



**City of Oceanside**  
 Development Services Department / Planning Division  
 (760) 435-3544 or cannabis@oceansideca.org  
 Oceanside Civic Center 300 North Coast Highway  
 Oceanside, California 92054-2885

**Hours:** Monday through Thursday 7:30 am – 5:00 pm and Fridays 7:30 am to 4:00 pm

## Application for Cannabis Zoning Verification Letter

**Please Print or Type All Information**

<b>PART I – APPLICANT INFORMATION</b>		Staff Use Only	
APPLICANT	STATUS (owner/rep/etc)	Receipt Number:	
		Application Number:	
ADDRESS	PHONE/FAX/E-mail	<b>PART II - Use Category</b>	
APPLICANT'S REPRESENTATIVE (or person to be contacted for information during processing)		Distribution - Medical	
		Manufacturing – Medicinal (Non-Volatile)	
		Testing Lab - Medical	
ADDRESS	PHONE/FAX/E-mail		

<b>PART III – PROPERTY DESCRIPTION</b>			
LOCATION		SIZE (Lot Area in Square Feet or Acres)	
GENERAL PLAN	ZONING	LAND USE	ASSESSOR'S PARCEL NUMBER

**PART IV – AREA MAP REQUIREMENTS (SEE SAMPLE ON REVERSE)**  
 ATTACH A STREET MAP DRAWN TO SCALE. INDICATE THE PROPOSED STRUCTURE, AT THE CENTER OF A CIRCLE WITH A LABELED 600-FOOT RADIUS AND 1,000 FOOT RADIUS, SUCH THAT THE SETBACK RESTRICTIONS BELOW MAY BE VERIFIED BY THE PLANNING DEPARTMENT. INITIAL THE CERTIFICATIONS BELOW.

	TO THE BEST OF MY KNOWLEDGE, THE SUBJECT BUILDING IS 1,000 FEET OR MORE FROM ANY RESIDENTIAL DISTRICT OR PARCEL OF LAND WHICH CONTAINS ANY OF THE FOLLOWING: PUBLIC OR PRIVATE SCHOOL; PARK, PLAYGROUND OR PUBLIC BEACH.
	TO THE BEST OF MY KNOWLEDGE, THE SUBJECT BUILDING IS 1,000 FEET OR MORE FROM ANY OTHER BUILDING CONTAINING ANY OF THE FOLLOWING: REGULATED USE BUSINESS, CHURCH OR RELIGIOUS FACILITY; CHILDCARE OR PRE-SCHOOL FACILITY.
	TO THE BEST OF MY KNOWLEDGE, THE SUBJECT PROPERTY IS 600 FEET OR MORE FROM ANY PROPERTY CONTAINING ANY YOUTH FACILITY (ANY FACILITY PRIMARILY USED FOR RECREATIONAL OR SOCIAL ACTIVITIES FOR MINORS).

**PART V – SIGNATURES**

I CERTIFY THAT THE INFORMATION AND EXHIBITS SUBMITTED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT THERE MAY BE ADDITIONAL INFORMATION REQUESTED TO COMPLETE THE VERIFICATION PROCESS. I UNDERSTAND THAT A ZONING VERIFICATION LETTER DOES NOT MEAN WRITTEN EVIDENCE OF PERMISSION GIVEN BY THE CITY OF OCEANSIDE TO OPERATE A CANNABIS FACILITY NOR DOES IT MEAN "PERMIT" WITHIN THE MEANING OF THE PERMIT STREAMLINING ACT NOR DOES IT CONSTITUTE AN ENTITLEMENT.

APPLICANT OR REPRESENTATIVE (Print):	DATE	BUSINESS OWNER (Print)	DATE
Sign:		Sign:	
PROPERTY OWNER (Print):	DATE	<b>NOTE:</b> 1. ONLY ONE (1) LOCATION WILL BE REVIEWED PER REQUEST 2. FEE DUE AT TIME OF APPLICATION \$221	
SIGN:			