



**Building Department**

52700 Van Dyke Ave.  
 Shelby Township, MI 48316-3572  
 www.shelbytwp.org  
 Phone: 586-731-5969  
 Fax: 586-803-2099  
 Email: [building@shelbytwp.org](mailto:building@shelbytwp.org)

**Application for Zoning Certificate to Cultivate Medical Marihuana  
 RENEWAL**

*Submit application along with copies of caregiver and patient registration cards.*

AUTHORITY: Township Zoning Ordinance	PENALTY: Occupancy will not be permitted
COMPLETION: Mandatory to obtain occupancy	APPLICATION FEE: \$ 250.00

<b>PROJECT ADDRESS</b>		
Project Address		Suite/Unit Number
City	State	Zip Code

<b>APPLICANT/CAREGIVER INFORMATION</b>			
Name			
Address		City	State Zip Code
Phone	Email Address		
Driver's License No.		Date of Birth	

<b>PATIENT INFORMATION</b> (include self if applicable)	
Name of Patient:	Name of Patient:
Name of Patient:	Name of Patient:
Name of Patient:	Name of Patient:

<b>CAREGIVER/APPLICANT ACKNOWLEDGEMENT OF ORDINANCE PROVISIONS</b>			
As previously noted on my original application for Zoning Certificate to Cultivate Medical Marihuana, I 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 renewal.			
Applicant Signature	Date	Applicant Name – Printed or Typed	Date

# Application for Zoning Certificate to Cultivate Medical Marihuana RENEWAL

<b>PROJECT ADDRESS – For official use only</b>		
Project Address		Suite/Unit Number
City	State	Zip Code
Date of application submittal:		Date of Inspection:
<input type="checkbox"/> Caregiver card submitted		<input type="checkbox"/> Patient cards submitted

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

<b>BUILDING DEPARTMENT REVIEW – For official use only</b>		
Zoning District	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason:
Building Department Signature		Date

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

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