



# CITY OF FLINT

## Department of Planning and Development

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**Sheldon A. Neeley**  
Mayor

### **Medical Marihuana Facility Location Confirmation Form**

**NAME** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**INTENDED FACILITY ADDRESS** \_\_\_\_\_

**INTENDED FACILITY PARCEL ID #** \_\_\_\_\_

**INTENDED FACILITY USE (check one; if planning to co-locate E & F please check both E & F)**

- ☐ **Group E** (provisioning center)
- ☐ **Group F** (growing center; processing center)
- ☐ **Group G** (secure transport facility; safety compliance facility)

**Please include \$50 payment, per address/parcel, upon submittal of this form. This form can be submitted in person to the zoning office or via email to William Vandercook, Zoning Support Planner, at [Wvandercook@cityofflint.com](mailto:Wvandercook@cityofflint.com). If submitting form via email, please mail your check, made to the City of Flint, to the following address:**

City of Flint Planning & Zoning Division  
1101 S. Saginaw St., Room S110  
Flint, MI 48502

**ALL items above must be completed. Once form AND payment are received, staff will issue letter via email indicating the parcel's eligibility.**