



Marijuana Facility Annual Inspection Application

115 South Main Street · P.O. Box 389 · Webberville, MI 48892 · Ph: 517-521-3984 · Fax: 517-521-3165

DATE: _____	JOB ADDRESS: _____
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Owner's Information

Name: _____
Address: _____
City: _____ MI Zip Code: _____
Contact Information/Phone #: _____
<u>FEE SUBMITTED \$5000.00</u>

SIGNATURE OF OWNER (REQUIRED)	TYPE OR PRINT
SIGNATURE OF OWNER'S AGENT	TYPE OR PRINT

Do not write below this line

Per all Village Codes and Ordinances; the adopted Michigan Residential Code, and the adopted Michigan Building Code.

Zoning Review Approved by _____ Date _____

Approved by _____ Date _____

For Office Use only:

Date Submitted: _____

Fee Paid: _____ Check # _____ Date of Check: _____

Professional Plan Submitted: _____ Site Plan Submitted: _____

Received by and Date: _____ Processed by and Date: _____

Clerk/Treasurer Signature and Date Verified: _____

Public Hearing Set: _____

Approval Date: _____ Denial Date: _____