

# Architectural Plan Review Request Form

## Instructions

Pursuant to 935 CMR 500.103 and 501.103, a licensee shall submit an architectural plan review request for the building or renovation of a Marijuana Establishment (ME) and/or Medical Marijuana Treatment Center (MTC) once licensed. The licensee **shall not** begin any building or renovations until the architectural review request is approved by the Cannabis Control Commission (Commission).

For licensees to receive approval to begin building or renovation of a ME and/or MTC, this form must be filled out and signed by an individual with authority or control over the management and operations of the ME and/or MTC (Licensee's Representative). Once completed, this form and any additional information that is required should be combined into a single PDF document and emailed to [Inspections@CCCMass.com](mailto:Inspections@CCCMass.com).

In addition to submitting this form, the licensee must submit the appropriate fee using the fee remittance section below. Pursuant to 935 CMR 500.005(1)(e) and 501.005(3), the fee for this request is \$1,500 per license affected. Please follow the instructions for remitting payment contained on the remittance form. Please note that your request will not be processed until the required fee is received.

## ME/MTC Information

Name of ME/MTC:

License number(s) affected by this request:

Physical address of the ME/MTC affected by this request:



Name, phone number, and business email address of the Licensee's Representative:

**Required Information and Documentation**

1. Please provide a brief description of the proposed building or renovations:



2. Please provide the ME/MTC’s plan to remain compliant with all state laws and local ordinances, specifically, building, fire, plumbing, electrical, and zoning codes that will be affected during building or renovations:



3. Please provide the ME/MTC's plan to remain compliant with the energy efficiency and conservation regulations codified in 935 CMR 500.105, 500.103, 935 CMR 500.105(15), and 935 CMR 500.120(11), and/or corresponding medical regulations, as applicable:



4. Several documents are required to be submitted along with this request. Please label each document with the identifier located to the right of each required document. The following documents must be included with this request:

- a. Proposed and existing floor plan (“Document A”);
  - i. The floor plan should identify all functional areas of the ME, including the areas where marijuana will be cultivated, processed, produced, contained, and sold (as applicable);
  - ii. Identify the location of proposed entrances and exits;
  - iii. Identify the location of proposed security cameras;
  - iv. Identify the location of any entrance or exit large enough for the entry or exit of a vehicle, i.e. loading bays; and
  - v. Identify the location of proposed windows.
- b. Copies of all applicable building permits (“Document B”);
- c. Copies of all applicable special permits (“Document C”); and
- d. Updated energy compliance submission form along with all supporting documentation (“Document D”).

5. Please certify the following required statements by initialing each box:

a. The licensee understands and agrees that the Commission shall have continuing authority to review the structural changes and inspect when necessary;

b. The licensee understands that it must notify and receive approval for any structural changes prior to undertaking them;

c. The licensee understands that it has the obligation and duty to construct its facilities in accordance with 935 CMR 500.000 and/or 935 CMR 501.000, pursuant to any conditions set forth by the Commission, and in accordance with any applicable state and local laws, regulations, permits, or licenses;

d. The licensee understands that once all building and renovations are completed, they must officially request an inspection to begin using the altered areas reviewed in this application; and

e. Pursuant to 935 CMR 500.005(1)(e) and 501.005(3), the licensee has submitted the appropriate fee associated with this request for a structural change.



**By signing this document, I affirm that all the information provided above is true and accurate. Failure of the Licensee's Representative to fully complete this form may result in the denial of your request.**

Signature of the Licensee's Representative:

Date of Request:

**Note: Please ensure this form, along with all required and supplemental documentation, is combined into a single PDF document. This final document will represent your Architectural Plan Review Request. This final document should be sent to [Inspections@CCCMass.com](mailto:Inspections@CCCMass.com) for consideration. Additionally, payment should be remitted using the form below.**



## Payment Remittance Form: Architectural Plan Review Request

Pursuant to 935 CMR 500.005 and 501.005, the applicable fee for an architectural plan review request is \$1,500 per each ME/MTC license. Please ensure the appropriate fee is paid in association with the Architectural Plan Review Request. An insufficient payment for this request, or failure to include this Payment Remittance Form with payment, will delay the processing of the request.

Name of ME/MTC:

License number(s) affected by this request:

Physical address of the ME/MTC affected by this request:

Name, phone number, and business email address of the Licensee's Representative:

Amount of payment submitted:

Payments should be made via check and made out to the Cannabis Control Commission. This form, and the applicable fee via check, must be sent to the Commission at:

ATTN: Licensing  
Cannabis Control Commission  
2 Washington Square  
Worcester, MA 01604

If you have any questions regarding the payment or process, please contact the Commission at [Inspections@CCCMass.com](mailto:Inspections@CCCMass.com).

