

Medical Cannabis Establishment Provisional Zoning Compliance Letter

To be completed by Applicant

Date:	
Applicant:	E-mail address:
Property Owner:	
<u>Address or Legal Description of Subject Property:</u>	
<input type="checkbox"/> Dispensary <input type="checkbox"/> Testing Facility <input type="checkbox"/> Cultivation Facility <input type="checkbox"/> Manufacturing Facility	
Please submit to cpweb@rcgov.org or to the Department of Community Development at City Hall	

To be completed by Planner

<u>The following determination applies for a Dispensary Establishment:</u> <input type="checkbox"/> Permitted <input type="checkbox"/> Conditional Use <input type="checkbox"/> Not Allowed
<u>The following determination applies for a Testing Facility:</u> <input type="checkbox"/> Permitted <input type="checkbox"/> Conditional Use <input type="checkbox"/> Not Allowed
<u>The following determination applies for a Cultivation Facility:</u> <input type="checkbox"/> Permitted <input type="checkbox"/> Conditional Use <input type="checkbox"/> Not Allowed
<u>The following determination applies for a Manufacturing Facility:</u> <input type="checkbox"/> Permitted <input type="checkbox"/> Conditional Use <input type="checkbox"/> Not Allowed

Review Planner: _____ Date: _____

Director: _____ Date: _____