

Zoning Application Form

"Planning with People for a Better Phoenix"



City of Phoenix
PLANNING & DEVELOPMENT DEPARTMENT

Application # _____

Medical Marijuana Dispensary, Cultivation and Infusion Separation Verification

–PLEASE READ THE FOLLOWING CAREFULLY–

The intent of this form is to reserve a site for medical marijuana dispensaries, cultivation or infusion facilities within the City of Phoenix. This form does not grant the use nor approve such location without meeting the requirements within the Zoning Ordinance and Arizona Revised Statutes Title 36 Chapter 28.1. This is a reservation of the site on a first-come first-serve basis to verify compliance with the Zoning Ordinance.

The following criteria are required by City of Phoenix Zoning Ordinance and documentation must be submitted with this separation verification:

Dispensaries:

1. Locations of all existing and/or pending medical marijuana dispensaries, cultivation and infusion facilities within 5,280 feet (1 mile) of this site
2. Location of all preschool, kindergarten, elementary, secondary or high school, public park, public community center, dependent care facilities, homeless shelters, youth community centers within 1,320 feet of this site.
3. Location of all places of worship within 1,320 feet of this site.
4. Location of residentially zoned property within 500 feet of this site.
5. Maximum 5,000 square feet in size.

Cultivation and Infusion:

1. Locations of all existing and/or pending medical marijuana dispensaries, cultivation and infusion facilities within 5,280 feet (1 mile) of this site
2. Location of all preschool, kindergarten, elementary, secondary or high school, public park, public community center, dependent care facilities, homeless shelters, youth community centers within 1,320 feet of this site.
3. Location of all places of worship within 1,320 feet of this site.
4. Location of residentially zoned property within 1,000 feet of this site.

–COMPLETE THE FOLLOWING INFORMATION–

- Check One: Medical Marijuana Cultivation Facility
 Medical Marijuana Dispensary Facility
 Medical Marijuana Infusion Facility

1. Property Address: _____ Suite: _____ Zip Code _____
2. Legal Description: _____
3. Tax Parcel Number: _____
4. Owner or Operators Name: _____
Address: _____
City, State & Zip Code: _____
Phone Number: _____

-REGISTRATION PROCESS-

- A. The following must be submitted to the Planning and Development Department for separation verification:
1. Legal description of the building, suite or portion thereof where the facility is located.
 2. Ownership authorization document provided.
 3. Separation verification form completed.
 4. Survey sealed by a registrant of the State of Arizona to show compliance with the distance requirements.

Once the property is verified the applicant has **sixty (60) DAYS** to provide:

1. Name(s) and location(s) of off-site cultivation or dispensary facilities.
2. Site plan showing the location or suite of the facility.
3. Obtain Use Permit approval per Section 307 of the Zoning Ordinance.

- B. Verifications that have expired are **NON-RENEWABLE**. **A new verification for the proposed use shall not be accepted within thirty (30) days of the expiration date of the prior verification** . A maximum one-time thirty (30) day extension may be granted to the applicant by the Zoning Administrator. Request for the extension must be made in writing and received by the Planning and Development Department prior to the expiration of the original request.

- C. The undersigned hereby certifies as follows:

1. The undersigned is the owner or operator of the existing or proposed use or is authorized to file this form on behalf of the owner or operator.
2. The owner or operator of the existing or proposed use is the owner or lessee of the property on which the use is or will be conducted or is otherwise authorized by the property owner to file this form.
3. If the use does not presently exist, but is proposed to be established, as of the date of the filing of this form, the proposed use complies with applicable Zoning Ordinance separation requirements.
4. There are no outstanding Zoning or Building Code violations for the proposed site.
5. The undersigned has read and understood the definitions above and agrees to comply with the requirements established for the operation of a medical marijuana facility.
6. All information provided on this form is true and correct and to the best of his/her knowledge.
7. That the undersigned acknowledges that this form does not grant the use of a medical marijuana facility.

Printed Name

Signature

Date

FOR PLANNING AND DEVELOPMENT DEPARTMENT USE ONLY

ZA#:	Zoning Map:	CITY ZONING AUTHORITY COMPLIANCE
Registration Date	Village:	Compliance Date:
Registration Time:	Q.S.:	Name:
Zoning:	Council District::	Signature:

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