

Marijuana Compliance

Preliminary Investigation of Property Application

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. Complete this application in its entirety, applications may be delayed if an incomplete application is submitted. The fee is non-refundable. Email application to EHEPapplications@pueblocounty.us.

Facility Information			
Check all that apply	<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 or public provide name	
Non-community public water system ID number	
Well on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cistern provide 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 _____

Update to an existing facility

Provide a brief description of the proposed changes.

Change of 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

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| 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	<input type="checkbox"/> Standard Mail <input type="checkbox"/> Pick-up <input type="checkbox"/> Email	
Address/phone/email (if different than above)		
Applicant Signature		Date

Health department use

<input type="checkbox"/> Plot Plan attached.		
<input type="checkbox"/> \$175 Fee (non-refundable)	Receipt #	Staff Initials