled to promptly process your application.

(I), (We) _____, the undersigned fee title owner(s) of property
(name)
hereinafter referenced, acknowledge (my) (our) agreement to permit / allow the property described within the attached application for _____ to receive consideration by
(type of application to be filed)
Macomb Township.

(I), (We) further authorize _____, as a(n)
(name of applicant)
_____ of the property, to process an Application with the Township of
(applicant's interest in property)
Macomb on (my) (our) behalf.

Please have the property owner(s) sign below:

(Owner Signature)

(Print Name)

THIS FORM RELATES TO PROPERTY WITH THE FOLLOWING PARCEL NUMBER(S):

08 - _____ - _____ - _____.

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
_____, Michigan
My Commission Expires: _____
Acting in _____ County, Michigan