

**CAREGIVERS**  
**SPECIAL LAND USE**  
**DETACHED ACCESSORY BUILDINGS**  
**HOME OCCUPATION TYPE 2**

- 1) There will be a non refundable application fee of \$500.00 along with a \$600.00 bond.
- 2) Applicants must fill out all paperwork including the Caregiver check list with all conditions met and a detailed plot plan with all setbacks, electrical total amps and mechanical information.
- 3) Applicants must own the property, live on site and the property claimed as their homestead.
- 4) A copy of the backs of all caregiver cards showing primary caregiver name and address.
- 5) If accepted by the Planning Commission a public hearing will be set with all neighbors within 300' of property lines along with the public being notified.

KENOCKEE TOWNSHIP

SPECIAL LAND USE APPLICATION

DATE OF APPLICATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

PROPERTY ID NUMBER: \_\_\_\_\_

*ARTICLE 2 DEFINITIONS AND CONSTRUCTION OF LANGUAGE*

*SECTION 2.5 P-R DEFINITIONS- 6.1*

I CERTIFY UNDER, UNDER PENALTY OF PERJURY, THAT I AM THE OWNER OF THIS PROPERTY AND I AGREE TO FOLLOW THE GENERAL RULES OF THE MICHIGAN DEPARTMENT OF MENTAL HEALTH AND HUMAN SERVICES AND THE MICHIGAN MEDICAL MARIHUANA ACT, INITIATED LAW 1 OF 2008 TO ASSIST WITH A QUALIFYING PATIENTS USE OF MEDICAL MARIHUANA THROUGH GROWING AND PROVISIONING.

SIGNATURE OF APPLICANT: \_\_\_\_\_

OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

ZONING ADMINISTRATOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

TOWNSHIP CLERK APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

VERIFIED PRIMARY CAREGIVER: \_\_\_\_\_

DATE: \_\_\_\_\_

AFFIDAVIT

STATE OF MICHIGAN        )  
  ) SS  
COUNTY OF ST. CLAIR    )

KENOCKEE TOWNSHIP

Being first duly sworn, deposes and says:

1. I am aware Kenockee Township passed a resolution establishing a moratorium on the issuance of permits, approvals, and/or certificates as they relate to modifications to structures or land use in any zoning district in order to cultivate marijuana as a patient caregiver.
  
2. I am applying for a (Zoning) (Electrical) (Building) (Mechanical) (Other) permit.  
**(Circle One)**
  
3. I affirm the permit is not for any structure or land use related to growing of marijuana as a Caregiver.
  
4. The permit is for \_\_\_\_\_  
**(Please indicate the purpose of the land use and permit request).**
  
5. I affirm the permit is not for any new or existing site containing over 50 kVA of total electrical transforming capacity within the Township.

FURTHER, Affiant says not.

\_\_\_\_\_  
Permit Applicant Signature