



BUILDING DIVISION
ONE CITY SQUARE, SUITE 305
WARREN, MI 48093-2391
(586) 574-4504
FAX (586) 574-4577
WWW.CITYOFWARREN.ORG

**ADMINISTRATIVE SAFETY REGISTRATION APPLICATION FOR
RESIDENTIAL MEDICAL MARIHUANA GROWTH/CULTIVATION**

Application Fee: \$500.00
Renewal Fee: \$500.00

Check one: New Renewal

Please be advised that only one patient per household may grow/cultivate medical marihuana – a caregiver may only assist that patient, and may not use that patient’s home to grow, cultivate or manufacture medical marihuana for other patients.

The application must be accompanied with a copy of the following:

- ✓ Application fee.
- ✓ Proof of legal interest in the property (written lease, deed or land contract).
- ✓ If not owner occupied, provide a notarized letter from the property owner allowing the tenant to grow no more than twelve (12) Medical Marihuana Plants at the location and where on the premises the plants may be grown/cultivated.
- ✓ Proof of agent’s authority to submit application for applicant and property owner.
- ✓ An emergency contact name and phone number who may be available on a 24/7 basis in the event of emergencies.

PLEASE PRINT ALL INFORMATION

I. PROPERTY INFORMATION:

Property address: _____

Is this address the principal residence of the patient? Yes No
(must be the principal residence as defined under MCL 211.7dd)

II. APPLICANT AND OWNER INFORMATION:

Full legal name of applicant: _____

Applicant must be a Registered Qualifying Patient as defined in the Michigan Medical Marihuana Act, MCL 333.26421, et seq. If Application is submitted by a representative, this information must still be provided for the patient.

Address: _____

Phone number: _____

E-Mail address: _____

Applicant's date of birth: _____

Applicant's driver's license number: _____

Full name of individual representing applicant: _____

(Do not list corporate entity, attorney or representative. The person submitting the application for the applicant must be an individual, with authority to assist the Applicant)

Patient Registry Number: _____

Expiration date: _____

Does applicant own or lease the property? _____

If Applicant leases the property, identify:

Length of the lease? _____

Landlord's name: _____

Landlord's manager (individual): _____

Landlord's mailing address: _____

Landlord's Phone Number: _____

Has the landlord approved the medical marihuana growth, use or cultivation in any area of the property? _____ If so, identify those locations: _____.

Does the applicant intend to have his or her caregiver grow/cultivate/store or process marihuana at the property?

Yes No

If yes, provide the following for verification by law enforcement personnel:

Caregiver's Name: _____

Caregiver's Registry number: _____

III. GENERAL INFORMATION.

1. Will marihuana be grown in rooms with windows? _____

If so, describe the methods that will be used to shield light from spilling onto neighboring property.

2. Describe the methods and equipment that will be utilized to cultivate the medical marihuana:

3. Describe the ventilation, exhaust, and odor control system used, and the type and model of filtration system.

4. Identify any chemical, pesticide, herbicide or fertilizer that will be used:

5. Describe the storage plan for such chemicals, pesticides, herbicide or fertilizer:

6. Describe the disposal methods to be employed for the:

a. Waste water used for marihuana processes:

b. Discarded plant materials:

IV. APPLICANT CONTACT INFORMATION.

Communications regarding this Application will be sent to your primary contact, and it is the Applicant or Primary Contact's responsibility to notify the Division of Building Inspections and Safety Engineering to coordinate inspections.

Primary Contact for processing this Application and scheduling inspections:

Primary Contact E-mail: _____

Primary Contact Daytime Telephone Number: _____

Please check whether Primary contact would prefer communications through e-mail. Yes ____ No ____

If not, state preferred means of communication: _____

CERTIFICATION

By signing the following, I/We agree and certify:

- 1) To supplement the information contained in this application within 10 business days of any change in the application information;
- 2) That the Building Inspection Division reserves the right to request additional information as is reasonably necessary to the processing and approval of the safety inspection pertinent to the Medical Marihuana Regulatory Ordinance 80-737.
- 3) If the safety inspection is not approved, the City of Warren will retain a portion of the Application Fee to account for its administrative costs of processing the application. The minimum amount retained is 20 percent (20%) of the Application Fee. The remainder of the Application fee will be refunded to the Applicant's mailing address.
- 4) Annual inspections are required to ensure compliance with City ordinances.
- 5) The safety inspection approval may be revoked if, after warning, for violation of the ordinance.

APPLICANT:

Date _____

SIGNATURE

PRINT NAME

TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____

Subscribed and sworn before me
this ____ day of _____, 20____

Notary Public, _____ County, Michigan
Acting in Macomb County, Michigan
My Commission Expires:

**Submit with completed Application and Application Fee to:
City of Warren Building Inspections Division, One City Square, Suite 305, Warren, Michigan
48093 (586) 574-4504.**