

CITY OF CASEVILLE

989-856-2102

6767 Main Street
Caseville, MI 48725-1049

Date Submitted:	_____
Time Submitted:	_____
Application Fee: \$	_____
Site Permit Fee: \$	_____
Permit #:	_____



MARIHUANA FACILITIES PERMIT APPLICATION

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

NEW RENEWAL - Renewals may be submitted 90 days prior to existing permit expiration.

Type of **Permit Requested:**

Provisioning Center/Retailer Secure Transporter

FACILITY NAME & LOCATION	Business Name _____ Address: _____ City: _____ Zip: _____ Ph: _____ Website: _____ FEIN/SSN: _____
PROPERTY OWNER (S)	Name: _____ Ph: _____ Address: _____ City: _____ Zip: _____ Email: _____ Fax: _____ Are there additional property owners? <input type="checkbox"/> Yes <input type="checkbox"/> NO If Yes, attach a separate sheet listing this information for each additional owner.
FACILITY OWNER (S) (if different from Property Owner)	Name: _____ Ph: _____ Address: _____ City: _____ Zip: _____ Email: _____ Fax: _____ DOB _____ (if different than property owner, provide written permission to operate facility) This facility is owned by: <input type="checkbox"/> me as the individual owner <input type="checkbox"/> corporation <input type="checkbox"/> Limited liability company <input type="checkbox"/> partnership <input type="checkbox"/> sole proprietor w/ an assumed name For any other than "me as the individual owner", attach a separate sheet listing this information for all directors, officers, members, partners, and individuals.

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.

PRIMARY CONTACT:

Name _____ Address _____ Ph _____

Email _____ Position _____ DOB _____ % Ownership _____

ADDITIONAL CONTACT:

Name _____ Address _____ Ph _____

Email _____ Position _____ DOB _____ % Ownership _____

ADDITIONAL CONTACT:

Name _____ Address _____ Ph _____

Email _____ Position _____ DOB _____ % Ownership _____

ADDITIONAL CONTACT:

Name _____ Address _____ Ph _____

Email _____ Position _____ DOB _____ % Ownership _____

ADDITIONAL CONTACT:

Name _____ Address _____ Ph _____

Email _____ Position _____ DOB _____ % Ownership _____

ADDITIONAL CONTACT:

Name _____ Address _____ Ph _____

Email _____ Position _____ DOB _____ % Ownership _____

FACILITY OR
BUSINESS
MANAGER (S)

Name: _____ Ph: _____

Address: _____ City: _____ Zip: _____

Email: _____ Fax: _____ DOB _____

Are there additional managers? Yes No

If yes, attach a separate sheet listing this information for each additional person.

FELONY CONVICTIONS

Each person named on the application (i.e. facility owners including all names associated with a corporation, managers, and property owners) must fill out the following statement. Please duplicate this sheet and attach one copy for each person named on the application.

Name: _____

Have you ever been convicted of a felony involving controlled substances as defined under the Michigan Public health code, MCL 333.1101, et seq, the federal law, or the law of any other state? Yes No

If yes, what is the date of the conviction(s) and the law(s) under which you were convicted?

Have you ever been convicted of any other type of felony under the law of Michigan, the United States, or another state? Yes No

If yes, what is the date of the conviction(s) and the law(s) under which you were convicted?

I hereby certify that the felony conviction information provided is true and correct.

Signature: _____ Date: _____

Print name of Signature and Title: _____

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: _____

Recommendation: _____ Date: _____

ZONING ADMINISTRATOR

Notes: _____

Recommendation: _____ Date: _____

CITY ADMINISTRATOR / CLERK

Notes: _____

Recommendation: _____ Date: _____

Permit Expiration Date: _____

Approved by: _____

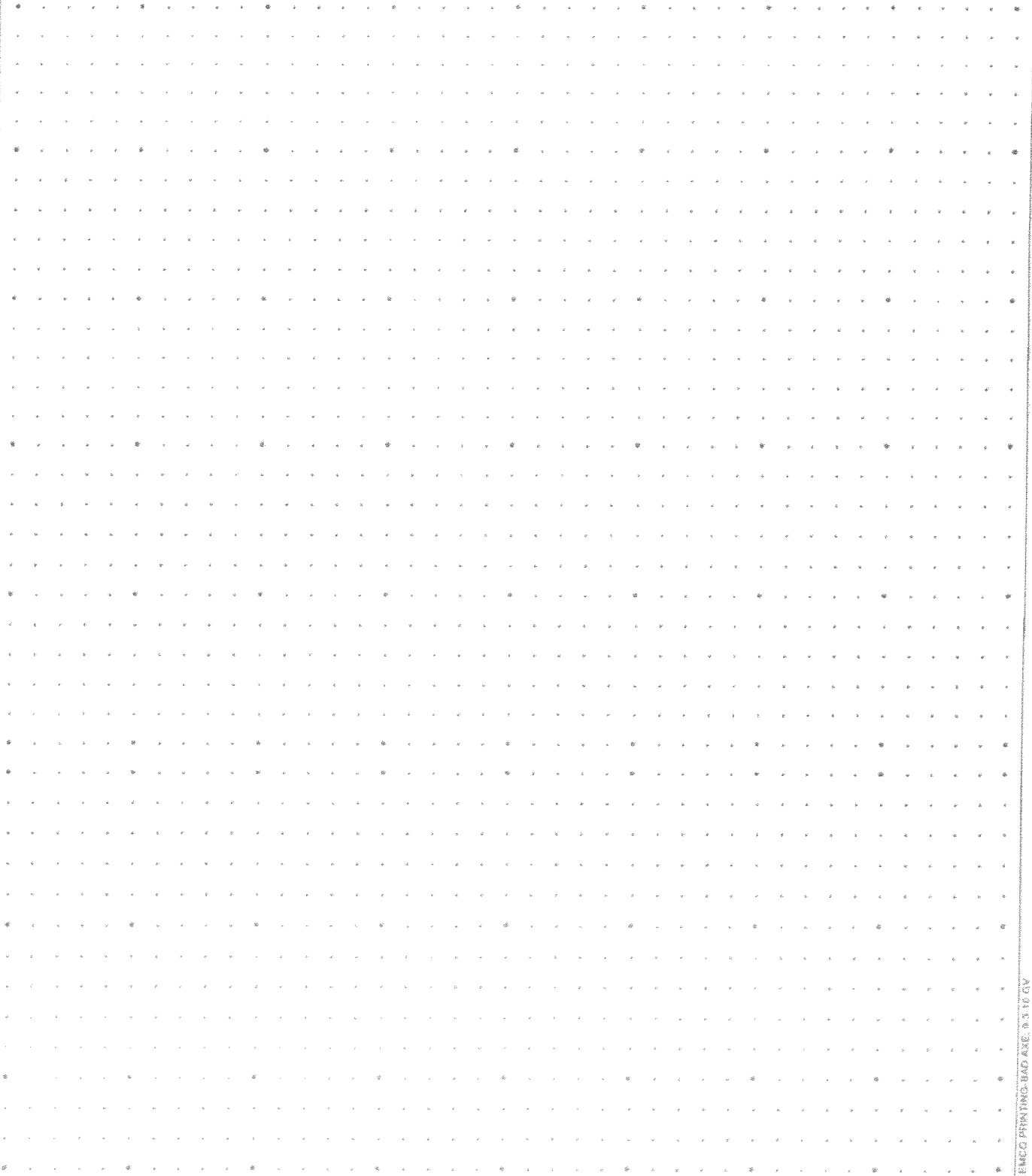
Date: _____

Comments:

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

1.	LOCATION OF BUILDING			
ADDRESS _____	<input type="checkbox"/> CITY	<input type="checkbox"/> TWSP		
PROPERTY I.D. NO. _____	LOT SIZE _____ x _____	ZONED _____		
A. TYPE OF IMPROVEMENT	D. PROPOSED USE - (If use of existing building is being changed, enter proposed use; IF "demolition", list most recent use.)			
<input type="checkbox"/> New building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Moving (Relocation)	1. <input type="checkbox"/> One family 2. <input type="checkbox"/> Two or more family - Enter number of units _____ 3. <input type="checkbox"/> Garage ➡ <input type="checkbox"/> Attached <input type="checkbox"/> Detached 4. <input type="checkbox"/> Accessory structure _____ 5. <input type="checkbox"/> Porch ➡ <input type="checkbox"/> With roof <input type="checkbox"/> No roof <input type="checkbox"/> Enclosed 6. <input type="checkbox"/> Deck ➡ <input type="checkbox"/> Stand alone <input type="checkbox"/> Attached <input type="checkbox"/> W/ roof <input type="checkbox"/> No roof 7. <input type="checkbox"/> If House ➡ <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Manufactured ➡ <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Modular ➡ <input type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Stick Built (New) (Used) 8. <input type="checkbox"/> Other _____ _____			
B. PRINCIPAL TYPE OF FRAME	NOTE: WELL & SEPTIC PERMIT REQUIRED FOR ALL NEW DWELLINGS OR ADDITIONS BEFORE SITE PLAN APPROVAL.			
<input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other Specify _____				
C. DIMENSIONS				
1. Number of Stories _____ 2. Wall Height _____ 3. Ridge Height _____ 4. Total Square Feet _____ Basement _____ First Floor _____ Second Floor _____				
E. DESCRIBE proposed use of building, or describe addition or alteration. Comments:				
_____ _____ _____				
2. IDENTIFICATION - to be completed by all applicants				
	Name	Address	Zip Code	Phone No.
Owner or Leasee	_____	_____	_____	_____
Contractor	_____	_____	Builder's Lic. No.	_____
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction. NOTICE: By signing this application, the applicant/owner affirms that the information provided herein is in full and true. Further, I hereby grant Caseville City & Township personnel involved with the review of this request permission for reasonable entry onto the above property for investigations specifically related to this request.				
Signature of applicant	Address		Application Date	
3. Date site visited	Circle One	Zoning Adm. _____		Date
	Approved/Denied			
Plan Review Fee \$ _____	Approved/Denied	DPW _____		

IV. SITE OR PLOT PLAN – Property I.D. No.



GLENCO PRINTING, BAD AXE, IL 60139

SO FT OF All Bldgs

divided by

SO FT OF Bldg Site

equals % Of Lot Coverage
(Cannot Exceed 35%)

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 LIABILITY 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 read and understand the above information and still wish to do own general contracting.

Signed _____ Date _____, 20__