

CITY OF FLINT MEDICAL MARIHUANA FACILITIES LOCATION VARIANCE

Pursuant to chapter 50-183 of the Flint City Code

FOR OFFICE USE ONLY	
Case number _____	
Date Rec'd _____	
Fee Rec'd _____	
Receipt # _____	
Notices Sent _____	
Hearing Date _____	

APPLICATION INFORMATION		TYPE OR PRINT WITH BLUE OR BLACK INK	
Business Information			
Business Name: _____			
Address: _____			
City: _____	State: _____	ZIP Code: _____	Phone: _____
Business E-mail: _____		Business Website: _____	
Name & Location of Facility		Owned <input type="checkbox"/> Leased <input type="checkbox"/>	
Facility Name: _____		Parcel No.: _____	
Address: _____		Zoning District: _____	
Property Owner Information (all owners)		If additional owners, include on separate page	
Name: _____		Phone: _____	
Address: _____		Email: _____	
Name: _____		Phone: _____	
Address: _____		Email: _____	
Type of Location Variance			
<input type="checkbox"/> Zoning District.			
<input type="checkbox"/> 1,000 feet from pre-K through 12 facility.			
<input type="checkbox"/> 500 feet from faith-based organization.			
<input type="checkbox"/> 500 feet from a dedicated park.			
<input type="checkbox"/> 300 feet from a residential zone.			
Type of Facility (\$1,500.00 Non- Refundable)		Check all that apply	
<input type="checkbox"/> Group E (Provisioning Center)			
<input type="checkbox"/> Group F (Growing)			
<input type="checkbox"/> Class A (500 Plants) <input type="checkbox"/> Class B (1,000 Plants) <input type="checkbox"/> Class C (1,500 Plants) No. of Class C Permits Requested _____			
<input type="checkbox"/> Group F (Processing)			

☐ Group G (Secure Transport)

☐ Group G (Safety Compliance)

Applicant Information: (Person submitting application to Planning & Zoning Office)

Name:

Title:

DOB:

Home Address:

City:

State:

Zip Code:

Primary Contact #:

Secondary Contact #:

Email Address:

Copy of government issued photo identification included with application ☐

ADDITIONAL DOCUMENTS REQUIRED

☐ Location Confirmation Letter signed by the Zoning Coordinator.

APPLICANT CONFIRMATION

- ☐ I, the applicant, have read and am fully aware of all plans and details listed in this application, and have provided read the opportunity to discuss its contents with any applicable professionals, including but not limited to an attorney of my choosing
- ☐ The new ownership team fully understands they have six (6) months to obtain conformity under the new MMFLA license, or they risk losing their license.
- ☐ I understand that any alteration to the floor plans or site plans require approval from the Planning Commission.
- ☐ Neither I, the applicant, nor any "true party of interest" is in default to the City of Flint for any property tax, special assessment, utility charges, fines, fees, or other financial obligation owed to the City of Flint.
- ☐ Neither I, the applicant, nor any "true part of interest" is ineligible from holding a license for any of the reasons set forth at Section 402 of the MMFLA, MCL 333.27402.
- ☐ I the applicant consent to inspections, examinations, searches and seizures required or undertaken pursuant to enforcement of this ordinance.

I hereby affirm that the above information is correct to the best of my knowledge and grant permission for City Officials and/or City Staff to conduct an on-site inspection.

Signature of Property Owner

Print Name

Date

Signature of Applicant

Print Name

Date

An applicant submitting a Location Variance request must clearly demonstrate an “undue hardship” and “prove that special and unusual conditions pertaining to the specific piece of property are warranted.” No such variance shall be authorized by the Planning Commission unless the Commission finds that all of the following facts and conditions exist:

1. Will the proposed use alter the essential character of the area?

2. Is the problem a self-created hardship? Please explain the circumstances under which the hardship was produced.

3. Will the use be compatible with adjacent uses of land?

4. Is the plight due to unique circumstances peculiar to the property and not to general neighborhood conditions?

5. Will the issuance of the variance still ensure that the spirit of the ordinance is intact?

