

ZONING COMPLIANCE VERIFICATION FOR MARIJUANA BUSINESS

BUSINESS NAME:
APPLICANT:
STREET ADDRESS OF MARIJUANA BUSINESS:
There is a one-time \$ fee for zoning compliance verification. Applicant must complete this form for each proposed location. The form accompanied by a site plan depicting the proposed/existing building location in relation to the exterior property boundary of the lot must be submitted to the Town Building Official who will complete page two and return the form to the applicant. The applicant must then submit this form as a part of their marijuana business license application packet.
NOTE: Zoning compliance verification will be determined within 10 days of receipt of a request for such determination, unless a survey is required to determine compliance, in which case zoning compliance verification will be determined within 20 days of receipt of a request. It is recommended that applicants submit this form to Town Building Official with as much lead-time as practicable from the marijuana business license application submittal deadline. It is also suggested that the applicant provide a property survey with this form to ensure adequate review/processing time.
The purpose of this report is for (1) a preliminary finding as to whether the proposed marijuana business is an allowed use on the listed property and meets the distance restrictions outlined in the Dolores Marijuana Code (these measurements are based on Sections 1.11 and 2.11 of the Dolores Marijuana Code); and (2) to determine if a conditional use permit will be required for the proposed location
The town reserves the right to require the applicant provide a survey prior to final determination to ensure that the business follows the required setbacks. This report is not intended, nor shall it be interpreted, as evidence that the proposed business complies with all the applicable provisions of the Dolores Land Use Code, such as landscaping, setbacks, signs, lighting etc.
PROPERTY ADDRESS:
Street Address of Proposed Marijuana Business (including unit # if applicable):
Parcel #:
Existing Use of Property:
Property Owner Name:
Property Owner Phone #:

Office of the Town Clerk, 420 Central Avenue, PO Box 630, Dolores, CO 81323 (970)882-7720 DMBL Form #0006 Effective 01/01/2021



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PROPOSED USE: Retail Marijuana Store	Retail/Medical Marijuana Store Retail/Medical Marijuana Cultivation				
			Retail/Medical Te		llion
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APPLICANT CONTACT					
Name of Applicant:					
Trade Name of Business:					
Mailing Address:					(O - II)
Phone:	(Home)		(vvork)		(Cell)
I affirm that the marijuana Code.	a business meets al	l distance requi	irements set out i	n the Dolores N	Marijuana
Applicant Signature	Title			Date	_
STATE OFCOUNTY OF)				
Subscribed and sworn to	before me this	day of		_, 20	
Notary Public Signature: My Commission Expires:					
TO BE COMPLETED BY	TOWN BUILDING	OFFICIAL			
Request Received:			Date:		
Application Reviewed By	:		Date:		
Zone District:			Allowed Use:	Yes _	No
Conditional Use Permit R	Required:		Yes	No	
Setbacks: Public/Private	Schools (1,000 feet	:)	Setback Met?	Yes _	No
Licensed Childcare Facility (250 feet)			Setback Met?	Yes _	No
Verification Completed:			Date:		

The preliminary finding in the gray table above is valid as of the completion date of the preliminary verification only. The preliminary finding does not create any right or entitlement for the applicant to rely on such finding on the date of the lottery for the award of the license.