

MEDICAL MARIJUANA DISPENSARY APPLICATION

Owner Information

Owner's Name _____
 Address _____
 City, State, Zip _____
 Phone _____ Fax _____
 Email _____

Property Information

Assessor's Parcel # _____
 Subdivision _____
 Unit # _____ Lot # _____
 Address/Location _____

 Zoning _____
 Existing Land Use _____
 Lot Size _____

Applicant Information

Applicant's Name _____
 Name of Dispensary _____
 Address _____
 City, State, Zip _____
 Phone _____
 Email _____

Request

Please indicate the type of facility proposed:
 Medical Marijuana Dispensary
 Off-Site Cultivation and/or Infusion Facility

CERTIFICATION & ACKNOWLEDGEMENT

I am applying for a Medical Marijuana Dispensary Permit and this application is complete and accurate. I agree to abide by all of the regulations of this jurisdiction. I understand that by applying for this permit, I am requesting inspection of the permitted development and grant Coconino County Community Development and their inspectors and regulators access and permission to perform inspections.

Incomplete or inaccurate submittals may result in delays, return of submittals, or denial of this application. The Medical Marijuana Dispensary Application is a supplemental permit and other permits may be required for this project. All required permits must be obtained prior to operation of the use. The applicant is responsible for all changes and additional time required to correct plans and/or development as a result of differences between initial and final plans.

I am responsible for contacting the Coconino County Community Development Department at (928) 679-8850 to schedule all required inspections for this permit.

Signature of Applicant

_____ Date _____

Signature of Property Owner (if not the applicant)

_____ Date _____

OFFICE USE ONLY

Received By _____ Date _____
 Receipt # _____ Fee _____
 Case # _____
 Related Cases _____

DIRECTOR ACTION

Approved with Conditions (see attachments) Denied
 Action By _____ Date _____
 Expiration _____

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SUBMITTAL REQUIREMENTS* (see attached guidelines for minimum requirements)

- ◇ Pre-application meeting with a staff planner of the Community Development Department
 - Meeting date _____
- ◇ \$200 non-refundable filing fee .
- ◇ Two copies of a Site Plan, Floor Plan, and Security Plan as required by ADHS.
- ◇ Copy of operating procedures adopted pursuant to A.R.S.§36-2804 (B)(1)(c) as required by ADHS.
- ◇ Copy of Medical Marijuana Dispensary registration certificate issued by ADHS pursuant to A.R.S. § 36-2804 (B).
- ◇ Concurrent building permit application with plans prepared by a professional architect registered in the State of Arizona
- ◇ For off-site cultivation/infusion facility, provide name & location of dispensary with which it is associated.
- ◇ Copy of applicable food service permits from Coconino County Public Health Service District for cultivation/infusion facilities.

*NOTE- The Director of Community Development may require additional information or plans, if they are necessary to enable a determination as to whether the circumstances prescribed for the granting of a Medical Marijuana Dispensary exist. The Director of Community Development may authorize omission of any or all of the plans and drawings required by this section if they are not necessary.

SITE PLAN MINIMUM REQUIREMENTS (continued on next page)

General Property Information: Required

1. Show the entire property (parcel) by the platted property lines; include all property dimensions; and streets labeled.
2. Show the minimum required setback lines (front, sides and rear) conforming to the zoning district. This information is available from Community Development.
3. Direction of slope on property and the direction of natural drainage - accurate topography may be required when necessary.
4. Slopes that exceed 15%, including any cut banks greater than 4' in height.
5. North arrow and site plan scale.
6. Streams, creeks, washes and floodplains.

Existing Property Improvements: Required

1. Location of all existing structures. Label all structures, show dimensions from structure to property lines and distances between structures
2. Location of all existing wells.
3. Location of all existing drainage facilities.
4. Location of all existing septic tanks, leach fields and sewer lines.
5. Location of all existing driveways.
6. Location of all ingress and egress easements and utility easements (when applicable).

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SITE PLAN REQUIREMENTS (continued)

Proposed Property Improvements: Required

1. Location and dimensions of all proposed structures in relation to property lines and other structures.
2. Label all proposed structures and cross hatch for clarity.
3. Location of all proposed wells.
4. Location of all new septic tanks, leach fields and sewer lines.
5. Location of all new driveways and road improvements including type of material.
6. Show all utility connections and line directions:
 - a. Septic tank and leach field location, reserve area and sewer line locations.
 - b. Water line location.
 - c. Gas line location.
 - d. Liquid propane gas tank location or natural gas meter location (dimension).
 - e. Underground liquid propane tank location (dimension).
 - f. Air conditioner location.
 - g. Electric meter location.
7. Retaining wall locations. Areas to be filled (fills in excess of 4' shall be engineered).
8. Fence locations. Describe type and height of fence.

PERMIT REVIEW TIMEFRAMES*

- ◇ Administrative completeness shall be determined within 30 calendar days of the submittal of a Medical Marijuana Dispensary application. Applicants will be notified in writing of an incomplete application with a list of deficiencies. Notice in writing of application deficiencies shall suspend the administrative completeness timeframe until such time as all deficiencies have been addressed.
- ◇ Substantive review of all Medical Marijuana Dispensary applications shall be completed within 30 calendar days from the determination that the permit application is administratively complete. One written request for additional information may be made to the applicant during this review process.
- ◇ The total timeframe for the granting or denying of a Medical Marijuana Dispensary is 60 days.

***Note: Permit review timeframes are provided for compliance with ARS §11-1605. Actual timeframes based on a complete application may be considerably shorter.**