

## MARIJUANA COMPLIANCE PRELIMINARY INVESTIGATION OF PROPERTY APPLICATION

Email Application to: [EHEPapplications@pueblocounty.us](mailto:EHEPapplications@pueblocounty.us)

**IMPORTANT NOTE:** This application and any action precipitated are for the sole purpose of recommendation on a proposed zoning action through Pueblo County Department of Planning and Development. This is not a permit. This application will be rejected if information is incomplete. Fee is non-refundable.

<b>(Check all that apply)</b>				<input type="checkbox"/> New Facility	<input type="checkbox"/> Update to Existing Facility	<input type="checkbox"/> Change of Owner
				<input type="checkbox"/> Retail Marijuana Facility	<input type="checkbox"/> Medical Marijuana Facility	
Full Legal Name of Corporation:						
Trade Name (DBA):						
Address, City, Zip:						
Legal Description:						
Contact Name:						
Mailing Address: (if different from above)						
Phone Number:			Email:			

FACILITY TYPE (Check all that apply)			
Cultivation	Marijuana Product Manufacturing Facility	Store	Transport Facility
<input type="checkbox"/> Outside Grow <input type="checkbox"/> Greenhouse Grow <input type="checkbox"/> Hydroponic <input type="checkbox"/> Processing (Trimming) <input type="checkbox"/> Packaging <input type="checkbox"/> Other:	<input type="checkbox"/> Extraction <input type="checkbox"/> Water <input type="checkbox"/> Butane <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Infusion <input type="checkbox"/> Other:	<input type="checkbox"/> Retail <input type="checkbox"/> Medical  <input type="checkbox"/> Quality Assurance Laboratory	<input type="checkbox"/> Office <input type="checkbox"/> Product Storage on Site
WATER SUPPLY / SEWAGE DISPOSAL			
Community/Public	Provide Name:		
Non-Community	Public Water System ID Number:		
Well on Property	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cistern	Source of Water:		
Sewage Disposal	<input type="checkbox"/> Municipal/Public Name: <input type="checkbox"/> On-Site Wastewater Treatment System (OWTS) Permit Number: _____ Date of Approval: _____		

**IF UPDATING AN EXISTING FACILITY**

Provide a brief description of the proposed changes:

**IF CHANGING OWNERSHIP**

Provide the Full Legal Name of Corporation and Trade Name (DBA) of previous license holder:

**A PLOT PLAN MUST BE INCLUDED WITH THE FOLLOWING:**

- |  |   |
|--|---|
| 1. Detailed directions for locating property.    | 4. Location of proposed and/or existing OWTS.         |
| 2. Accurate boundary measurement.                | 5. Location of water supply on property.              |
| 3. Location of existing and proposed structures. | 6. Location of all wells within 150 feet of property. |

**APPLICATION HEREBY SUBMITTED WITH PLANS AND SPECIFICATIONS**

Preferred delivery method:

Standard Mail  Pick-up  Email

Address/phone/email:  
(if different than above)

Applicant Signature:

Date:

**HEALTH DEPARTMENT USE**

Plot Plan attached

\$150 Fee (non-refundable)

Receipt #

Staff Initials