



Medical Marihuana Facilities Application

10/15/18

Date Filed _____

Case # _____

Application is hereby submitted for: (check all that apply)

Site Plan Review (\$160)

Conditional Use Permit, new (\$1,000)

Modification of a Previous Grant (\$750)

Appeal of Administrative Decision (\$1,500)

Name of Applicant _____

Mailing Address _____
Number Street City, State Zip Code

Phone _____
Business Mobile Fax

Email Address _____

Note: Providing complete contact information will expedite communication during the review process.

Property Address _____ Lot Size _____
Number Street

Legal Description (Attach Plat if Available) _____

Current Legal Land Use _____ Current Zoning _____

Permit # _____ Previous Grant # _____

The property is currently (check one):

Vacant Land Vacant Structure Occupied Structure

Other (Explain) _____

Number of Employees _____

The size of the structure is _____ FT by _____ FT or _____ S.F.

Number of Stories _____

Has a violation notice been issued by the City for this operation?

If yes, provide notice number and explain _____

APPLICATION CHECKLIST

The following information must be provided in order to process your application. Projects requiring a public hearing will not be scheduled until all documentation is submitted.

___ **Completed Application**

___ **Proof of Interest (Deed, Lease, Option to Purchase)**

___ **Application Fee(s) Paid**

___ **Fully Dimensioned Site Plan (Signed and Sealed by architect or engineer)**

- Show Dimensions of Lot and all Buildings
- Show Dimensions of Parking Spaces (including Handicapped Accessible), Aisles, Access Drives, Loading Zone, Stacking Lanes (if applicable) and Curb Cuts
- Identify Landscaped Areas, Screening Walls, Trash Enclosure, Exterior Equipment and Fences (indicate height & materials)
- Show Location and Dimensions of Any Easements, Free-standing Signs, Canopy or Light Fixtures
- Include North Arrow, Scale, Lot Lines, Zoning and Street Names

___ **Fully Dimensioned Floor Plan**

- Show location of all pedestrian and overhead doors
- Identify proposed use of every interior space

___ **Fully Dimensioned Elevation**

- Include side and rear elevations (if available)
- Show all proposed signs - with dimensions – Separate Permits Required
- Submit Color Rendering or Photos (if available)
- Indicate proposed building materials and colors

___ **Business Plan (detailing the following)**

- Operations Plan
- Security Plan
- Testing
- Nuisance mitigation
- Waste Handling and Disposal Plan
- Community Relations
- Recruitment and training of employees
- Number of Detroit residents employed or intended to be employed

___ **City of Detroit Income Tax returns (last 3 years)**

___ **DAH Blight Clearance**

___ **Any other documents requested by the MMF review committee**

___ **Affidavits: Property Owner & Agent Authorization**

Note: Affidavit is required in order to represent the property, property owner, occupant, tenant, lessee, etc. at BSEED or before the Board of Zoning Appeals.

____ Ownership Documentation (Deed, Lease Agreement, Offer to Purchase) for all parcels. Identify the names and addresses of all principal shareholders or partners affiliated with the Corporation/LLC, partnership, or joint venture.

Any additional information not previously submitted can be electronically submitted to zoning@detroitmi.gov. When submitting electronically, please include address in the subject line and Case Number (if available).

PROJECT PROPOSAL

Proposed Use(s) _____

Project Narrative (describe exactly what you propose to do this location):

Do you have similar operations at other locations in Detroit? _____

If yes, provide addresses: _____

Number of Parking Spaces Provided _____ **(On-site)** _____ **(Within 100')**

1. What steps have been taken to ensure the design, construction, operation, and maintenance of the proposed use will be harmonious and appropriate in appearance with the existing neighborhood and that such use will not change the essential character of the neighborhood?
2. Will the establishment of this use have a negative or positive impact on public safety? How?
3. How will the vehicular approaches to the property be designed so as to not impede traffic on surrounding public streets?
4. Does the proposal require the closure or abandonment of any public alley or easement? Will the public-right-of way need to be utilized during construction or operation of the proposed use?
5. What steps have been taken to reduce the potential for flood damage to adjacent property?
6. Are there any known underground storage tanks existing or proposed at this location?

PROPERTY OWNER AFFIDAVIT

STATE OF MICHIGAN }
COUNTY OF WAYNE }

I, _____(please print), depose and say that I am the legal owner or hold a majority of interest of the property identified in the attached application and that the statements herein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my knowledge.

(Property Owner’s Signature)

Subscribed and sworn to me this _____ day of _____, 20_____.

(Notary)

My commission expires: _____

APPLICANT AFFIDAVIT

I, _____(please print), depose and say that all statements herein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my knowledge. I hereby authorize the following people to represent my interests regarding this petition and to appear on my behalf before any administrative or legislative body in the City considering this application and to act in all respects as our agent in matters pertaining to the attached application.

(Architects/Engineers/Consultants-please print clearly)

(Applicant’s Signature)

Subscribed and sworn to me this _____ day of _____, 20_____.

(Notary)

My commission expires: _____

NOTE: Only individuals party to a signed affidavit will be able to testify on behalf of the applicant at public hearings, obtain decision letters and secure permits.

MMF REVIEW COMMITTEE REQUIRED DOCUMENTATION

- 1) *Proof of Legal Interest in Property, such as a deed.*
 - ***NOTE: If the applicant is not the owner of the proposed Medical Marihuana facility, the applicant must provide a lease, property ownership information and a notarized letter from the owner indicating consent to use the subject property as a Medical Marihuana Facility.***
- 2) *Site Plan, Floor Plan, & Elevation drawn to scale;*
- 3) *A comprehensive business plan detailing the following:*
 - *Operations Plan*
 - *Security Plan*
 - *Testing*
 - *Nuisance mitigation such as noise, vibration, smoke, odor, noxious gas, dust, dirt, glare heat or other discharge or emission that may be harmful to adjacent or surrounding land uses*
 - *Waste Handling and Disposal Plan*
 - *Community Relations*
 - *Recruitment and training of employees*
 - *Number of Detroit residents employed, or intended to be employed*
- 4) *Business ownership information including the names and residential addresses of each individual, member, shareholder, officer, director or partner that makes up the ownership entity;*
- 5) *City of Detroit income tax returns for the preceding three tax years for each natural person that is part of the ownership entity and corporate tax returns if applicable*
- 6) *Property tax clearance for the proposed location;*
- 7) *Financial documentation demonstrating resources sufficient to meet the capitalization requirement required for the facility by the State of Michigan pursuant to the Medical Marihuana Facility Licensing Act;*
- 8) *Estimated use of public services, electricity, sewage and water;*
- 9) *The types of materials, substances, chemicals, machinery, and equipment that will be used by the facility;*
- 10) *The community benefits the applicant intends to provide, if any, defined for the purposes as any tangible service or investment that benefits the surrounding neighborhood or the City in general; and,*
- 11) *DAH Blight Clearance*