

**Date Application Submitted:** 

## City of Grover Beach Planning Division COMMERCIAL CANNABIS PERMIT APPLICATION

**Receipt Number/Accepted By:** 

154 South Eighth Street - Grover Beach, CA 93433 - Phone (805) 473-4520 - www.groverbeach.org

Please complete this development application form and submit with all required project plans and information. If you have any questions regarding the project information required to be submitted with this application, please contact the Community Development Department at (805) 473-4520.

FOR STAFF USE ONLY

**Application Number:** 

Project Address & Information		
Project Address or Location:		
Assessor Parcel No.:		Lot Size:
Please indicate all the State cannabis licenses that you are seeking as part of the City's Commercial Cannabis Permit.		
General Information		
Applicant:		Phone:
Mailing Address:		Email:
Property Owner(s):		Phone:
Mailing Address:		Email:
Authorized Agent/Representative:		Phone:
Mailing Address:		Email:
Architect/Designer:		Phone:
Mailing Address:		Email:
Engineer:		Phone:
Mailing Address:		Email:
Please indicate the primary contact and person to send all correspondence to:		
☐ Applicant ☐ Property O	wner □ Representative □	Architect ☐ Engineer

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Please read carefully before signing this application. Submission of this application does not imply approval by the Community Development Department, Planning Commission, or the City Council.

<b>APPLICANT/REPRESENTATIVE</b> : By signing this application I certify that the knowledge. I agree to allow the City to duplicate and distribute plans to interprocessing of the application.	
Signature	Date
Print Name	
<b>PROPERTY OWNER AUTHORIZATION</b> By signing this application I certify subject of this application and that I have read this completed application agree to allow the City to duplicate and distribute plans to interested persons the application. If the undersigned is different than the legal property of accompany this application.	and attached materials and consent to its filing. Is as it determines is necessary for the processing of
Signature	Date
Print Name	
AGREEMENT TO PAY APPLICATION FEES I (we) hereby agree to pay all the review and processing of the Development Application for the subject Community Development Director, or designee. Direct costs include, but completeness and Code compliance by all applicable City department applicant/property owner/architect, engineer, noticing, outside consultants, a staff at public hearings.	ject property, at such time as requested by the are not limited to, the review of the application for ents; telephone or written communication with
Deposits paid at the time of application are estimates based on the typical process an application. In the event the deposit is not sufficient to reimble applicant shall provide additional deposits to the City to complete the process any further review of the application until the applicant submits the required deposited. Any unused portion of the deposit will be returned to the application until the application of the deposit will be returned to the application.	burse the City for processing the application, the ssing of the application. The City shall not perform ed deposit. No interest shall accrue on amounts
I (we) hereby certify that the information stated on forms, plans and other application is true and correct to the best of my knowledge. It is my (our) resproject planner, of any changes to the information represented in these subgents of the property, by signing below you are acknowledging that you has owners/authorized agents.	sponsibility to inform the City, through the assigned ubmittals. If there are multiple owners/authorized
Signature	Date
Print Name	

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