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COMMERCIAL CANNABIS BUSINESS - ZONING VERIFICATION LETTER REQUEST FORM

This form is to ensure the location of the proposed Commercial Cannabis Business meets the requirements of **City of Colfax Municipal Code §17.162.080** relating to zoning and locational requirements. The review process takes approximately ten (10) working days and will not be completed over the counter. The issuance of this Zoning Verification Letter does not imply written evidence of permission, a permit or entitlement, given by the City of Colfax or any of its officials to operate a Commercial Cannabis Business.

APPLICANT INFORMATION

APPLICANT NAME: _____ COMPANY: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

PROPERTY INFORMATION

Physical Address: _____ City: _____ State: _____ Zip: _____
 PROPERTY OWNER NAME: _____
 Phone: _____ Email: _____
 Assessor's Parcel Number (APN): _____
 Zoning District: _____
 Current Use of Property: _____

 Proposed Use of Property: _____

Applicant Signature
(Wet signature in blue Ink)

Date

CITY STAFF USE ONLY

Zoning of Property: _____ General Plan Designation: _____
 Within 600-foot Radius from School (K-12), Daycare Center, or Youth Center: Yes No
 Located in Colfax Historic Core of Historic District Overlay: Yes No
 Verified by: _____ Date: _____ FEE AMOUNT PAID \$ _____
 Approved Denied