



Town of Turner, Maine

11 Turner Center Rd. Turner, Maine 04282 – 207-225-3414 - www.turnermaine.com

Site Plan Application Completeness Checklist Medical Marijuana Establishment

Date: _____

Project Name: _____

Applicant: _____

Physical Address of Property: _____

Tax Map/Lot: _____

A. If the subject property has previously undergone Site Plan Review, a copy of the Findings of Fact from that review shall be provided, in addition to the following.

- ____ 1. Completed and signed copy of a Site Plan Application which provides all of the items listed in items A-2 through A-15 below.
- ____ 2. Applicant name, mailing address and telephone number, and the same for owner(s) of record, if different than applicant.
- ____ 3. Owner names and addresses of all properties and structures within **500 feet** of the applicant's structure. If property is shared with other businesses, same for all tenants/occupants, including the nature of each business.
- ____ 4. Sketch map of property, drawn to scale, identifying structures, driveways, streets, pedestrian walkways and parking/loading areas. If the applicant proposes to use only a portion of a building, sketch should identify their portion, and portions used by others.
- ____ 5. Boundaries of all contiguous property under control of the owner/applicant.
- ____ 6. Tax Map and Lot Number.
- ____ 7. Evidence of right, title or interest in property.
- ____ 8. Certification from Code Enforcement Officer that applicant/property is not in violation of town ordinances regulating land use.

- _____ 9. Zoning classification(s) of property.
- _____ 10. Location and dimensions of existing and proposed signs.
- _____ 11. Size, location, direction, and intensity of illumination, method of installation of all major outdoor lighting apparatus.
- _____ 12. Amount and type of any raw, finished or waste minerals to be stored outside of the roofed buildings, including their physical and chemical properties, if applicable.
- _____ 13. Landscape plan (if changed from approved plan).
- _____ 14. Estimated peak hour traffic to be generated.
- _____ 15. Application fee (to be calculated by town staff).

B. In addition to the Site Plan information, the following submissions, exclusive to Medical Marijuana Establishments, are required:

- _____ 1. A statement as to the precise nature of the business with a description of the nature of all products and services offered to customers.
- _____ 2. A description of the premises for which the approval is sought, including a plan of the Premises and a list of all equipment, parts and inventory used in the operation of the medical marijuana establishment.
- _____ 3. Evidence of an interest (deed, lease, purchase/sale agreement, etc.) in the premises in which the medical marijuana establishment will be located, together with the written consent of the owner for such use, if the applicant is not the owner.
- _____ 4. Evidence of all land use approvals or conditional land use approvals required to operate the medical marijuana establishment, or applications that have been filed and are pending for the required approvals, such as, conditional or special use approval, change of use permits or approvals, approvals may be applied for as part of the site plan review.
- _____ 5. A copy of the Operations Manual and Safety Plan prepared specifically for the facility. The Operations Manual and Safety Plan shall describe, at a minimum, production and building security, hours of operation, provisions and maintenance of ventilation and odor control, storage and use of hazardous materials, including but not limited to chemicals and gases, waste management, and contamination protocols. Application should include a written statement that a copy of the plan will be maintained at the facility and the Town of Turner Fire and Rescue Departments.

C. Applicant shall demonstrate knowledge, skill, and ability to comply with the following:

- _____ 1. That the premises shall be a fixed, permanent location. The establishment shall not operate in any location other than the permitted premises.
- _____ 2. That the premises shall have lockable doors and windows and shall be served by an alarm system.
- _____ 3. If a Retail Store, Manufacturing Facility and/or Testing Facility:
 - _____ a. That the premises will have video surveillance capable of covering exterior and interior of facility. Video shall be able to record 24 hours per day, 7 days per week, and video shall be retained a minimum of 30 days.
 - _____ b. That the premises will have exterior spot lights with motion sensors covering the full perimeter of the building(s), subject to other ordinance requirements and Planning Board discretion (lighting plan).
- _____ 4. Facility shall comply with all odor and air pollution standards established by statute or ordinance, and shall have an odor mitigation system installed that has been approved by a Maine licensed engineer, indicating the system will provide odor control sufficient to ensure no odors are perceptible off the premises.
- _____ 5. Establishment shall not dispose of waste and/or residue from growth, cultivation, processing, and storage of medical marijuana in an unsecured receptacle not in its possession and control.
- _____ 6. Owner shall make adequate provisions to prevent patrons from loitering on premises.
- _____ 7. Establishment shall meet all operating and other requirements of state and local law. To the extent the state has adopted or adopts in the future any law or regulation governing medical marijuana establishments that conflicts in any way with the provisions of this ordinance, the more restrictive shall control.
- _____ 8. Local License. Medical marijuana establishment must certify operations will not commence prior to the obtaining of a license from Board of Selectmen, pursuant to the Town of Turner Medical Marijuana Establishment License for Registered Caregivers Ordinance. Site Plan approval from Planning Board required previous to submitting license application.