



CITY OF CASTLE ROCK
141 "A" Street SW, PO Box 370, Castle Rock, WA 98611
Phone: (360) 274-8181 ~ Fax: (360) 274-4876

APPLICATION FOR MEDICAL MARIJUANA COLLECTIVE GARDEN

Medical Marijuana Collective Gardens are authorized by Engrossed Second Substitute Bill 5073, Chapter 69.51A RCW, Medical Marijuana, and City Ordinance No. 2011-08. Please refer to those statutes as necessary.

Name of Collective Garden _____

Name of Property Owner _____

Name of Applicant (if not property owner) _____

Location of Garden _____
Physical Address _____ Tax Parcel No(s) _____

Describe the security measures taken for the facility to ensure members' safety and protection from theft:

Describe the source of power, if any, for the collective garden, the size of the electrical service or system, and the total demand to be placed on the system by all proposed uses on site:

(This statement will be forwarded to the Washington State Department of Labor and Industry for electrical permit review. The intent is to ensure sufficient electrical system exists to accommodate the new demand.)

Check one box below and provide the requested information.

My collective garden will be located indoors.

I have attached a copy of the floor plan showing the following information:

- All existing and proposed walls
- Disability access: includes paths of travel to point of ingress/egress, restrooms, drinking fountain and public telephones

- Doors: all door locations, fire-rating (if applicable), direction of swing, self-closing mechanism, required exit signage and lighting, etc.
- Cross-connection control and backflow prevention devices (required in accordance with CRMC 13.06.045); plumbing specifications are shown, such as type and location of fixtures, drains and backflow prevention devices
- Lighting type and location of fixtures
- Ventilation equipment and fixtures

My collective garden will be located outdoors.

Describe the measures taken to minimize odor-related complaints; or state reasons why such measures are not needed:

I have attached a copy of the plot plan which shows the following information:

- All property lines, labeled with dimensions
- All existing structures
- Accessible path of travel from public sidewalks and/or parking space to collective garden

My permit fee is attached and is sufficient to cover the cost of all City departments investigation and processing the application in any amount set by the City Council in accordance with applicable laws and regulations.

Attached to this application is a **Qualifying Patient Information** form from each person wishing to be a member of this collective garden. The number of plants to be grown for each qualifying patient is indicated at the bottom of said qualifying patient's form.

By signing this application, I hereby affirm that the collective garden will be operated in conformance with the laws of the State of Washington. I acknowledge that such gardens are not authorized under federal law and that the issuance of this permit does not confer upon the members of the collective garden immunity from prosecution under federal law.

I further acknowledge that my Collective Garden meets the Interim Zoning Regulations as outlined in Ordinance No. 2011-08, including zoning, location and distance requirements, ownership and limitation restrictions, and fencing requirements.

I hereby certify that I am the property owner or am submitting written permission from the property owner (see attached information) to operate the collective garden as described above.

Printed Name

Signature

Dated _____

Qualifying Patient Information

Name _____

Phone _____

Address _____
(required)

City, State, ZIP _____
(required)

I hereby acknowledge that I am a qualifying patient and wish to be a member of the Collective Garden known as _____, and located at _____.

Check the appropriate box below:

- I am currently NOT a member of any other Collective Garden.
- I have been a member of another Collective Garden for at least 30 days and I wish to transfer membership to this Collective Garden.

I further acknowledge that the permit being applied for will be issued in conformance with the laws of the State of Washington and that such issuance does not confer upon the applicant or the members of the collective garden immunity from prosecution under federal law.

Proof of Qualifying Status Provided

Proof Unique ID Number Issued by the State of Washington Provided

Signature of Qualifying Patient

Date

For Applicant Use only: No. of Plants for Member _____