

**MEDICAL MARIJUANA CAREGIVER  
APPLICATION FOR ZONING PERMIT  
OREGON TOWNSHIP, LAPEER COUNTY, MI**

Applicant's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel ID No. 017 - \_\_\_\_\_

Phone No. \_\_\_\_\_

Zoning: \_\_\_\_\_ AR (Agriculture-Residential)

\_\_\_\_\_ R-1 (Requires 2.5 acre minimum)

Number of Caregivers: \_\_\_\_\_ One (1) or \_\_\_\_\_ Two (2)

Required Documents:

- Principal Residence Exemption form \*Received by Twp \_\_\_\_\_
- State of Michigan issued Caregiver card under MMMA \*Received by Twp \_\_\_\_\_
- Description of equipment which will be used in cultivating and processing the medical marijuana:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned applicant hereby applies for a Medical Marijuana Caregiver Zoning Permit for the described use, to be issued on the basis of the representations contained herein, all of which the applicant affirms to be true and correct to the best of their knowledge. Applicant further understands they are required to renew the Zoning Permit annually which shall be accompanied by an annual inspection of the property.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**For office use only:**

Based upon the statements found above,  
the Zoning Permit Application complies  
with the Oregon Township Zoning  
Ordinance and the **PERMIT IS GRANTED.**

**PERMIT NO. MMC** \_\_\_\_\_  
\_\_\_\_\_ \$75.00 per Motion #042-09 dated 3-30-2009

\_\_\_\_\_  
Jill K. Bristow Date  
Zoning Enforcement

**Approved application provided to:**

\_\_\_\_\_ Construction Code Authority  
\_\_\_\_\_ Oregon Township Clerk's Office