



PINAL COUNTY
wide open opportunity

**PINAL COUNTY
PROCEDURE FOR A PROPOSED SPECIAL USE PERMIT (SUP)
MEDICAL MARIJUANA DISPENSARY OFF-SITE CULTIVATION LOCATION**

- A. Attend a Concept Review (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 7 to 8 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 four (4) copies of the application and all supporting documents.

FEE SCHEDULE

- A. Advertising for Public Hearings \$545.00
- B. Special Use Permit Applications: \$450.00 per application

**** Please submit a separate check for each application**

*** 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 A
MEDICAL MARIJUANA DISPENSARY OFF-SITE CULTIVATION LOCATION
IN AN UNINCORPORATED AREA OF PINAL COUNTY, ARIZONA**

(all applications **must** be typed or written in ink)

1. Pinal County Staff Coordinator: _____
2. Date of Concept Review: _____ Concept Review Number: _____
3. The legal description of the property: _____

4. Tax Assessor Parcel Number: _____
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?
YES NO
10. Is an annexation into a municipality currently in progress?
YES NO
11. Is there a zoning violation on the property for which the owner has been cited?
YES NO If yes, Zoning 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. _____

13. Explain why the proposed development is needed and necessary at this time. _____

RECEIPT #: _____ AMT: _____ DATE: _____ CASE: _____

In addition to this application you will need to:

- A. Submit a detailed site plan, at least 8½ X 11, but not larger than 11” X 17”. The site plan must include the following:
 1. Size and shape of parcel; property dimensions; north arrow
 2. Adjacent streets; rights-of-way, easements and setbacks; indicate size; purpose and whether public or private
 3. Location, size and use of all existing and proposed buildings; show setbacks from property boundary lines and between structures
 4. Driveways and parking areas, show access, dimensions and surface material
 5. Existing and proposed utilities, show location of lines, size and serving company
 6. Any other information as may be applicable – landscaping, natural features i.e.: washes, excavation sites, etc.
- B. Submit the “Supporting Information” sheet (if applicable) and/or the “Submittal Checklist” for the requested action. Forms are in this packet.
- C. 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.
- D. Submit a map of the area with the 1000’ boundary shown. (A Tax Assessor Parcel Map is acceptable).
- E. 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.)
- F. Submit a CD which contains a copy of the application and narrative in PDF format.
- G. A copy of the operating procedures adopted in compliance with A.R.S. §36-2804(B)(1)(c).
- H. A floor plan showing the location, dimensions of and type of security measures demonstrating that the medical marijuana dispensary off-site cultivation location will be conducted completely within an enclosed locked building and meet the definition of enclosed locked facility contained in A.R.S. §36-2801(6).
- I. **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****Include with the application:**
 - **Copy of Notice of Neighborhood/Community Meeting**
 - **List of property owners notified**
 - **Meeting Minutes**
 - **Attendance sign-in sheet with names & addresses**
- G. **Install Broadcast Notification Sign(s) on the site in conformance with the information shown in this application.**

Please be aware that earth fissure maps are available online from the Arizona State Geologic Survey.

THIS APPLICATION MUST BE SUBMITTED IN PERSON. PLEASE SET A MEETING WITH YOUR PINAL COUNTY STAFF COORDINATOR.

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	Phone Number
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Signature of Applicant	E-Mail Address
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Name of Agent/Representative	Address	Phone Number
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Signature of Agent/Representative	E-Mail Address
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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	Phone Number
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Signature of Landowner	E-Mail Address
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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.

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.

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.

Signature

Date

Acknowledged before me by _____ on this _____ day of _____, 20_____.

(SEAL)

Signature of Notary Public

(If additional copies of this form are needed, please photocopy)

[Corporate PROPERTY OWNER signature block and acknowledgment The appropriate Corporate officer or trustee signs this signature block NOT the block on the previous page.]

[Insert Company or Trustee'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 _____, by _____
[Insert Signor's Name], _____ *[Insert Title]* of _____
_____, an _____ *[Insert Name of Company or Trust]*, an _____ *[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.

Notary Public

My commission expires: _____

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

STATE OF _____)
) ss.
COUNTY OF _____)

On this ____ day of _____, _____, before me, the undersigned, personally appeared _____
_____ Who acknowledged himself/herself to be _____ *[Insert Signor's Name]*
_____ of _____ *[Title]*
_____ *[Second Company]*
As _____ *[i.e, member, manager, etc.]* for _____ *[Owner's Name]*, and who being authorized to do so, executed the foregoing instrument on behalf of said entities for the purposes stated therein.

Notary Public

My commission expires: _____

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

* Please copy this page if additional board members will be listed

Name	Title	Address	Date of Birth
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Name	Title	Address	Date of Birth
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Name	Title	Address	Date of Birth
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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]

 [Signature]

Dated: _____

Dated: _____

STATE OF _____)
) ss.
 COUNTY OF _____)

The foregoing instrument was acknowledged before me, the undersigned Notary Public, this ____ day of _____, _____, by _____

[Insert Name of Signor(s)]

_____.

 Notary Public

My Commission Expires: _____

**SPECIAL USE PERMIT
TITLE 2, CHAPTER 150, SECTION 020
(2.150.020)**

(Attach additional pages as necessary)

The Planning and Zoning Commission and the Board of Supervisors may, as a conditional use, authorize the location of the following structures or uses in a zoning district from which they are prohibited, when found to be in the best interest of the general public as well as the County.

A Special Use Permit may be issued for the following uses:

- a. Airport, heliport or landing field;
- b. amusement park or outdoor theater;
- c. cemetery or mausoleum;
- d. circus or carnival grounds;
- e. community building or recreational field;
- f. hospital, clinic or institution; nursing home, convalescent home, group home of eleven or more residents and assisted living center. An assisted living center is defined as a residential care institution that provides or contracts to provided supervisory care services, or directed care services for eleven or more residents. No such nursing home, convalescent home, group home or assisted living center shall be located on a lot with a property line within 1,200 feet, measured in a straight line in any direction, of the lot line of another such facility
- g. Medical Marijuana Dispensary. A medical marijuana dispensary is permitted as a conditional use subject to the conditions as set out in Pinal County Development Services Code Chapter 2.191.
- h. Medical Marijuana Off-Site Dispensary Cultivation Location. A medical marijuana off-site cultivation location is permitted as a conditional use subject to the following conditions as set out in Pinal County Development Services Code Chapter 2.191.
- i. Medical Marijuana Food Establishment. A medical marijuana food establishment is permitted as a conditional use subject to the conditions as set out in Pinal County Development Services Code Chapter 2.191.
- j. privately and commercially operated recreational lake, swimming pool or tennis court
- k. public or governmental buildings;
- l. race track;
- m. signs;
- n. sports arena;
- o. stable;
- p. zoo, public or private; and
- q. such other uses as the Planning Commission may deem appropriate in the public interest.

Before approving a permit for any of the described uses, plans in sufficient detail and a statement of purpose must be submitted for careful study by the staff and Commission.

Such plans must show the applicant has considered such items as traffic, noise, parking, lighting and landscaping in an effort to make the proposed Special Use compatible with the surrounding zoning district.

Discuss each of the following questions, in the space provided or on an attached sheet, as it applies to this application. Make sure indicated items are on the site plan.

**SUPPORTING INFORMATION FOR A
Medical Marijuana Dispensary Off-site Cultivation Location**

1. What is the legal name of the Medical Marijuana Dispensary Off-site Cultivation Location? _____
2. Is the proposed Medical Marijuana Dispensary Off-site Cultivation Location located on property zoned CB-2 or CB-2/PAD? 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 Medical Marijuana Dispensary 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 Medical Marijuana Dispensary 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 Medical Marijuana Dispensary Off-site Cultivation Location have a drive-thru service or outdoor seating areas? YES NO
7. Does the proposed Medical Marijuana Dispensary Off-site Cultivation Location have a floor area greater than 2,000 square feet? YES NO
8. Does the proposed dispensary have a secure storage area for the medical marijuana stored at the medical marijuana less 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. 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
11. 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
12. What is the amount of traffic to be generated? (# of trips/day, deliveries/week). Show ingress/egress on the site plan. _____
13. How many parking spaces are to be provided (employees and customers). Indicate these parking spaces on the site plan. _____
14. 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? _____

15. What type of landscaping are you proposing to screen this use from your neighbors?

16. What type of signage are you proposing for the activity? Where will the signs be located?

17. 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. _____

18. 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_____

**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 21 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 **Yellow**
 - 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

Letter Sizes: All Letters Upper and Lower Case Unless Specified

5" BOLD CAPITAL LETTERS

5" Bold Italic Letters

2" Letters
2" Letters
2" Letters
2" Letters

3" Letters
3" Letters

3" Letters

1" Letters

2" Letters
2" Letters

**Zoning and Planned Area Development Cases:
4 Feet Tall by 8 Feet Wide**

<p>PINAL COUNTY <i>Public Hearings</i></p>		
<p>Case Number: Existing Zoning: Proposed Zoning: Acreage:</p>	<p>Public Hearing Information</p> <table border="1"><tr><td>Hearing Info Posted by Pinal County</td></tr></table>	Hearing Info Posted by Pinal County
Hearing Info Posted by Pinal County		
<p>Applicant Name: Applicant Phone Number:</p>		
<p>Case Information Available at Pinal County Planning and Development Services (520) 866-6442</p>		

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

<p>PINAL COUNTY <i>Public Hearings</i></p>		
<p>Case Number: Existing Zoning: Proposed SUP/IUP Use: Acreage:</p>	<p>Public Hearing Information</p> <table border="1"><tr><td>Hearing Info Posted by Pinal County</td></tr></table>	Hearing Info Posted by Pinal County
Hearing Info Posted by Pinal County		
<p>Applicant Name: Applicant Phone Number:</p>		
<p>Case Information Available at Pinal County Planning and Development Services (520) 866-6442</p>		