

APPLICATION AND AFFIDAVIT  
FOR ELECTRICAL COMPLIANCE PERMIT AND/OR  
MEDICAL MARIJUANA CAREGIVER SERVICES

<b>\$100.00 YEARLY FEE</b> _____ <b>Paid Date</b> _____ <b>Ck/Cash</b>
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The applicant, \_\_\_\_\_, being sworn, states:

1. He or she owns and occupies the parcel of property identified below:

\_\_\_\_\_

2. He or she is either:

\_\_\_\_ **More than 48,000 Watts Electrical (200 amps @ 240 volts).** The owner and occupant of property who needs more than 200 amperes electrical service for the following purposes (be specific):

\_\_\_\_\_

**OR --**

\_\_\_\_ **Marijuana Caregiver.** A registered primary caregiver under the Michigan Medical Marijuana Act who resides at this property and who grows, stores or supplies medical marijuana to no more than five registered qualifying patients at the property in accordance with the Michigan Medical Marijuana Act. By signing below, I acknowledge that:

- (a) I have read, understand and agree to abide by Section 1.00 of Article VII of the Zoning Ordinance pertaining to Medical Marijuana Uses; and
- (b) I am the only registered primary caregiver occupying the property described above.

I understand that I must renew an electrical service application/affidavit annually and by signing below agree to make all structures serviced by more than 48,000 amps electrical service available for inspection by the Township fire inspector.

I acknowledge that I must notify the Township Clerk of any changes in use from those described above when and as they happen on this property.

I understand that any incorrect or inaccurate representations made above may be grounds for the Township to revoke its approval with penalties as prescribed by Goodland Township Ordinance(s).

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Subscribed before me on

\_\_\_\_\_, 20\_\_\_\_.

This parcel is exempt from yearly inspections based on the use of _____ _____ Signed _____ date _____
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RESERVED  
FOR  
NOTARY  
STAMP / SEAL