



OFFICE OF COMMUNITY DEVELOPMENT

8140 Main Street • Dexter, Michigan 48130-1092 • (734) 426-8303 • Fax (734) 426-5614

APPLICATION FOR MEDICAL MARIHUANA HOME OCCUPATION

Property Address: _____

Tax ID Number: _____

Type of Home Occupation _____

Property Owner Name: _____ Phone: _____

Property Owner Address: _____

Applicant Name: _____ Phone: _____

Applicant Address: _____

Regulations and Standards:

1. The medical use of marihuana shall comply at all times and in all circumstances with the Michigan Medical Marihuana Act and the General Rules of the Michigan Department of Community Health, as they may be amended from time to time.
2. Medical Marihuana Home Occupations are not permitted within 1000 feet of a public school or public library in accordance with the Drug Free School Zone Act (MCL 333.7410).
3. All medical marihuana shall be contained within the main building in an enclosed, locked facility.
4. The registered primary caregiver may cultivate marihuana for compensation, for up to 5 patients, plus themselves, to whom the primary caregiver is connected through the Michigan Department of Community Health registration system.
5. No patients to whom the primary caregiver is not connected through the Michigan Department of Community Health registration system shall be permitted to visit the home as a customer. No other patients to whom the primary caregiver is not connected through the Michigan Department of Community Health registration system are allowed to purchase or receive medical marihuana at the home, nor are any patient to patient transfers of any kind allowed at the home except between the primary caregiver and the patients connected to the primary caregiver.
6. All necessary building, electrical, plumbing and mechanical permits shall be obtained for any portion of the residential structure in which electrical wiring, lighting and/or watering devices that support the cultivation, growing or harvesting of marihuana are located.
7. If a room with windows is utilized as a growing location, any lighting methods that exceed usual residential periods between the hours of 11pm and 7am shall employ shielding methods, without alteration to the exterior of the residence, to prevent ambient light spillage that may create a distraction for adjacent residential properties.

8. That portion of the residential structure where energy usage and heat exceeds typical residential use, such as grow room, and the storage of any chemicals such as herbicides, pesticides, and fertilizers shall be subject to inspection and approval by the Fire Department to insure compliance with the Michigan Fire Protection Code.
9. Any person who violates any provision of this article shall be responsible for violations as set forth in Chapter 22, Section 22-10a.
10. Revocation of Permit; Appeal: Permits issued pursuant to this section may be revoked by the City upon finding based upon competent, material and substantial evidence of the following clauses:
 - a. Any fraud, misrepresentation or false statement contained in the application or in connection with the home occupation being permitted;
 - b. Any violation of this section;
 - c. Conviction by the permittee of any felony;
 - d. Conducting the home occupation in an unlawful manner or in such a manner as to constitute breach of the peace.
 - e. Conducting the home occupation in a manner that does not comply with the Medical Marijuana Act, MCL 333.26421 *et seq.* and Michigan Administrative Rules, R 333.101 *et seq.*
 - f. If the medical marijuana home occupation is held invalid or unconstitutional by any court of competent jurisdiction.
11. Notice of revocation of permit shall be given in writing, setting forth specifically the grounds for the revocation; such notice shall be mailed to the permittee at the address provided in the application. Any permittee whose permit has been revoked as herein provided shall have the right to appeal the revocation to the City Council at a public hearing. City Council shall submit to the applicant a written statement of its findings and determinations. The Council's determination shall be based upon competent, material and substantial evidence showing failure to comply with the requirements.

Required Submittals:

1. Submittal of Application for Home Occupation/Home Office.
2. Scaled Floor Plan of entire structure showing location and dimensions of Home Occupation.
3. Evidence of compliance with Michigan Department of Community Health General Rules and proper registration.
4. Evidence of compliance with the Michigan Fire Code.
5. Evidence of compliance with the Michigan Building Code.
6. All proposed signage.

Information will be reviewed for compliance by the City/Washtenaw County Sheriff's Department. All individual/personal information will be kept confidential during outside review.

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge. I also acknowledge that it is my responsibility to comply with the provisions of the City of Dexter Code and all Rules and Regulations and the Michigan Medical Marihuana Law of 2008, which govern my Medical Marihuana Home Occupation Application. Signing this form shall serve as acknowledgment that you have read, understand and will conform to the above ordinance regulations and requirements. Failure to conform may result in revocation, as specified in the ordinance and this application, of your permit.

Owner's Signature	Date	Applicant's Signature	Date
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Staff Review: **Fee: \$100.00** **Date Received:** _____ **Receipt #** _____

Date: _____ Approved Denied

Reviewed by: _____

REASONS FOR DENIAL: _____

EXISTING NON-CONFORMITIES/VARIANCES GRANTED: _____

APPROVAL STAMP: