



Building Department

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 Shelby Township, MI 48316-3572
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Application for Zoning Certificate to Cultivate Medical Marihuana

AUTHORITY: Township Zoning Ordinance	PENALTY: Occupancy will not be permitted
COMPLETION: Mandatory to obtain occupancy	APPLICATION FEE: \$ 1,500.00

PROJECT ADDRESS/BUSINESS NAME
Project Address
Name of Proposed Business

APPLICANT			
Name		Address	
City	State	Zip Code	Phone
Driver's License No.			Date of Birth
Applicant is: <input type="checkbox"/> Building Owner <input type="checkbox"/> Tenant		Email Address	

PROPERTY OWNER INFORMATION <input type="checkbox"/> Check if same as applicant			
Property Owner's Name		Address	
City	State	Zip Code	Phone

CAREGIVER INFORMATION			
Indicate the number of caregivers for this facility. If more than one, provide a separate list identifying each caregiver and all of the information below.		# of caregivers	
Name of the Primary Caregiver		<input type="checkbox"/> Submit copy of current MI Caregiver Registration <input type="checkbox"/> Submit copy of Caregiver's driver's license <input type="checkbox"/> Submit copy of patient registration cards for all patients served by the caregiver	
Address			
City	State	Zip Code	Phone
Driver's License No.		Date of Birth	

PROJECT INFORMATION It is imperative that you **clearly, and accurately, state all of the business activities proposed** at the subject location(s). If it is determined that you are undertaking activities which are not declared in this document, the Certificate will be rendered null and void, and you will be subject to prosecution pursuant to Article 18 of the Township's Zoning Ordinance.

Former Use of Business Address

The proposed business will occupy: single tenant space combination of tenant spaces entire building

Have you applied for building, plumbing, mechanical and electrical permits, as required? Yes No

Is there any sign installation or modification of existing signage proposed? Yes No

Is any outdoor storage, or display, going to be utilized at the subject location? Yes No If yes, completely describe.

Describe the proposed use for the first floor:

Amount of Square Footage:

Is there a basement, cellar, or lower level, available, and accessible, to the proposed use? If yes, clearly describe proposed use.
 Yes Not applicable

Amount of Square Footage:

Is there a second level or mezzanine, available, and accessible, to the proposed use? If yes, clearly describe proposed use.
 Yes Not applicable

Amount of Square Footage:

APPLICANT/PROPERTY OWNER ACKNOWLEDGEMENT OF ORDINANCE PROVISIONS

The Charter Township of Shelby Zoning Ordinance, Article 4, Section 4.66, regulates the cultivation of patient care marijuana. The following are excerpts of such regulations:

Registered Primary Caregiver Operations. Any registered primary caregiver may acquire, possess, cultivate, manufacture, transfer, or transport medical marihuana compliant with the MMMA, MCL 333.26421 et seq. as amended. Cultivation of medical Marihuana by a registered primary care giver as defined under the MMMA, is prohibited in any zoning district, except the Light Manufacturing "LM" District and Heavy Manufacturing HM District; sections 3.19 and 3.20 of this ordinance respectively and further subject to the following:

- (a) A registered primary caregiver may only grow, cultivate, manufacture, process, and store marihuana on a parcel in the LM-district and HM district; sections 3.19 and 3.20 of this ordinance and in an enclosed locked facility.
- (b) The registered primary caregiver is responsible for utilizing an enclosed locked facility upon the industrial zoned parcel, compliant with the MMMA for cultivating, growing, manufacturing, processing, and storing marihuana for medical use only. The enclosed locked facility utilized by the primary registered caregiver, shall provide separation by fully enclosed walls, or fences, for plants that are grown on behalf of each registered qualifying patient, on whose behalf the registered primary caregiver is furnishing Marihuana for medical use, so it is accessible only to the primary caregiver and registered patient. The processing and storing of medical marihuana is permitted only by registered primary caregivers and registered qualifying patients.

- (c) The registered primary caregiver may grow up to a maximum of 72 plants, but no more than 12 plants for each individual registered qualifying patient as set forth in the MMMA.
- (d) The registered primary caregiver is responsible for providing the security necessary to assure that the growing marihuana and usable product are accessible for use only by the primary registered caregiver for transfer to, only to registered qualifying patients who are registered to the registered primary caregiver and must fully comply with the provisions of the MMMA.
- (e) Each parcel upon which enclosed locked facilities with marihuana for medical use are present, must be a minimum of 500 feet from any parcel upon which any school, school facility, child care facility, place of worship, or public park is situated. Measurement of the buffer shall be from property line to property.
- (f) A Certificate of Occupancy is required and must be obtained from the Township before the presence of marihuana is allowed on the parcel.
- (g) Marihuana plants grown outdoors in an enclosed, locked facility shall be subject to the requirements of this Article.
- (h) The consumption, transfer, or use of Marihuana, in public, or a place opened to the public is prohibited.

Certificate Required. The operations of a registered primary caregiver within an industrial zoning district shall only be permitted upon the issuance of a **Zoning Certificate to Cultivate Medical Marihuana**. Such certificate is **required to be renewed annually** and is subject to inspections by the building and fire department as well as the police department for compliance with the provisions of this Ordinance and for the issuance of the certificate and its renewals.

You are not permitted to use, or occupy, the subject property until you are in possession of a **Zoning Certificate to Cultivate Medical Marihuana** and a Certificate of Occupancy. These Certificates will not be issued until all required inspections have first been completed and approved.

I have read and understand the Shelby Township Zoning regulations pertaining to the cultivation of marijuana and hereby certify that I will comply. Further, I certify that the information set forth in the above application is accurate. I agree to schedule and consent to all inspections required to obtain the permits requested.

Applicant Signature	Date	Property Owner – Signature (if not the applicant)	Date
Applicant Name – Printed or Typed	Date	Property Owner – Printed or Typed	Date

PLANNING DEPARTMENT REVIEW – For official use only	
Zoning District	Distance
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason:	
Planner Signature	Date

POLICE DEPARTMENT REVIEW – For official use only	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason:	
Police Department Representative Signature	Date

**APPLICANT
PLEASE FILL OUT THE FOLLOWING COMPLETELY**

**SHELBY TOWNSHIP POLICE/FIRE DEPARTMENT
EMERGENCY CONTACT INFORMATION**

BUSINESS INFORMATION	
Business Name	
Address	Phone
Alarm Company	Phone
Insurance Company (tenant)	Phone
Insurance Company (property owner)	Phone

EMERGENCY CONTACT			
Name	Address		
City	State	Zip Code	Phone
Title			
Special Instructions			

EMERGENCY CONTACT			
Name	Address		
City	State	Zip Code	Phone
Title			
Special Instructions			

EMERGENCY CONTACT			
Name	Address		
City	State	Zip Code	Phone
Title			
Special Instructions			