

**ZONING COMPLIANCE REVIEW MARIJUANA (ZCRM)**

- MEDICAL MARIJUANA (MMJ) APPLICATION**
- RETAIL MARIJUANA (RMJ) APPLICATION**

**PLEASE READ NOTE AND SIGN BELOW:**

**THE SUBMITTED APPLICATION PACKAGE REQUIRES SPECIFIC REPORTS/INFORMATION WHICH MAY NOT BE ADEQUATE AS DETERMINED THROUGH THE REVIEW PROCESS. ADDITIONAL INFORMATION MAY BE REQUIRED. ALSO, THE ACCEPTANCE OF THE APPLICATION PACKAGE DOES NOT MEAN THE SPECIFIC INFORMATION HAS BEEN APPROVED AND IN FINAL FORM. REVISIONS TO THE MAP AND/OR REPORTS MAY BE REQUIRED. YOUR SIGNATURE BELOW INDICATES ACCEPTANCE OF THESE CONDITIONS.**

**AN APPROVED ZONING COMPLIANCE REVIEW MARIJUANA SHALL EXPIRE SIX (6) MONTHS FROM THE DATE OF APPROVAL UNLESS AN APPLICATION FOR LICENSURE UNDER CHAPTER 5.12 OF THE PUEBLO COUNTY CODE HAS BEEN SUBMITTED.**

Date: \_\_\_\_\_ Type of Application: \_\_\_\_\_

**Zoning Compliance Review Marijuana No.**

\_\_\_\_\_  
**Business Owner's Signature**

**NOTICE:** All information, including emails, submitted to Pueblo County Department of Planning and Development is considered public record and is therefore available for public review.

Assessor's Tax Parcel No. \_\_\_\_\_

1. Please list the name, address, and telephone number(s) of the following (some may not be applicable):

Business Owner(s) \_\_\_\_\_  
Address/Zip: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_  
Address/Zip: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Signed letter/lease agreement/purchase agreement from owner allowing the MMJ/RMJ Business**

- 2. Legal Description of the property \_\_\_\_\_
- 3. Zone district \_\_\_\_\_  
(If lengthy, please attached as a separate page)

4. Address of the property \_\_\_\_\_
  5. Please list any previous applications (e.g., map amendments, zoning variances, special use permits, subdivision variances) in connection with this property:
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## APPLICATION CHECKLIST

***The Following Information Must Be Included With The ZCRM Application:  
One (1) Map May Contain All The Following Information (1-5)***

Maps are to be 11"x17" or smaller with no PDF required.

Larger than 11"x17" requires a PDF to be submitted.

**Google Aerial May Be Used For the Map With The 250-Foot Dimension Lines Shown**

- \_\_\_\_\_ 1. Map drawn to scale identifying location of MMJ/RMJ business;
- \_\_\_\_\_ 2. Map drawn to scale identifying location of MMJ/RMJ business with the 250-foot perimeter buffer from walls of MMJ/RMJ business;
- \_\_\_\_\_ 3. Map drawn to scale identifies all surrounding zone districts within the 250-foot perimeter buffer from walls of MMJ/RMJ business;
- \_\_\_\_\_ 4. Map drawn to scale identifies all specifically named businesses and uses, not just listed as retail, commercial, etc., within the 250-foot perimeter buffer from wall of MMJ/RMJ business;
- \_\_\_\_\_ 5. Map shows North arrow and scale;
- \_\_\_\_\_ 6. A separate plot plan map, drawn to engineer scale (1" = 20', 1" = 30', etc.) showing all existing structures with dimensions, uses and distances to property line, and all proposed structures with dimensions uses, and distances to property line.
- \_\_\_\_\_ 7. If exact location with purposed MMJ structure isn't known at this time, you may designate the area as a square, rectangle on plot plan with dimensions, uses, and distances to the property line.
- \_\_\_\_\_ 8. Proof of property ownership by recorded deed or Assessor's page.
- \_\_\_\_\_ 9. Signed lease agreement/purchase agreement with MMJ/RMJ business named in the lease agreement/proposed property owner in the purchase agreement, and identify the marijuana use.
- \_\_\_\_\_ 10. \_\_\_\_\_ consumptive use (gallons/day) for cultivation facility (grow);

\_\_\_\_\_ 11. Proof of water source:

\_\_\_\_\_ a. Municipal supply

i.) Written approval from municipal supplier stating the commercial marijuana use is permitted and water will be supplied for the specific marijuana use (center/store, cultivation, MIPS); stating the amount of water to be used for the cultivation facility (grow) can be supplied.

ii.) Letter from the Division of Water Resources for water types or which the municipal supply will be the sole source, including irrigation, commercial or both.

\_\_\_\_\_ b. Hauled water

\_\_\_\_\_ i.) Identify a water supplier with a legal source of water:

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(Name of water supplier)

\_\_\_\_\_ ii.) Written approval from the water supplier stating the commercial marijuana use is permitted; stating the amount of water to be used for the cultivation facility (grow) can be supplied.

\_\_\_\_\_ iii.) If water hauler business is used, name of business

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(Name of water hauler business)

\_\_\_\_\_ iv.) And letter from water supplier the water hauler business is approved to purchase water from that water supplier.

\_\_\_\_\_ v.) Letter from the Division of Water Resources for water types for which haul water will be the sole source, including irrigation, commercial or both. This letter will also identify any wells that exist on the property and clarify any use limitations. Applicant must also comply with all cistern and meter installation and reporting as identified in the Division of Water Resource letter.

\_\_\_\_\_ c. Well water

\_\_\_\_\_ i.) Copy of existing well permit

\_\_\_\_\_ ii.) Letter from the Division of Water Resources stating the commercial marijuana use is allowed to be served water from the existing well permit; stating the amount of water to be used for the cultivation facility (grow) can be supplied by the well.

\_\_\_\_\_ iii.) Copy of documents submitted to Division of Water Resources.

- \_\_\_\_\_ iv.) Written approval from the augmentation water supplier with the amount of water approved, if applicable.
- \_\_\_\_\_ 12. Letter from the Pueblo City-County Health Dept.
- \_\_\_\_\_ 13. Letter from the sanitation district for centralized wastewater (sewer).
- \_\_\_\_\_ 14. Letter from Pueblo County Public Works for access onto Pueblo County Roads, or a letter from Pueblo West Metro District for access in Pueblo West.
- \_\_\_\_\_ 15. Letter from Colorado Department of Transportation for all access.
- \_\_\_\_\_ 16. Fire District \_\_\_\_\_
- \_\_\_\_\_ 17. Signed Operating Agreement for all LLC. Bylaws of all Inc.
- \_\_\_\_\_ 18. Floor Plans for Processing Building.
- \_\_\_\_\_ 19. Compliance with Subdivision (Title 16) under County Code
- \_\_\_\_\_ 20. Application Fee (\$350)
- \_\_\_\_\_ 21. Planning & Development Staff Initials

**NOTE:** Maps may be created through **Google** [www.maps.pueblo.org](http://www.maps.pueblo.org)  
See the “Create a Map” supplement instructions.

**Additional Information**

Applicant shall provide the following information:

- \_\_\_\_\_ Square footage of retail area for MMJ Center
- \_\_\_\_\_ Total number of Employees for MMJ Center
- \_\_\_\_\_ Square footage of retail area for RMJ Store
- \_\_\_\_\_ Total number of Employees for RMJ Store
- \_\_\_\_\_ Total number of Employees for RMJ Transporter
- \_\_\_\_\_ Total number of Employees for MMJ Transporter
- \_\_\_\_\_ Square footage of office space for Retail Transporter
- \_\_\_\_\_ Square footage of office space for Medical Transporter
- \_\_\_\_\_ Square footage of office area for MMJ Center, if applicable
- \_\_\_\_\_ Square footage of office area for RMJ Store, if applicable
- \_\_\_\_\_ Total number of main shift employees for MMJ MIPS
- \_\_\_\_\_ Total number of main shift employees for RMJ MIPS
- \_\_\_\_\_ Total number of main shift employees for MMJ Cultivation Operation
- \_\_\_\_\_ Total number of main shift employees for RMJ Cultivation Facility
- \_\_\_\_\_ Square footage of office area for RMJ Testing Facility, if applicable
- \_\_\_\_\_ Total number of main shift employees for RMJ Testing Facility
- \_\_\_\_\_ Total number of main shift employees for MMJ Testing Facility
- \_\_\_\_\_ Number of Shifts
- \_\_\_\_\_ Total number of employees per Shift

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***Zoning Compliance Review Marijuana normally requires 10 to 14 Working days for staff to complete the review process.***

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### **Additional Applications that MAY Be Required:**

- A **complete** Off-Street Parking Plan Application with appropriate application fee  
\*Will need copy of processing building & greenhouse floorplans at time of submittal.
- A **complete** Sign Plan Application with appropriate application fee
- A **complete** Outdoor Lighting Plan Application with appropriate application fee

Planning & Development (P&D) staff shall make the determination if these additional application submittals are required.

Prior to zoning authorization approval for a building permit, remodel, or change of occupancy from the Pueblo Regional Building Department, the parking plan, and outdoor lighting (if applicable) shall have already been approved by (P&D) staff.

**MEDICAL AND/OR RETAIL MARIJUANA BUSINESS  
ZONE DISTRICTS, LIST OF BUSINESSES AND USES**

I, \_\_\_\_\_ (print name) as Business Owner, have provided the following information relative to zone districts, established businesses, and uses on the same property **AND** within 250 feet of the medical and/or retail marijuana business named \_\_\_\_\_, located at \_\_\_\_\_, Assessor's Tax Parcel Number \_\_\_\_\_ in the \_\_\_\_\_ Zone District. The attached map and list identifies the zone districts, locations and names of those businesses **AND** uses (identified by numbers and/or letters associated with each business and use).

Type of Business (Refer to Section 17.04.040 Definitions and Sections 17.120.190 through 17.120.250, inclusive (check all that apply):

- \_\_\_\_\_ Medical Marijuana Center
- \_\_\_\_\_ Medical Marijuana-Infused Products Manufacturer (MIPS)  
Type of Extraction process being used: \_\_\_\_\_
- \_\_\_\_\_ Medical Marijuana Contiguous Optional Premise Cultivation Operation  
Check what applies: \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor
- \_\_\_\_\_ Medical Marijuana Non-Contiguous Optional Premise Cultivation Operation  
Check what applies: \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor
- \_\_\_\_\_ Medical Marijuana Transporter
- \_\_\_\_\_ Medical Marijuana Testing Facility
- \_\_\_\_\_ Retail Marijuana Store
- \_\_\_\_\_ Retail Marijuana-Infused Products Manufacturer (MIPS)  
Type of Extraction process being used: \_\_\_\_\_
- \_\_\_\_\_ Retail Marijuana Contiguous Cultivation Facility  
Check what applies: \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor
- \_\_\_\_\_ Retail Marijuana Non-Contiguous Cultivation Facility  
Check what applies: \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor
- \_\_\_\_\_ Retail Marijuana Transporter
- \_\_\_\_\_ Retail Marijuana Testing Facility
- \_\_\_\_\_ Storage Warehouse

*Non-Contiguous means the marijuana cultivation is not on the same property or in the same building with a Marijuana Center/Store or Marijuana-Infused Products Manufacturer.*

*Contiguous means the marijuana cultivation is on the same property or in the same building with a Marijuana Center/Store or Marijuana-Infused Products Manufacturer.*

I attest that the information I have provided is true and correct to the best of my knowledge.

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Business Owner's Signature, Date

**Businesses AND Uses in the Same Building or in Another Building on the Same Property. (if applicable). as shown on map.**

1.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Address of Business (w/Suite #)

\_\_\_\_\_  
Use of Business

\_\_\_\_\_  
City, State, Zip Code

2.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Address of Business (w/Suite #)

\_\_\_\_\_  
Use of Business

\_\_\_\_\_  
City, State, Zip Code

3.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Address of Business (w/Suite #)

\_\_\_\_\_  
Use of Business

\_\_\_\_\_  
City, State, Zip Code

4.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Address of Business (w/Suite #)

\_\_\_\_\_  
Use of Business

\_\_\_\_\_  
City, State, Zip Code

5.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Address of Business (w/Suite #)

\_\_\_\_\_  
Use of Business

\_\_\_\_\_  
City, State, Zip Code

**Businesses Within 250 Feet of the MMJ/RMJ Business (measured from wall) as shown on map.**

A.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Address of Business (w/Suite #)

\_\_\_\_\_  
Use of Business

\_\_\_\_\_  
City, State, Zip Code

B.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Address of Business (w/Suite #)

\_\_\_\_\_  
Use of Business

\_\_\_\_\_  
City, State, Zip Code

C.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Address of Business (w/Suite #)

\_\_\_\_\_  
Use of Business

\_\_\_\_\_  
City, State, Zip Code

D.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Address of Business (w/Suite #)

\_\_\_\_\_  
Use of Business

\_\_\_\_\_  
City, State, Zip Code

E.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Address of Business (w/Suite #)

\_\_\_\_\_  
Use of Business

\_\_\_\_\_  
City, State, Zip Code

**For MMJ Center/RMJ Store: existing residences/mobile homes within 250 feet measured from the wall of the MMJ/RMJ Business to the wall of the existing residence/mobile home as shown on map.**

A.

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Name/Address of Residence/Mobile Home

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Name/Address of Property Owner of Residence/Mobile Home, if different

B.

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Name/Address of Residence/Mobile Home

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Name/Address of Property Owner of Residence/Mobile Home, if different

C.

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Name/Address of Residence/Mobile Home

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Name/Address of Property Owner of Residence/Mobile Home, if different

D.

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Name/Address of Residence/Mobile Home

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Name/Address of Property Owner of Residence/Mobile Home, if different

E.

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Name/Address of Residence/Mobile Home

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Name/Address of Property Owner of Residence/Mobile Home, if different

**For any Medical Marijuana Center or any Retail Marijuana Store located within 250 feet of any existing residence/mobile home, the Center or Store shall be a use by review in the B-4 Zone District therefore required to apply for a Special Use Permit with the Department of Planning and Development to be heard by the Pueblo County Planning Commission.**

**For any Medical Marijuana Center or any Retail Marijuana Store located 250 feet or greater of from any existing residence/mobile home, the Center or Store shall be a use by right in the B-4 Zone District.**

## Contact Information:

- Pueblo Board of Water Works:  
319 W. 4<sup>th</sup> St.  
Matthew Trujillo Ph - 719-584-0277 Email: [mtrujillo@pueblowater.org](mailto:mtrujillo@pueblowater.org)
- Pueblo County Health Department:  
Environmental Health Division  
101 W. 9<sup>th</sup> St.  
Chad Wolgram Ph - 719-583-4339 Email: [chad.wolgram@pueblocounty.us](mailto:chad.wolgram@pueblocounty.us)  
(Cultivation)  
Justin Gage Ph - 719-583-4337 Email: [gagej@pueblocounty.us](mailto:gagej@pueblocounty.us) (MIPS)
- Colorado Division of Water Resources Division II  
310 E. Abriendo Ave  
Kathy Trask Ph - 719-542-3368 Ex: 2101 Email: [kathy.trask@state.co.us](mailto:kathy.trask@state.co.us)  
Bethany Arnold Ph – 719-542-3368 Ex: 2102 Email: [bethay.arnold@state.co.us](mailto:bethay.arnold@state.co.us)
- Colorado Department of Transportation  
905 Erie Ave  
Andrew Lewis Ph - 719-562-5537 Email: [Andrew.lewis@state.co.us](mailto:Andrew.lewis@state.co.us)  
Valerie Sword Ph - 719-546-5407 Email: [Valerie.sword@state.co.us](mailto:Valerie.sword@state.co.us)
- Pueblo County Department of Public Works & Engineering  
33601 United Ave (Pueblo Airport Industrial Park)  
Teresa Guagliardo Ph – 719-583-4629 Email: [guagliardot@pueblocounty.us](mailto:guagliardot@pueblocounty.us)

CREATE A MAP USING *Pueblo County Assessor's Property Search*.

Go to <http://county.pueblo.org>

On left hand side go to Online Services

In the middle of the page, click on Pueblo County Assessor's Property Search

Check the I Agree to the above Statement box and press submit in middle of page.

Search name or parcel # - enter parcel #

-Click search for property

-Click view GIS Map

Legend on top of map – click icon that looks like 2 CDs - "Turn buffer selection tool on/off"

Change Buffer Parameters to Feet

Put 250 for distance

Click Buffer Selection

Click Buffer icon to get rid of Buffer Selection table

You can also use the layer's drop down icon, to identify the zone districts around your property.

Zoom in with +; Zoom out with – To get full view of the buffer map.

Click Print

Print options, Click Print

Map Only

Maps comes up – put cursor on lower right of map and print icon will appear – click print icon to print this map for application package.

Save this map in PDF to electronically submit PDF by email.

On Map screen – on bottom is list of Parcel Numbers, Owners, etc.

Upper left of that information page is icon (box with down arrow) to "Export CSV of selected features" – click

All the information for the parcels selected will be shown as downloaded to the lower left of the map screen

Double click on the download tab and the information for all the parcels will come up – delete the unnecessary columns such as B, I, J, N, O, P, Q, S; keep A, C, D, E, F, G, H, K, L, M, R and expand these columns to show all the information. Print this information for application package and save as PDF to electronically submit PDF by email

Identify the uses of the parcels within 250 feet measured from wall of MJ business to wall of structure.

You can use another copy of the map to number the uses for each of Pages 5, 6, and 7 - required information; identify which map goes with which Page. Print these maps for application package.

Save maps, if created, in PDF to electronically submit PDF by email.

**NOTICE: All information, including emails, submitted to Pueblo County Department of Planning and Development is considered public record and is therefore available for public review.**