



ZONING REQUIREMENTS FOR MEDICAL MARIJUANA DISPENSARY, CULTIVATION AND INFUSION FACILITIES

The City of Glendale Zoning Ordinance, effective March 25, 2011, has specific regulations for medical marijuana dispensaries, cultivation and infusion facilities, which are consistent with the Arizona Medical Marijuana Act, that was approved by Arizona voters on November 2, 2010. A copy of the Ordinance can be read at <http://www.glendaleaz.com/planning/documents/ZTA10-01March2text.pdf>

The purpose of this document is to provide information regarding the requirements for establishing a medical marijuana facility within the City of Glendale. The following criteria are required by the City of Glendale's Zoning Ordinance:

Dispensaries:

1. Medical Marijuana dispensaries are only allowed in the G-O (General Office), C-2 (General Commercial) and C-3 (Heavy Commercial) zoning districts.
2. A proposed facility shall be located a minimum of 5,280 feet (1 mile) from all existing medical marijuana dispensaries, cultivation and infusion facilities.
3. No facility shall be located within 1,320 feet of all elementary, secondary or high schools.
4. No facility shall be located within 500 feet of residentially zoned property. This distance shall be measured in a straight line from the exterior walls of the building or portion thereof in which the business is conducted to the property line of the protected use.
5. Maximum building size is 2,000 square feet.
6. Hours of operation are 8:00 a.m. to 8:00 p.m.
7. No outdoor display of merchandise is allowed.

Cultivation and Infusion Facilities:

1. Medical Marijuana cultivation and infusion facilities are only allowed in the M-1 (Light Industrial) and M-2 (Heavy Industrial) zoning districts.
2. A proposed facility shall be located a minimum of 5,280 feet (1 mile) from all existing medical marijuana dispensaries, cultivation and infusion facilities.
3. No facility shall be located within 1,320 feet of all elementary, secondary or high schools.
4. No facility shall be located within 1,320 feet of residentially zoned property. This distance shall be measured in a straight line from the exterior walls of the building or portion thereof in which the business is conducted to the property line of the protected use.
5. Maximum building size of an off-site cultivation facility is 25,000 square feet.
6. Maximum building size of an infusion or manufacturing facility is 10,000 square feet.
7. All business shall be conducted within an enclosed building.

Application Process:

- Complete **Research and Reservation Application Forms**.
- A **survey by a registered land surveyor is required at the time of application submittal**. Failure to have this survey will deem the application incomplete and the application will be rejected.
- Refer to the Planning Fee Schedule on the City of Glendale website at: <http://www.glendaleaz.com/planning/zoning.cfm> .
- Submit **two checks or money orders** made payable to the City of Glendale; one for research and one for reservation. No cash or credit card payments will be accepted.

For further assistance, please contact the Development Services Center at (623) 930-2800.



PLANNING
Development Services Department

DATE STAMP
TIME _____

MEDICAL MARIJUANA RESEARCH

Internal Use Only

Taken By: _____ Application No.: _____ Fee: _____

BUSINESS INFORMATION:

Name of Business: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____
Type of Facility: Dispensary Cultivation Facility Infusion Facility
Parcel Number: _____ Size of Facility (*in square feet*): _____
Email: _____

PROPERTY OWNER:

Name: _____ Phone: _____ Fax: _____
Address: _____
City: _____ State: _____ Zip Code: _____

TO REPRESENT ME IN THIS APPLICATION, I GIVE AUTHORIZATION TO:

Name: _____ Phone: _____ Fax: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____

TO BE COMPLETED BY PROPERTY OWNER:

(Print or type name of owner of record) (Owner of record Signature) (Date)

** By signing this form, the property owner acknowledges that a medical marijuana facility is proposed to be located on the above mentioned property. Property owner information will be verified upon research by city staff.*

Internal Use Only

Zoning District: _____ Council District: _____
Approved: Denied: Date: _____ Expiration Date: _____

Planner Signature



PLANNING
Development Services Department

DATE STAMP

TIME:

MEDICAL MARIJUANA RESERVATION

Internal Use Only

Taken By: _____ Application No.: _____ Fee: _____

BUSINESS INFORMATION:

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Type of Facility: Dispensary Cultivation Facility Infusion Facility

Parcel Number: _____ Size of Facility (in square feet): _____

Email: _____

PROPERTY OWNER:

Name: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

TO REPRESENT ME IN THIS APPLICATION, I GIVE AUTHORIZATION TO:

Name: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

TO BE COMPLETED BY PROPERTY OWNER:

(Print or type name of owner of record)

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