



***Planning and Zoning Department***  
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## **Medical Marijuana Care Giver Registration Outdoor Grows**

Date:		
Applicant:		
<b>Phone</b>	<b>Alternative Phone</b>	<b>Email</b>
Address of Property:		
Legal Description:		
Applicant must provide proof of ownership. Is applicant the legal owner of the property <input type="checkbox"/> Yes <input type="checkbox"/> No If no, applicant must provide documentation from owner which states permission is granted. Plant Count may not exceed 24 for any parcel. An extended plant count permit must be applied for and approved for plant counts from 25 to 99.		
Proposed Plant count: Applicant shall notify this office of any changes to plant counts and contact information		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date