



FEE PAID \$ _____

RECEIPT # _____

DATE PAID _____

City of Marysville

Marysville City Services Department

526 C Street, Marysville, CA 95901
Tel: (530) 749-3903 Fax: 749-3992
Email: dlamon@marysville.ca.us

DATE STAMP HERE

MEDICAL MARIJUANA DISPENSARY ZONING VERIFICATION LETTER APPLICATION

[Pursuant to Chapter 5.10, Marysville Municipal Code]

Application Fee: \$221

This application is for the review of a particular location for compliance with the zoning requirements for a Medical Marijuana Dispensary. The zoning review consists of determining compliance with:

1. The separation requirements as contained in Marysville Municipal Code Sections 18.67.030(a) and 18.67.030(b).
2. The required zoning classification per Title 18.

Following review, a letter will be sent to the applicant indicating whether the proposed site does or does not comply with the applicable provisions.

NOTE: If a license is granted by the City, a use permit must still be obtained prior to opening for business.

Information on proposed location:

1. Address (including unit number if applicable) _____
2. Assessor's Parcel No.: _____
3. Include an aerial print (Google earth or similar) with location circled (to insure correct identification of site.)

Applicant Information (person requesting Zoning Verification Letter)

1. Name: _____
2. Address: _____
3. Phone: _____