

Project	<b>Property</b>	y Address:
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City Planning & Zoning Coordinator: Crystal R. Ball, CFM, CZO

Email- cball@lovington.org Phone: (575) 396-9301

## CITY OF LOVINGTON CANNABIS PERMIT APPLICATION CHECK LIST

All commercial Cannabis establishments, medical or recreational, are required to obtain a City of Lovington Cannabis Permit prior to doing business in the City of Lovington pursuant Lovington municipal code 5.40.030 Cannabis Regulation Ordinance No. 588.

Zo	Zoning Requirements		
1)	Submit a completed Planning and Zoning Application. All fields must be completed and legible in order to process the application. This document provides the basic information required for all permitting applications.		
2)	Applicants birthdate;		
3)	Applicants social security number;		
4)	Pay the appropriate permit fee(s) \$250.00 (new)/100.00 (renewal) Date paid		
5)	<u>Provide proof of ownership or interest in the property</u> . A deed with a legal description or property lease will meet this requirement. If the applicant is not the owner, an Affidavit by Property Owner(s) is required.		
6)	<u>Submit plans</u> ; Site plans must show the property lines, existing or purposed buildings/structures, lot area, lot dimensions, easements, building setbacks, street adjacent to property, access points, and the location of utilities. A scaled site plan (engineered, hand drawn or image) detailing, but not limited to, indoor and outdoor use, storage of HAZMAT (including quantities and types) to include organic as well as chemical, distance to property lines, distance between structures, and security fences.		

## 7) Submit a proposal letter that details the following:

• Existing Structure use and date structure was built. If this is a new structure a building permit will be required.

- Lea County Enhanced 9-1-1 system address verification letter.
- A document listing all organics and chemicals stored (with quantities) and location on property. Please include a copy of all MSD sheets.
- If the applicant is a corporation, the state of corporation, the name and address of the registered agent in New Mexico sufficient for service of process, the name, residence, birthdate, and social security number of each officer or director of the corporation.

8)	City of Lovington Business Registration Application Form	
9)	<u>Prior to the issuance of a permit,</u> any Limited Liability Comparcertificate of good standing	ny or corporation shall provide a
Appl	icant Name:	Date:
Appl	icant Signature:	
	es or recommendations to applicant from Planning & Zoning, (shall.	Code Enforcement or Fire
Pla	nning and Zoning Inspection	
Pla	nning, Zoning, Staff Name:	
Sigi	nature:	Date:
Cod	le Enforcement Inspection	
Cod	le Enforcement, Staff Name:	
Sigi	nature:	Date:
Fire	Marshall Inspection	
Fire	Marshall, Staff Name:	
Sigi	nature:	Date: