CITY OF CASEVILLE

989-856-2102

6767 Main Street Caseville, MI 48725-1049

Date	ubmitted:
Time	iubmitted:
	ation Fee: \$
Site P	ermit Fee: \$
Perm	: #:



MARIHUANA FACILITIES PERMIT APPLICATION

Please return completed application and \$5,000 permit fee and \$300 Site Plan fee to above address:

□ NEW □ R Type of Permit Reque	Provisioning Center/Retailer	Secure Transporter	
FACILITY NAME & LOCATION	Business Name Address: Ph: Website:	Cíty:	Zíp:
PROPERTY OWNER (S)	Name: Address: Email: Are there additional property owners of the second of the sec	City: Fax: Yes NO	Ph:Zip:
FACILITY OWNER (S) (if different from Property Owner)	Name: Address: Email: (if different than property owner, provide with the	City: Fax: vritten permission to operate facility e as the individual owner rtnership sole proprieto	Zip:

OWNER AND MANAGER INFORMATION:

List all officers, directors, general partners, managing members, stockholders, partners, and members. If a holding company has an ownership interest in the licensed business, list that company and its ownership percentage as well. Attach additional pages as necessary.

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FACILITY OR	Address:				
BUSINESS MANAGER (S)	Email:				
iatutavaru (2)	Are there additional mar	nagers? [] Yes	(No		
	If yes, attach a separate :	sheet listing this info	rmation for each a	additional per	son.
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Name:					
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If yes, what is the d	late of the conviction(s) and the	e law(s) under which yo	ou were convicted?		
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Have you ever beer or another state? (n convicted of any other type of Yes No	f felony under the law (of Michigan, the Un	ited States,	
If yes, what is the d	late of the conviction(s) and the	e law(s) under which yo	iu were convicted?		
					:

I hereby certify that the felony conviction information provided is true and correct. Signature:
PROOF OF CONTROL OF PREMISES
Proof of the applicant's ownership or legal possession of the premises (such as a deed, lease, or other legally binding document) is attached. Yes No
ZONING
The facility's Zoning Site Plan application for a Medical Marihuana Facilities and fee is included. Yes No
I, the undersigned, have the authority to sign this Application on behalf of(the
"Facility"). I have read all of the above answers and they are true and correct. The Facility agrees to comply with all terms and conditions of a permit as it may be issued.
Signature: Date:
Print Name of Signature and Title:
Business Name:

Attachments Required at time of Application:

- *Zoning Site Plan Application
- *Proof of legal occupancy of facility (e.g. lease, deed, etc.)
- *Additional owner/manager pages (if necessary)
- * Within thirty days from the tentative authorization from the City, the applicant must submit proof to the Clerk that the applicant has applied for a state operating license.
- * Sale time limited to 7 days per week 8:00 am to 9:00 pm.

NOTE: This application is for tentative authorization – final authorization from the City will be determined after the City receives the facilities state application and authorization.

OFFICE USE ONLY

	POLICE
Notes:	
	Date:
ZONII	NG ADMINISTRATOR
Notes:	
	Date:
CITY AD	WINISTRATOR / CLERK
	Date:
Permit Expiration Date:	
Approved by:	
Date:	
Comments:	

SITE PLAN AND ZONING APPROVAL APPLICATION FOR CASEVILLE CITY & CASEVILLE TOWNSHIP

1	ADDRESS				Псіту Птwsp
OF BUILDING	PROPERTY I.D. NO.		LOT SIZ	E x	ZONED
☐ New ☐ Addit		D. PROPOSED USE	- (If use of existing proposed use; I	g building is bei	
Demo Movi B. PRINCIPAL Maso Struc Reinfo Other C. DIMENSION 1. Number 2. Wall Heir 3. Ridge He 4. Total Squ Basem First F Secon	ir, replacement olition ng (Relocation) TYPE OF FRAME onry (wall bearing) d Frame tural steel orced concrete Specify	3. Garage 4. Accesso 5. Porch 6. Deck 7. If House 8. Other NOTE: WELL & S OR ADDI	more family - Ente Attached ry structure With roof Stand alone New New On Site (New) EPTIC PERMIT REC	Detached No roof e Attached Used Used Used (Used)	Enclosed W/roof No roof Manufactured Modular Stick Built
2. IDENTIFICAT	TION - to be complete	ed by all applicants			
	Name		Address	Zip Cod	e Phone No.
Owner or Leasee			mm in Ministration for the Market Street Web and the street and sends under objects a uniforce plan a equipment of a special copy.		
Contractor			Bu	ilder's Lic. No.	
by as his NOTICE : By sigr and true	certifiy that the propose /her authorized agent al ning this application, the . Further, I hereby grant on for reasonable entry cant	nd we agree to conforr applicant/owner affir t Caseville City & Town	n to all applicable la ns that the informat ship personnel invol	ws of this jurisdic ion provided here ved with the revi	tion. ein is in full ew of this request
3. Date site vis	ited	Circle One Approved/Denied	Zoning Adm.	badil Talah diga di Mala pada ayan sasayin u, wakiyo nda Talah diga diga diga diga da wakiyo da Talah diga di	Date
Plan Review	Fee \$	Approved/Denied	DPW		Sight-inn-hamfion-ballio cammina-punk-punk-punk-punk-punk-punk-punk-punk

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equals % Of Lot Coverage (Cannot Exceed 35%)

SQ FT Of All Bldgs divided by SQ FT Of Bldg Site

INDEMNIFICATION FORM FOR CASEVILLE CITY & TOWNSHIP SITE PLAN APPLICATIONS

The undersigned warrants that he/she is the owner of the property for which site plan approval is being requested and has researched the deed restrictions. Further, the undersigned understands and agrees that it is his/her responsibility to provide such information, and not the responsibility of Caseville City or Township, to research the title to the property to find if such restrictions exist. The undersigned by executing this document holds Caseville City or Township harmless from any liability regarding said restrictions.

Caseville City/Township will not be involved in any property boundary disputes. It is the property owner's responsibility to determine legal property boundaries.

I/We hereby certify that the foregoing constitutes a true and complete copy of all the documents needed for the issuance of a building permit. I/We, as owner(s) of the property know of no deed restrictions on my/our property or within the applicable subdivision association. If there are such deed restrictions on my/our property I/we have provided proof of same. I/We agree I/we am(are) responsible for providing such proof and hold the city/township harmless from any liability to search for such restrictions.

HOMEOWNERS PERMIT POLICY

WARNING: If you are entering into a contract with an unlicensed contractor for an amount over \$600.00 you are aiding and abetting, a violation of Michigan Law, which is a felony.

The Michigan Licensing Law gives a homeowner an exemption to act as their own general contract. This means that in the case of a single family residence the home owner may obtain a building permit for the construction of his own home even though a licensed builder may be significantly involved. If you, the homeowner, choose to act as your own general contractor be aware of the following: AS THE PERMIT HOLDER YOU, THE HOMEOWNER, INCUR ALL OF THE LIABLITY AND ALL OF THE RESPONSIBILITY THAT THE LICENSED CONTRACTOR WOULD NORMAL ASSUME. Also, Caseville City or Township cannot assist you in any cause of action against an unlicensed contractor you hired; you must have a complete understanding of the current building code; you are responsible to correct any code violations if the contractor or other persons did the work under the permit you obtained; in the event of an occurrence beyond the builders control which causes the builder to be unable to complete the work you will be legally responsible for the completion of the job under the permit you obtained. You have no warranty for defects in material or workmanship; you have no recourse for poor workmanship; you are responsible for all workers and supplies even if you have already paid your unlicensed contractor; you are responsible for all insurance, which means you are liable for injury and death of contractors, subcontractors and their employees, neighbors, family members, or anyone who enters your job site. You are also responsible for damage, vandalism theft and fire at your job site.

I/We have reac	d and i	understand	the	above	informatio	n and	still	wish	to d	o own	general	contr	acting

Signed	Date	. 20	
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