



**PROCEDURE AND APPLICATION FOR A PROPOSED SPECIAL USE PERMIT (SUP)
MEDICAL MARIJUANA OFF-SITE CULTIVATION LOCATION**

- A. Attend a Pre-Application meeting with the Planning Department and affected County agencies.
- B. File an application and all required supporting documentation for a Special Use Permit. Please use the attached application forms.
- C. ***Public hearing before the Planning Commission with Commission recommendation to the Board of Supervisors. Time frame is approximately 12 weeks from application acceptance by the Planning Department.
- D. ***Public hearing, (approximately 4 to 5 weeks after Planning Commission hearing), before the Board of Supervisors.
- E. Submit application and all supporting documents in pdf format via the online submittal portal at: <https://citizenaccess.pinalcountyz.gov/CitizenAccess/>
- F. An application checklist is located at the end of this application

FEE SCHEDULE

Submit the following fees made payable to Pinal County in accordance with Section [2.151.010(I)(2)a] of the PCDSC:

- A. 499 or less mail outs = \$500.00
- B. 500 or more mail outs = \$750.00

*** Time frames are approximate and apply to applications for facilities located in constructed buildings only. Applications needing Comprehensive Plan Amendments, Rezoning, PAD amendments or Site Plans that are required to go through the "Site Plan Approval" process are not subject to these time frames.



APPLICATION FOR A SPECIAL USE PERMIT FOR AN OFF-SITE CULTIVATION LOCATION FOR MEDICAL MARIJUANA IN AN UNINCORPORATED AREA OF PINAL COUNTY, ARIZONA
(all applications must be typed or written in ink)

Special Use Permit & Property Information:

(feel free to include answers and "Supporting Information" to these questions in a Supplementary Narrative, when doing so write see narrative on the space provided)

1. Date of Pre-application Meeting: _____ 2. Pre-application Number: Z-PA- _____

3. The legal description of the property: _____

4. Tax Assessor Parcel Number(s): _____ 5. Current Zoning: _____

6. Parcel size: _____

7. The existing use of the property is as follows: _____

8. The exact use proposed under this request: _____

9. Is the property located within three (3) miles of an incorporated community? _____ If yes, which ones?

10. Is an annexation into a municipality currently in progress? _____ If yes which one?

11. Is there a zoning or building violation on the property for which the owner has been cited? _____
If yes, Zoning/Building Violation Number: _____

12. Discuss any recent changes in the area that would support your application i.e.: zone change(s), subdivision approval, Planned Area Development (PAD), utility or street improvements, adopted Comprehensive/Area Plan(s) or similar changes and why this proposed use is needed and necessary at this time: _____

INV#: _____ AMT: _____ DATE: _____ CASE: _____ Xref: _____

COMMUNITY DEVELOPMENT
Planning Division

Supporting Information for an Off Site Cultivation Location:

1. What is the legal name of the Medical Marijuana Off-site Cultivation Location? _____
2. Is the proposed Off-site Cultivation Location located on property zoned CB-2, CB-2/PAD, C-3 or GR?
 YES NO
3. Is the proposed Medical Marijuana Dispensary Off-site Cultivation Location setback a minimum of 2000 feet from all other Medical Marijuana Off-site Cultivation Location measured from the parcel boundaries? YES NO
4. Is the proposed Off-site Cultivation Location setback a minimum of 1,500 feet from schools, community service agency, activity facility and or activity where children may be enrolled, measured from the parcel boundaries? YES NO
5. Is the proposed Off-site Cultivation Location setback a minimum of 1,500 feet from a childcare center, library or public park, church, residential substance abuse diagnostic and treatment facility or other drug or alcohol rehabilitation facility measured from the parcel boundaries? YES NO
6. Does the proposed Off-site Cultivation Location have a drive-thru service or outdoor seating areas?
 YES NO
7. Does the off-site cultivation location must meet the definition of an “enclosed locked facility” under ARS 36-2801(6) and the definition of “enclosed area” under Arizona Administrative Code R9-17-101(16) and not located in a trailer, cargo container or motor vehicle. YES NO
8. Does the proposed Off-site Cultivation Location have a secure storage area for the storage and processing of medical marijuana of more than 1000 square feet? YES NO
9. Have you discussed possible conditions that may be placed on the permit with the Planning Department? YES NO
10. If the Off-site Cultivation Location is not located within a completely enclosed permanent building, does it exceed five acres? (Outdoor growing area) YES NO
11. Is the Off-site Cultivation Location set back a minimum of 1,500 feet from any single-family residential zone, multifamily residential zone, transitional zone, mixed dwelling zone and RU-C zone, as measured from the parcel boundaries?
 YES NO
12. Do you understand that the Pinal County Board of Supervisors may include any conditions it finds necessary to conserve and promote public health safety, convenience and general welfare?
 YES NO
13. Do you understand that if a condition is violated, that there is a public process by which your permit may be revoked and declared null and void? YES NO
14. Please indicate the Dispensaries you are affiliated with: _____

15. What is the amount of traffic to be generated? (# of trips/day, deliveries/week). _____
_____. Show ingress/egress on the site plan.
16. How many parking spaces are to be provided (employees and customers). _____
Indicate these parking spaces on the site plan.
17. Is there a potential for excessive noise (I.E.; children, machinery) or the production of smoke, fumes, dust or glare with this proposed land use? If yes, how will you alleviate these problems for your neighbors? _____

18. What type of landscaping are you proposing to screen this use from your neighbors? _____
_____. Indicate the landscaping on your site plan.
19. What type of signage are you proposing for the activity? Where will the signs be located, show the locations of signs on your site plan.
20. If the proposed land use involves any type of manufacturing or production process, provide a short synopsis of the processes utilizing diagrams, flowcharts and/or a short narrative.
21. Explain how the appearance and operation of the proposed land use will maintain the integrity and character of the zone in which the Special Use Permit is requested. _____

I certify the information included in this application is accurate, to the best of my knowledge. I have read the application and I have included the information, as requested. I understand if the information submitted is incomplete, this application cannot be processed.

Name of Applicant

Address

Signature of Applicant

E-Mail Address

Phone Number

Name of Agent/Representative

Address

Signature of Agent/Representative

E-Mail Address

Phone Number

The Agent/Representative has the authority to act on behalf of the landowner/applicant, which includes agreeing to stipulations. The agent will be the contact person for Planning staff and must be present at all hearings. Please use attached Agency Authorization form, if applicable.

Name of Landowner

Address

Signature of Landowner

E-Mail Address

Phone Number

If landowner is not the applicant, then applicant must submit a signed notarized consent form from the landowner with this application. Please use attached Consent to Permit form, if applicable.

Application Checklist:

- Submit a detailed site plan, at least 8½ X 11, but not larger than 11" X 17". The site plan must include the following:
 - Size and shape of parcel; property dimensions; north arrow
 - Adjacent streets; rights-of-way, easements and setbacks; indicate size; purpose and whether public or private
 - Location, size and use of all existing and proposed buildings; show setbacks from property boundary lines and between structures
 - Driveways and parking areas, show access, dimensions and surface material
 - Existing and proposed utilities, show location of lines, size and serving company
 - Any other information as may be applicable – landscaping, natural features i.e.: washes, excavation sites, security measures for the growing area, etc.
- Submit the "Supporting Information" sheet (if applicable) and/or the "Submittal Checklist" for the requested action. Forms are in this packet.
- Submit a list of all property owners within 1000' of the subject property boundary showing name, mailing address and tax parcel numbers. This list must be obtained within the 30 days prior to application submission.
- Submit a map of the area with the 1000' boundary shown. (A Tax Assessor Parcel Map is acceptable).
- Submit the non-refundable filing fee according to the fee schedule shown on page 1 of the application. (The application is not considered filed until the fees are paid.)
- Submit application and narrative in PDF format.
- A floor plan showing the location, dimensions and type of security measures demonstrating that the medical marijuana off site cultivation location storage area will meet the definition of enclosed locked facility contained in A.R.S. §36-2801(6) and that medical marijuana dispensary off-site cultivation location must meet the definition of an "enclosed locked facility" under ARS 36-2801(6) and the definition of "enclosed area" under Arizona Administrative Code R9-17-101(16) and may not be located in a trailer, cargo container or motor vehicle.
- A copy of the facilities operating procedures adopted in compliance with A.R.S. §36-2804(B)(1)(c).
- Hold a neighborhood/community meeting prior to application submittal:
 - Notify all property owners within 1200'
 - Hold the meeting within 5 miles of the subject property
 - Hold the meeting between 5:00pm and 9:00pm
 - Applicant will be required to notify any jurisdiction within three (3) miles of the subject site boundary and provide proof via letter or email correspondence of sent notification and any jurisdiction response received.
- Include neighborhood Public participation information with the application:
 - Copy of Notice of Neighborhood/Community Meeting
 - List of property owners notified
 - Meeting Minutes
 - Attendance sign-in sheet with names & addresses
- Install Broadcast Notification Sign(s) on the site in conformance with the information shown in this application.

Please feel free to compile all information into a separate Narrative

PROPERTY OWNERSHIP LIST

(required for filing all applications)

Instructions: Print Name, Address, City, State, Zip Code and Tax Parcel Number for each property owner within 1000 feet of the subject parcel boundary. Feel free to attach a separate list if generated digitally. Please see "How to use the Buffer Tool" on our FAQ's page if you are generating the list.

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

I hereby verify that the name list above was obtained on the _____ day of _____, 20____, at the office of _____ and is accurate and complete to the best of my knowledge.
(Source of Information)

On this _____ day of _____, 201____, before me personally appeared _____
(name of signor)

Signature _____ Date _____

State of _____)ss. _____

(SEAL)

County of _____

My Commission Expires _____

Signature of Notary Public _____

AGENCY AUTHORIZATION

(To be completed by all landowners who do not represent themselves. Instructions for completing required information are in bold and brackets below lines. If applicant is a company, corporation, partnership, joint venture, trustee, etc., please use the corporate signature block and have the notary fill in the notarization section for corporations not individuals and cannot be submitted digitally)

TO: Pinal County Community Development
P.O. Box 2973
Florence, AZ 85232

[Insert Name -- If a Corporation, Partnership or Association, Include State of Incorporation]

hereinafter referred to as "Owner," is/are the owner(s) of _____ acres located at _____, and further identified

[Insert Address of Property]

as assessor parcel number _____ and legally described as follows:

[Insert Parcel Number]

[Insert Legal Description Here OR Attach as Exhibit A]

Said property is hereinafter referred to as the "Property."

Owner hereby appoints _____

[Insert Agent's Name. If the Agent Is a Company, Insert Company Name Only]

hereinafter referred to as "Agent," to act on Owner's behalf in relation to the Property in obtaining approval from Pinal County for a minor land division and to file applications and make the necessary submittals for such approvals.

**[Individual PROPERTY OWNER signature block and acknowledgment.
DO NOT SIGN HERE IF SIGNING AS AN OFFICER OF A CORPORATION]**

[Signature]

[Signature]

[Address]

[Address]

Dated: _____

Dated: _____

STATE OF _____)

) ss.

(SEAL)

COUNTY OF _____)

The foregoing instrument was acknowledged before me _____ this day _____ of by _____

My Commission Expires _____

Signature of Notary Public _____

Printed Name of Notary

Signature of Notary

CORPORATE PROPERTY OWNER SIGNATURE BLOCK AND ACKNOWLEDGMENT

[Insert Company's or Trust's Name]

By: _____

[Signature of Authorized Officer, or Trustee]

Its: _____

[Insert Title]

Dated: _____

STATE OF _____)

) ss.

COUNTY OF _____)

The foregoing instrument was acknowledged before me, this _____ day of _____, 20__ by

[Insert Signor's Name]

[Insert Title]

an ,

[Name of Company or Trust]

[Insert State of Incorporation, if applicable]

and who being authorized to do so, executed the foregoing instrument on behalf of said entity for the purposes stated therein.

My Commission Expires: _____

Printed Name of Notary

Signature of Notary

ALTERNATE: Use the following acknowledgment only when a second company is signing on behalf of the owner:

STATE OF _____)

) ss.

(Seal)

COUNTY OF _____)

The foregoing instrument was acknowledged before me, this _____ day of _____, 20__ by

_____, who acknowledges himself/herself to be

[Insert Signor's Name]

_____, of _____

[Title of Office Held]

[Second Company]

as _____ for _____, and who being

[i.e. member, manager, etc]

[Owner's Name]

authorized to do so, executed the foregoing instrument on behalf of said entities for the purposes stated therein.

My Commission Expires _____

Printed Name of Notary

Signature of Notary

ACKNOWLEDGMENT OF INTENT TO USE PROPERTY AS A MEDICAL MARIJUANA OFF-SITE CULTIVATION LOCATION

(To be completed by all landowners who intend to allow a Off-site cultivation location on their property. Instructions for completing required information are in bold and brackets below lines. If applicant is a company, corporation, partnership, joint venture, trustee, etc., please use the corporate signature block and have the notary fill in the notarization section for corporations not individuals.)

TO: Pinal County Community Development
P.O. Box 2973
Florence, AZ 85232

[Insert Name -- If a Corporation, Partnership or Association, Include State of Incorporation]

hereinafter referred to as "Owner," is/are the owner(s) of _____ acres located at _____, and further identified

[Insert Address of Property]

as assessor parcel number _____ and legally described as follows:

[Insert Parcel Number]

[Insert Legal Description Here OR Attach as Exhibit A]

Said property is hereinafter referred to as the "Property."

Owner consents to _____'s application for a medical marijuana

[Insert Name of Applicant]

dispensary off-site cultivation location and consents to the issuance of the permit for the stated use on the Property.

**[Individual PROPERTY OWNER signature block and acknowledgment.
DO NOT SIGN HERE IF SIGNING AS AN OFFICER OF A CORPORATION]**

[Signature]

[Signature]

[Address]

[Address]

Dated: _____

Dated: _____

STATE OF _____)

) ss.

(SEAL)

COUNTY OF _____)

The foregoing instrument was acknowledged before me _____ this day _____ of by _____

My Commission Expires _____

Signature of Notary Public _____

Printed Name of Notary

Signature of Notary

CORPORATE PROPERTY OWNER SIGNATURE BLOCK AND ACKNOWLEDGMENT

[Insert Company's or Trust's Name]

By: _____
[Signature of Authorized Officer, or Trustee]

Its: _____
[Insert Title]

Dated: _____

STATE OF _____)
) ss.

COUNTY OF _____)

The foregoing instrument was acknowledged before me, this _____ day of _____, 20__ by

_____,
[Insert Signor's Name] *[Insert Title]*

_____, _____ an ,
[Name of Company or Trust] *[Insert State of Incorporation, if applicable]*

and who being authorized to do so, executed the foregoing instrument on behalf of said entity for the purposes stated therein.

My Commission Expires: _____

Printed Name of Notary

Signature of Notary

ALTERNATE: Use the following acknowledgment only when a second company is signing on behalf of the owner:

STATE OF _____)
) ss.
COUNTY OF _____)

(Seal)

The foregoing instrument was acknowledged before me, this _____ day of _____, 20__ by _____, who acknowledges himself/herself to be

_____, of _____
[Insert Signor's Name] *[Title of Office Held]* *[Second Company]*

as _____ for _____, and who being
[i.e. member, manager, etc] *[Owner's Name]*

authorized to do so, executed the foregoing instrument on behalf of said entities for the purposes stated therein.

My Commission Expires _____

Printed Name of Notary

Signature of Notary

PRINCIPAL OFFICER, BOARD MEMBER AND DISPENSARY IDENTIFICATION LIST

Please list all Principal Officers, Board Members and Dispensary Agents of the non-profit medical marijuana dispensary. *(if there are more than three officers please reproduce this page, each page will need to be notarized)*

Name	Title	Address	Date of Birth
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Name	Title	Address	Date of Birth
------	-------	---------	---------------

Name	Title	Address	Date of Birth
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I hereby certify that none of the above listed principal officers or board members has served as a principal officer or board member for a registered non-profit medical marijuana dispensary that has had its registration certificate revoked or been convicted of one of the following offenses:

- i. A violent crime as defined in A.R.S. § 13-901.03(B) that was classified as a felony in the jurisdiction where the person was convicted;**

- ii. A violation of state or federal controlled substance law that was classified as a felony in the jurisdiction where the person was convicted including an offense for which the sentence, any term of probation, incarceration or supervised release, was completed within the 10 years prior to applying for the application for the dispensary or an offense involving conduct that would be immune from arrest, prosecution or penalty under A.R.S. §36-2811 except that the conduct occurred before the effective date of that statute or was prosecuted by an authority other than the State of Arizona.**

(Signature)	(Date)	(Signature)	(Date)
-------------	--------	-------------	--------

On this _____ day of _____, 201____, before me personally appeared _____,
(name of signor)

(name of signor)	(name of signor)
------------------	------------------

State of _____)ss. (SEAL)

County of _____

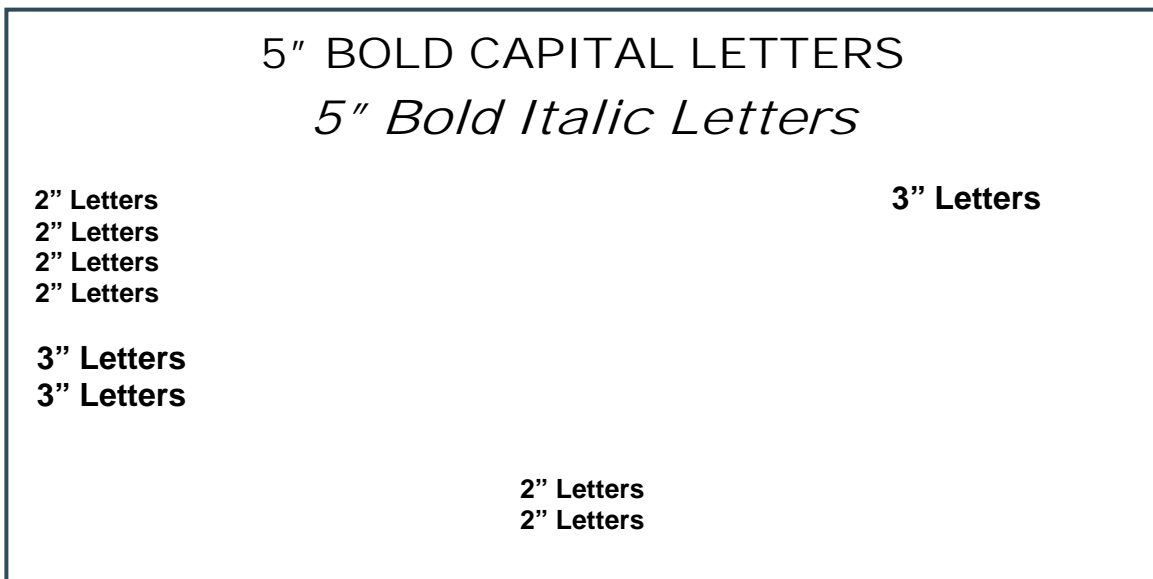
My Commission Expires _____
Signature of Notary Public _____

Pinal County Broadcast Notification Signs:

Zoning, Planned Area Developments, Special Use Permits and Industrial Use Permits Site Posting Requirements

1. Broadcast signs shall be installed and removed by the applicant
2. Broadcast signs shall be installed 28 days before the Planning Commission hearing
3. Broadcast signs shall remain in place until the Board of Supervisors has made a decision on the case
4. Broadcast signs shall be removed no later than 30 days after the Board of Supervisors has made a decision on the case
5. Broadcast signs shall be placed adjacent to each road that borders the property, or as determined by the Planning Manager
6. Broadcast signs can contain more than one case
7. Regular signs, if needed, will be posted by County staff
8. Text on the sign shall meet the specifications shown on page 2 of this document
9. Broadcast sign specifications:
 - a. 4 Feet Tall by 8 Feet Wide
 - b. Top of the sign shall be 6 feet above the ground
 - c. Laminated plywood or MDO board
 - d. Attached to 2 – 4” by 4” wooden poles
 - e. All surfaces, including edges shall be painted Sunburst Yellow or approved equivalent
 - f. Black letters shall be used and shall be sized per the specifications shown below
10. Pinal County staff will place information about Planning Commission and Board of Supervisor hearings on the Broadcast sign in the designated area
11. Submit the posting affidavit as soon as the sign is installed along with a photograph, any incorrect information on the sign may result in delay of your case
12. Case description information should be brief but able to convey what the application is for i.e. Rezoning for a 600 lot single family residential subdivision

Letter Sizes: All Letters Upper and Lower Case Unless Specified



**Zoning and Planned Area Development Cases:
4 Feet Tall by 8 Feet Wide, Sunburst Yellow or equivalent**

PINAL COUNTY <i>Public Hearings</i>	
Case Number: Existing Zoning: Proposed Zoning: Acreage: Case Description:	Public Hearing Information
Applicant Name: Applicant Phone Number:	
Case Information Available at Pinal County Community Development (520) 866-6442 or ww.pinalcountyaz.gov	

**Special Use Permit and Industrial Use Permit Cases
4 Feet Tall by 8 Feet Wide**

PINAL COUNTY <i>Public Hearings</i>	
Case Number: Existing Zoning: Acreage: Case & SUP Description:	Public Hearing Information
Applicant Name: Applicant Phone Number:	
Case Information Available at Pinal County Community Development (520) 866-6442 or ww.pinalcountyaz.gov	