

HEMP COMPLIANCE PRELIMINARY INVESTIGATION OF PROPERTY APPLICATION

IMPORTANT NOTE: This application and any action precipitated are for the sole purpose of recommendation on a proposed zoning action through Pueblo County Department of Planning and Development. This is not a permit. This application will be rejected if information is incomplete. Fee is non-refundable.

<input type="checkbox"/> New Facility <input type="checkbox"/> Update to Existing Facility <input type="checkbox"/> Change of Owner			
Full Legal Name of Corporation			
Trade Name (DBA)			
Address, City, Zip			
Legal Description			
Contact Name			
Mailing Address (if different from above)			
Phone		Email	

FACILITY TYPE (Check all that apply)			
Cultivation	<input type="checkbox"/> Outside Grow <input type="checkbox"/> Processing (Trimming) <input type="checkbox"/> Other:	<input type="checkbox"/> Greenhouse Grow <input type="checkbox"/> Packaging	<input type="checkbox"/> Hydroponic
Hemp Product Manufacturing Facility	<input type="checkbox"/> Extraction: <input type="checkbox"/> Water <input type="checkbox"/> Infusion <input type="checkbox"/> Other:	<input type="checkbox"/> Butane	<input type="checkbox"/> CO ²
Store	<input type="checkbox"/> Retail <input type="checkbox"/> Other:		

WATER SUPPLY / SEWAGE DISPOSAL	
Community/Public: Provide Name	
Non-Community: Public Water System ID Number	
Private: Provide Description	
Well on Property	
Cistern: Source of Water	
Sewage Disposal	<input type="checkbox"/> Municipal/Public Name: <input type="checkbox"/> On-site Wastewater Treatment System

A PLOT PLAN MUST BE ATTACHED INCLUDING THE FOLLOWING (may use area below)

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| 1. Detailed directions for locating property. | 4. Location of proposed and/or existing OWTS. |
| 2. Accurate boundary measurement. | 5. Location of water supply on property. |
| 3. Location of existing and proposed structures. | 6. Location of all wells within 150 feet of property. |

APPLICATION HEREBY SUBMITTED WITH PLANS AND SPECIFICATIONS

PDPHE recommendations delivered via:	<input type="checkbox"/> Standard Mail <input type="checkbox"/> Pick-up <input type="checkbox"/> Email
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Address/phone/email if different than above	

Applicant Signature	Date
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HEALTH DEPARTMENT USE

<input type="checkbox"/> Plot Plan attached	Receipt #	Staff Initials
<input type="checkbox"/> \$150 Fee (non-refundable)		