



FEE: \$50.00 New/Renewal

550 Main Street
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Weed, CA 96094

CITY OF WEED

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PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT

MEDICAL MARIJUANA CULTIVATION USE PERMIT APPLICATION AND PERMIT FORM

Pursuant to Section 18.60.010 of the Weed Municipal Code: The purpose of this chapter is to regulate the cultivation of medical marijuana for personal use in a manner that protects the health, safety, and welfare of the community and minimizes or eliminates the potential nuisances associated with marijuana cultivation in a manner which is consistent with applicable state and federal laws and regulations.

I. APPLICANT DATA

A. Name of Applicant (Please Print): _____

B. Address or Location of Property: _____

C. Property Owner Name: (Please Print): _____

D. Owner Mailing Address: _____

E. Owner phone #: _____ Owner e-mail: _____

F. Assessor's Parcel Number(s): _____

D. Site Area (acres/sq. ft.): _____

E. Current Zoning: _____ F. Existing Use of Property: _____

G. Description of Proposal: Applicant will describe proposed cultivation facility including size, number of plants, screening, security, structure materials, heating, electricity, water, etc. (see page 2)

H. Attach a scaled diagram showing the location of the facilities and indicating the size, and distance from adjoining structures and property lines. (see sample)

I. Attach a copy of doctor recommendation.

A Permit under this chapter shall not issue unless at least one (1) occupant of the property where the cultivation is to take place executes and delivers to the city, in a form acceptable to the city clerk, written irrevocable permission for law enforcement or other officials of the city to enter, inspect, and photograph the premises at reasonable times and intervals without the necessity of prior notice or probable cause to inspect the cultivation for compliance with this chapter and any other applicable code provisions and state laws. The permittee shall cooperate with the official in arranging for allowing the inspection. The said written permission shall remain in effect for 180 days following the expiration or revocation of the permit and shall be binding upon any persons who occupy the property during its effective period.

II. APPLICANT CERTIFICATION

By signing this application, I hereby declare under penalty of perjury that I reside on the above listed premise, and that this application and all information submitted as part of this application are true and accurate to the best of my knowledge. I agree to be bound by conditions of approval. I certify that the information and exhibits submitted are true and correct. I understand that my permit can be revoked or denied if found to be in violation of any of the regulations. I understand that my signature below is written irrevocable permission for law enforcement or other officials of the City to enter, inspect, and photograph the premises at reasonable times and intervals without the necessity of prior notice or probable cause to inspect the cultivation for compliance with any applicable code provisions and State laws. I certify I have read and fully understand WMC 18.60.010.

Signature: _____ Date: _____

Signature: _____ Date: _____

Telephone Number: _____ Email: _____

Mailing Address: _____

If the information provided above, becomes incorrect, the applicant, within thirty (30) days, shall file with the city clerk an amended application or such other form as the city clerk may then require.

PROPOSED FACILITY DISCUSSION:

Multiple horizontal lines for writing the proposed facility discussion.

----- **IV. For City use only** -----

Application Requirements:

- _____ Scaled diagram indicating the location of the cultivation facilities, the size of the cultivation area, and distance from adjoining structures and property lines
- _____ Project description: Includes number of plants and description of cultivation area including screening, security, structure materials, and electrical, water, and heating connections (if any).
- _____ Doctor's recommendation copy(ies). (1 recommendation = 6 plants maximum)
- _____ \$50 fee received: Date: _____ Receipt # _____

Compliance check:

_____ Remarks: _____
Date _____

_____ Remarks: _____
Date _____

_____ Remarks: _____
Date _____

_____ Remarks: _____
Date _____

Planning Department Findings

- No cultivation shall take place in a residence.
- Permissible structure is detached garage _____ ; greenhouse _____ ; other outbuilding _____ ;
- Roof and walls are wood _____ ; metal _____ ; plastic _____ ; translucent plastic sheeting _____ ; glass _____ ; other (explain) _____ ;
- Setbacks _____ (minimum 5 feet from any property boundary line);
- Permissible structure is detached garage _____ ; greenhouse _____ ; other outbuilding _____ ;
- Roof and walls are wood _____ ; metal _____ ; plastic _____ ; translucent plastic sheeting _____ ; glass _____ ; other (explain) _____ ;
- Electrical lines and fixtures do not constitute a safety hazard.
- Heating equipment does not constitute a safety hazard.
- Cultivation is screened or fenced with solid materials in such a manner that the medical marijuana is not visible from any adjacent public or private right of way, or adjacent public or private property;

