



# City of Desert Hot Springs

65950 Pierson Blvd. • Desert Hot Springs, CA 92240  
Telephone (760) 329-6411 x 260 [www.cityofdhs.org](http://www.cityofdhs.org)

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## **MEDICAL MARIJUANA TEMPORARY PERMIT APPLICATION FOR APPROVED CUPs (OPTION 3 – TEMPORARY PERMIT)**

**MEDICAL MARIJUANA TEMPORARY PERMIT APPLICATIONS FOR APPROVED CUPs** are reviewed and approved administratively by the Community Development Department pursuant to Section 17.136 of the Zoning Code. The purpose of the review is to allow for short-term activities which may be appropriate when regulated in a manner that will not impair general public health, safety and welfare of the community.

APPLICANT: \_\_\_\_\_  
(please print)

MAILING ADDRESS: \_\_\_\_\_ Phone No. \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ Fax No. \_\_\_\_\_

PRIMARY CONTACT (if different): \_\_\_\_\_  
(please print)

MAILING ADDRESS: \_\_\_\_\_ Phone No. \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ Fax No. \_\_\_\_\_

PROPERTY OWNER (if different): \_\_\_\_\_  
(please print)

MAILING ADDRESS: \_\_\_\_\_ Phone No. \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ Fax No. \_\_\_\_\_

ENGINEER INFORMATION (required): \_\_\_\_\_  
(please print)

MAILING ADDRESS: \_\_\_\_\_ Phone No. \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ Fax No. \_\_\_\_\_

CONTRACTOR INFORMATION (required): \_\_\_\_\_  
(please print)

MAILING ADDRESS: \_\_\_\_\_ Phone No. \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ Fax No. \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

LEGAL DESCRIPTION (Lot & Tract or A.P.N.): \_\_\_\_\_

PROPOSED USE (including operational information): \_\_\_\_\_

EXISTING LAND USE OF PROPERTY: \_\_\_\_\_

EXISTING ZONING OF PROPERTY: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_  
(please print)

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF PROPERTY OWNER(S): \_\_\_\_\_  
(please print)

SIGNATURE OF PROPERTY OWNER(S) IF NOT SAME AS APPLICANT:

\_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

*(Separate written authorization by property owner to submit application may be provided)*

**MEDICAL MARIJUANA TEMPORARY PERMIT APPLICATION FOR APPROVED CUPs**  
**SUBMITTAL REQUIREMENTS**

5 sets of the following plans in 24" x 36" size shall be submitted to the Community Development Department, unless otherwise noted or directed by staff. Plans are required to include, at a minimum, the following items at the time of submittal:

- 1. Filing fee
- 2. Completed Application: Must include Owner, Engineer, and Contractor Information
- 3. Grading Plan: Showing the temporary improvements
- 4. Hydrology Report
- 5. Soils Report
- 6. Storm Water Pollution Prevention Plan
- 7. Water Quality Management Plan
- 8. PM 10 Dust Mitigation Plan
- 9. Lighting Plan
- 10. Security Camera Plan
- 11. Permit Fees
- 12. Cash Deposit
- 13. Waivers as required by City Attorney

**NOTE: FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION  
SHALL BE GROUNDS FOR DENIAL**