



City of Tacoma  
Community and Economic Development Department

TO: Planning Commission

FROM: Lucas Shadduck,  
Planner for Long-Range Planning Division

SUBJECT: Medical Cannabis Moratorium

DATE: April 12, 2012

At the next meeting on April 18, 2012, the Planning Commission will continue the discussion of issues concerning the Medical Cannabis Moratorium ahead of public comment in May. Planning Commissioners have been directed by City Council to develop appropriate zoning regulation pursuant to newly amended state laws regarding medical marijuana collective gardens and/or medical marijuana dispensaries and their functions prior to the moratorium end date of August 1, 2012. The Commission is asked to consider options that best responds and supports the city's goal of providing safe and legal access to medical cannabis while reducing conflict between incompatible uses, and promoting public health, safety, and general welfare.

Staff is providing a four land use code options addressing Medical Cannabis Land Use outside of residential areas. All four options differ somewhat but all provide buffering, zoning and size restriction considerations. These options have been drafted in response to the various considerations that have been expressed, to date. It is recommended that Commissioners reach a consensus on which of the options is felt to best support the city's goals and include the broadest scope for future public review consideration.

Staff has provided a discussion outline (Attachment A); a briefing report that discusses how each of the four options addresses primary considerations brought forth, to date, along with an option comparison matrix (Attachment B); and draft code amendments translated from each of the respective code options with accompanying zoning maps (Attachments C-F).

Background information about the moratorium can be viewed at [www.cityoftacoma.org/planning](http://www.cityoftacoma.org/planning) (under HOT TOPICS, click on "Medical Cannabis Moratorium"). In short, the moratorium was enacted by the City Council on August 2, 2011, per Ordinance No. 28010, effective for 6 months, through January 29, 2012. The Planning Commission conducted a public hearing on September 7, 2011, and recommended to the City Council that the moratorium was needed and should be extended to 12 months. The Council conducted a public hearing on September 27 and adopted Ordinance No. 28021 on October 4, 2011 to retain the moratorium and extend it to 12 months, to expire on August 1, 2012. In response to the moratorium, the Commission is requested to develop and recommend appropriate revisions to the land use code by May 2012.

If you have any questions, please contact Lucas Shadduck at (253) 594-7975 or [lshadduc@cityoftacoma.org](mailto:lshadduc@cityoftacoma.org), or William Osborne, Planning Consultant [osborneplanning@gmail.com](mailto:osborneplanning@gmail.com).

Attachments (6)

c: Peter Huffman, Assistant Director



# City of Tacoma Draft Medical Cannabis Land Use Regulations Discussion Outline

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April 18, 2012

## INTRODUCTION

## TIMELINE

## MEDICAL CANNABIS LAND USE REGULATIONS

### LAND USE CHARACTER AND APPROPRIATE ZONING IN NON-RESIDENTIAL CONTEXT

PRODUCTION (CULTIVATION) – LIGHT/HEAVY INDUSTRIAL, AGRICULTURAL, NURSERY

PROCESSING – LIGHT/HEAVY INDUSTRIAL

DISTRIBUTION - RETAIL

### IDENTIFYING AND BUFFERING SENSITIVE USES FROM NON-RESIDENTIAL MEDICAL CANNABIS LAND USES

CONFIRM ONE OR MORE SENSITIVE USES AFTER DISCUSSING RATIONALE

SEPARATION BUFFERS FROM SELECTED SENSITIVE USES AND OTHER MEDICAL CANNABIS LAND USES

### SIZE LIMITS ON MEDICAL CANNABIS LAND USES

### CONDITIONAL USE PERMITTING, ADMINISTRATIVE INTERPRETATIONS AND EXPOSURE TO LEGAL RISK

## OPTIONS DISCUSSION

### Option 1 – Medical Cannabis Task Force Recommendation

**Locate Cultivation and Processing:** industrial zoning districts.

**Locate Distribution:** industrial, commercial, mixed-use, downtown zoning districts.

**Sensitive Uses** – schools (K-12), daycares and churches, all buffered at 1,000 ft.

### Option 2 – Staff Preliminary Proposal

**Locate Cultivation and Processing:** industrial, select downtown and shoreline zoning districts.

**Locate Distribution:** industrial, commercial, mixed-use, downtown and select shoreline zoning districts.

**Sensitive Use** – schools (K-12) buffered at 1,000 ft.

**Non-related medical cannabis facilities** buffered from one another: production/processing at 1,000 ft., distribution at 500 ft.

### Option 3 – Conditional Use Permitting

**Locate Cultivation and Processing:** industrial zoning districts.

**Locate Distribution:** Hospital Mixed Use (HMX), in commercial and downtown zoning districts by conditional use permit.

**Sensitive Uses** – schools (K-12), daycares, churches, parks, community centers, other sensitive uses buffered at 1,000 ft.

### Option 4 – Collective Garden

**Locate Cultivation and Processing:** industrial zoning districts.

**Locate Distribution:** Prohibited.

**Sensitive Use** – schools (K-12), daycares, churches, parks, community centers, other sensitive uses buffered at 1,000 ft.

## PLANNING COMMISSION VOTE



# City of Tacoma Draft Medical Cannabis Land Use Regulations Options

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## INTRODUCTION

The City of Tacoma Planning Commission is tasked with recommending a package of medical cannabis land use regulations for public hearing in May. This briefing outlines the primary considerations in crafting such land use regulations, and how each of the Options addresses those considerations.

## MEDICAL CANNABIS LAND USE REGULATIONS & OPTIONS

The key issues the Planning Commission must consider with regards to medical cannabis land use regulations are whether or not to separate the functions of collective gardens when operating outside of residential zoning districts, locating such non-residential collective gardens and their functions in appropriate zoning districts, providing separation distance buffers from youth-oriented sensitive uses, and restricting floor area of medical cannabis land uses. Maps associated with each option include generalized appropriate zoning areas, the zoning areas appropriate for specific medical cannabis collective garden functions in non-residential areas, and the anticipated locations of parcels and buildings appropriate for medical cannabis land use by zoning and separation from sensitive uses.

**Option 1 – Medical Cannabis Task Force Recommendation.** Option 1 would prohibit cultivation (production) and processing outside of industrial zoning districts (M1, M2, PMI) and some downtown zoning districts (DCC, DMU, WR). Distribution would be prohibited in residential zoning districts, including the transitional (T) and residentially-oriented mixed use zoning districts (RCX, NRX, URX). Sensitive use buffers of 1,000 feet would be applied to locating medical cannabis use from schools, daycares and churches. Limits on size of distribution use would range from 500 to 2,000 square feet (s.f.), or 1,500 s.f. within a 3,000 s.f. maximum space when co-located with other uses associated with health and wellness.

**Option 2 – Staff Recommendation.** Option 2 is very similar to Option 1 in terms of a baseline of acceptable zoning for medical cannabis use, with the addition of a handful of shoreline zoning districts (S7, S8, S9, and S10), and the allowance of cultivation/processing in downtown zoning districts except Downtown Residential (DR). A 1,000 ft. sensitive use buffer would be applied to schools and other medical cannabis-production/processing facilities, with a 500 ft. separation buffer from other medical cannabis-distribution facilities. No limit on operation size is provided with Option 2.

**Option 3 – Conditional Use Permits.** Cultivation and processing may be located only in industrial zoning districts (M1, M2, and PMI), and distribution is prohibited in commercial and downtown zoning districts without conditional use permits; except for the Hospital Mixed Use (HMX) zoning district. Buffers from sensitive uses of 1,000 feet could include schools, daycares, parks and greenbelts, churches, community centers and other sensitive uses. The maximum area of a distribution use would be 500 square feet.

**Option 4 – Collective Garden.** Outside of residential areas, cultivation and processing may be located only in industrial zoning districts (M1, M2, and PMI). Distribution outside of a residential collective garden is prohibited. Buffers from sensitive uses of 1,000 feet could include schools, daycares, parks and greenbelts, churches, community centers and other sensitive uses.



MCTF Option 1	Staff Option 2	Conditional Use Option 3	Collective Garden Option 4	Comments	
<b>Zoning Districts</b>					
Residential	✓	✓	✓	✓	Levels 1-3
Industrial	Production, Processing & Distribution	Production, Processing & Distribution	Production & Processing	Production & Processing	Level 4. The intent of the regulations should provide qualified patients with safe, secure access to cannabis for medical use outside of residential neighborhoods; particularly where qualified patients do not have the knowledge, financial or material resources or interest in growing cannabis.
Commercial (not incl. T)	Distribution	Distribution	Distribution with Conditional Use	-	
Mixed-Use (not incl. RCX, NRX, URX)	Distribution	Distribution	Distribution in HMX only	-	
Downtown	Distribution	Distribution with Limited Production & Processing (in DCC, DMU and WR)	Distribution with Conditional Use	-	
Shoreline	-	Production, Processing & Distribution in S7, S8, S9 and S10	-	-	
<b>Sensitive Uses Buffering</b>					
Schools (K-12, Public/Private)	1,000 ft.	1,000 ft.	1,000 ft.	1,000 ft.	Federal enforcement of Drug Free School Zones as direct guidance.
Daycares & Pre-Schools	1,000 ft.	-	1,000 ft.	1,000 ft.	Pro: Separates uses from younger children; Con: Restricts use from locations where acceptable level of child supervision typically available.
Community Centers (Public/Private)	-	-	1,000 ft.	1,000 ft.	Community centers may be used by the a cross-section of the community, not children alone. Child supervision level may be acceptable; adult use of community centers may also mitigate impacts on youth.
Parks & Greenbelts	-	-	1,000 ft.	1,000 ft.	As with community centers, parks are available for use by the whole community, not children alone. There may be an increased likelihood for older youth play to be un-supervised.
Churches	1,000 ft.	-	1,000 ft.	1,000 ft.	Churches do not primarily serve adults and families with children. Children are less likely to be unsupervised in a church setting, or church-operated daycare. It also may be difficult to identify churches from church-owned properties that do not serve youth.
Public Assembly (Theaters, Convention Centers)	-	-	1,000 ft.	1,000 ft.	Public assembly facilities including theaters, stadia, convention centers tend to serve adults and families with children. Children are less likely to be separated from their parents in such settings.

	MCTF Option 1	Staff Option 2	Conditional Use Option 3	Collective Garden Option 4	Comments
Residential Treatment Facilities	-	-	-	-	May be difficult to argue as youth-oriented use with minimal adult supervision.
Other Medical Cannabis Use-Cultivation/Production	-	1,000 ft.	-	-	Reduces concentration of medical cannabis cultivation - may be seen as reducing federal enforcement risk, may be seen as spreading the risk and challenging local enforcement.
Other Medical Cannabis Use-Distribution	-	500 ft.	-	-	Reduce concentration of distribution centers in any particular zoning district.
Single-Family Residential Zoning	-	-	-	-	Would generally preclude many commercial and mixed-use parcels in areas served well by transit in walking distance from residential neighborhoods that would otherwise be required to operate at Levels 1 to 3.
<b>Size Limitations</b>					
Cultivation/Processing	-	-	-	-	Some jurisdictions place limits on cultivation area, but this is typically handled in licensing, as an operational consideration.
Distribution	Min. 500 s.f.; Max. 2,000 s.f.	-	Max. 500 s.f.	-	Size limits may preclude medical cannabis distribution locations otherwise suitable by zoning and sensitive use separation.
Co-located with Other Uses	Min. 500 s.f.; Max. 1,500 s.f.; Total max. 3,000 s.f.	-	Not Allowed	-	May be difficult administratively to verify amounts of respectively divided space without clear, discrete criteria defining medical cannabis-related land use.
<b>Special Considerations</b>					
Conditional Use Permits (CUP)	-	-	Consider for distribution use other non-residential zones; Medical cannabis as agricultural use	-	Notice can be provided through licensing process. Administrative review of applications associated with medical cannabis, such as CUP without clear, discrete criteria increases legal risk exposure for City, and staff.
Regulate residential collective gardens (Level 3) as Level 4	-	-	Apply sensitive use buffers	-	Regulating could be challenging where 1 to 10 housing units may or may not be involved in the production, processing and distributing functions of collective gardens.
Hours of Operation	Licensing	-	-	-	Not a land use issue as much as a licensing issue.
Signage Regulations	Limit size to 36"x30"	-	-	-	City on-site signage review ongoing.

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# Option 1:

## MC Task Force Recommendations – Tacoma Municipal Code Amendments for Medical Cannabis

### 13.06.100 Residential Districts.

Uses	R-1	R-2	R-2SRD	HMR-SRD	R-3	R-4-L	R-4	R-5	Additional Regulations <sup>1</sup>
Master plans for any conditional use	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.							
<a href="#"><u>Medical Cannabis Network Member Distribution Center</u></a>	<a href="#"><u>N</u></a>	<a href="#"><u>See definition for “Medical Cannabis Network Member Distribution Center”.</u></a>							
<a href="#"><u>Medical Cannabis Collective Garden</u></a>	<a href="#"><u>N</u></a>	<a href="#"><u>See definition for “Medical Cannabis Collective Garden”.</u></a>							
Microbrewery/winery	N	N	N	N	N	N	N	N	Microbrewery/winery

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**13.06.200 Commercial Districts.**

Uses	T	C-1	C-2 <sup>1</sup>	HM	PDB	Additional Regulations <sup>2,3</sup> (also see footnotes at bottom of table)
Master plans for any conditional use	CU	CU	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<u>Medical Cannabis Network Member Distribution Center</u>	<u>N</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Network Member Distribution Center”.</u>
<u>Medical Cannabis Collective Garden</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Collective Garden”.</u>
Microbrewery/winery	N	N	N	N	N	Microbrewery/winery

**13.06.300 Mixed-Use Center Districts.**

Uses	NCX	CCX	UCX	UCX-TD	RCX <sup>1</sup>	CIX	HMX	URX	NRX	Additional Regulations <sup>3,4,5</sup> (also see footnotes at bottom of table)
Master plan for any conditional use	CU	CU	CU	CU	CU	CU	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.

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Uses	NCX	CCX	UCX	UCX-TD	RCX <sup>1</sup>	CIX	HMX	URX	NRX	Additional Regulations <sup>3,4,5</sup> (also see footnotes at bottom of table)
<a href="#">Medical Cannabis Network Member Distribution Center</a>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>N</u>	<u>P*</u>	<u>P*</u>	<u>N</u>	<u>N</u>	<a href="#">*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Network Member Distribution Center”.</a>
<a href="#">Medical Cannabis Collective Garden</a>	<u>N</u>	<u>N</u>	<u>N</u>	<u>P*</u>	<u>N</u>	<u>P*</u>	<u>N</u>	<u>N</u>	<u>N</u>	<a href="#">*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Collective Garden”.</a>
Microbrewery/ winery	N	N	N	P	N	P	N	N	N	Microbreweries shall be limited to 15,000 barrels per year of beer, ale, or other malt beverages, as determined by the filings of barrelage tax reports to the Washington State Liquor Control Board. Equivalent volume winery limits apply.

**13.06.400 Industrial Districts.**

USES	M-1	M-2	PMI	ADDITIONAL REGULATIONS <sup>1</sup>
Master plan for any conditional use	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<a href="#">Medical Cannabis Network Member Distribution Center</a>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<a href="#">*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Network Member Distribution Center”.</a>

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USES	M-1	M-2	PMI	ADDITIONAL REGULATIONS <sup>1</sup>
<u>Medical Cannabis Collective Garden</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Collective Garden”.</u>
Microbrewery/winery	P	P	P	

**13.06A Downtown Tacoma**

**13.06A.050 Additional use regulations.**

A. Use Categories.

1. Preferred. Preferred uses are expected to be the predominant use in each district.
2. Allowable. Named uses and any other uses, except those expressly prohibited, are allowed.
3. Prohibited. Prohibited uses are disallowed uses (no administrative variances).

B. The following uses are prohibited in all of the above districts, unless otherwise specifically allowed:

1. Adult retail and entertainment.
2. Heliports.
3. Work release facilities.
4. Jails and correctional facilities.
5. Billboards.

C. Special needs housing shall be allowed in all downtown districts in accordance with the provisions of Section 13.06.535. (Ord. 27539 § 21; passed Oct. 31, 2006: Ord. 27245 § 23; passed Jun. 22, 2004: Ord. 26556 § 28; passed Dec. 14, 1999)

D. Medical cannabis network member distribution center shall be allowed in all downtown districts in accordance with the provisions of Section 13.06.565.

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### **13.10. Shoreline Management**

#### **13.10.035 Prohibited uses in all shoreline districts.**

A. The following uses are prohibited in all shoreline districts: medical cannabis network member distribution center and medical cannabis collective garden.

#### **13.06.700 Definitions and Illustrations.**

Mansard roof. A roof with two slopes or pitches on each of the four sides, the lower slopes steeper than the upper.

Medical Cannabis Collective Garden. This is an industrial use located entirely within a structure where safe, secure processing and production of cannabis for medical use per RCW 69.51A. This use allows for the cultivation, processing, fabrication, assembly, treatment, testing, infusion, and packaging of medical cannabis in preparation for its distribution or consumption. This use allows for the processing and production of cannabis into a medical product that involve a maximum network of six (6) collective gardens, as defined by the state, located on any given parcel of land. Pursuant to state law, ten (10) individual collective members may combine to support one collective garden. This use may include the involvement of collectives, cooperatives, support groups, dispensaries, individuals and other entities. This use primarily involves the growing of marijuana plants but in some cases, these facilities may also include ancillary uses and support services.

Medical Cannabis Network Member Distribution Center. This is a commercial use located entirely within a structure where safe, secure access to medical cannabis is provided for private, off-site use. The distribution of medical cannabis shall be available for documented qualified patients per RCW 69.51A. This use, which allows for the distribution medical cannabis products, includes collectives, cooperatives, support groups, dispensaries that function as distribution centers. In some cases, these facilities may also include ancillary uses and support services.

Medical Cannabis Delivery Product. This is any object that used for the consumption of any form of medical cannabis, for example a smoking pipe, water pipe, vaporizer, etc.

Microbrewery/winery. An establishment primarily engaged in the production and distribution of beer, ale, or other malt beverages, or wine, and which may include accessory uses such as tours of the microbrewery/winery, retail sales, and/or on-site consumption, e.g., “taproom.” This classification allows a microbrewery to sell beer/wine at retail and/or act as wholesaler for beer/wine of its own production for off-site consumption with appropriate state licenses.

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### **13.06.565 Medical cannabis**

A. Intent. It is found that medical cannabis facilities and associated uses fulfill an important need to persons residing in the community that have acute medical needs. It is the intent of this chapter to discourage black market sourcing of medical cannabis where persons face legal risks, unreliable quality of product and personal safety. Further, it is the intent of this chapter to consider the safe and adequate access to medical cannabis for qualified patients, but also to protect public health, safety and general welfare.

Washington voters passed Initiative 692, the Medical Use of Marijuana Act, November 1998. This law allows patients, who meet certain criteria, to use cannabis for medical reasons. In 2007, the Washington State Legislature passed Engrossed Substitute Senate Bill (ESSB) 6032 that amended RCW 69.51A, which deals with medical cannabis. This bill aimed to clarify the law for medical cannabis and make it less impaired by alleviating the possibility that qualified patients could face state criminal prosecution. The new state laws dealing with medical cannabis ultimately direct local jurisdictions to consider qualified patient's access to an adequate, safe, consistent, and secure source of medical cannabis.

The City supports the voter approved right for those with certain terminal or debilitating chronic conditions to obtain medical cannabis for personal use by the implementation of the provisions of this chapter which seek to protect qualifying patient's safe and legal access to medical cannabis. However, the public interest dictates that they shall be subject to special regulations. The intent of these regulations is to reduce conflict between incompatible uses, promote the public health, safety, and general welfare.

#### **B. Scope.**

Currently RCW 69.51A, dealing with medical cannabis, defines the term "collective garden" which may be involved in a number of functions and uses but is restricted in the following ways:

1. No more than ten qualifying patients may participate in a single collective garden at any time;
2. A collective garden may contain no more than fifteen plants per patient up to a total of forty-five plants;
3. A collective garden may contain no more than twenty-four ounces of useable cannabis per patient up to a total of seventy-two ounces of useable cannabis;
4. A copy of each qualifying patient's valid documentation or proof of registration with the registry established in \*section 901 of this act, including a copy of the patient's proof of identity, must be available at all times on the premises of the collective garden; and
5. No useable cannabis from the collective garden is delivered to anyone other than one of the qualifying patients participating in the collective garden

Under this definition qualified patients are enabled by state law and may chose to engage in home cultivation and processing of their own medical cannabis product for self medicating. For some qualified patients, home cultivation can provide an adequate, safe, consistent, and secure source of medical marijuana. It also gives them some control over their supply quality. One-on-one partnerships might benefit some patients by providing access to a more adequate, consistent, and safer source. Expenses and expertise could be shared among two individuals. A larger supply might also allow for the creation of reserves, helping patients endure fluctuations in crop yield. Although, these functions are subject to any and all applicable

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regulations in the Tacoma Municipal Code (TMC), it is not the intent to regulate them under this chapter and the location and development standard below shall not apply.

Home cultivation, either by oneself or via a one-on-one partnership is not feasible for all patients because many are unable or unwilling to grow their own supply. Reasons include concerns about arrest and prosecution, break-ins, costs of starting and maintaining a garden, physical limitations, and concerns about housing and children. Group growing arrangements may alleviate these issues for some patients but larger grow sites may be harder to secure, manage, maintain and could be targets for criminal activity.

C. Applicability. Medical cannabis network member distribution centers and medical cannabis collective gardens, or any other arrangement, that include three (3) or more individuals in its operation are viewed to be either a commercial and/or industrial use and the additional standards below shall apply. The commercial use, “Medical Cannabis Network Member Distribution Center”, is listed in the Land Use Tables and includes collectives, cooperatives, support groups, dispensaries and other similar facilities that are involved in the distribution of a finished medical cannabis product for qualified patients. The industrial use, “Medical Cannabis Collective Gardens”, is listed in the Land Use Tables and for the growing and cultivation of cannabis plants. A collective garden, for example, may perform cultivation, processing, fabrication, assembly, treatment, testing, infusion, and packaging of medical cannabis in preparation for its distribution or consumption.

D. Definitions. See 13.06.700 for Definitions of “Medical Cannabis Network Member Distribution Center” and “Medical Cannabis Collective Garden”.

E. Location and development standards.

1. Any medical cannabis use may not locate or be conducted closer than the distance noted below to any of the following, whether in or out of the City:

a. Within 1,000 feet of any public or private elementary or secondary school;

b. Within 1,000 feet of any daycare or preschool;

c. Within 1,000 feet of any church.

3. The separation required between uses described above in sections E.1.a through E.1.c shall be measured from the nearest edge or corner of the property of each use.

4. Size for medical cannabis network member distribution center facilities shall be no greater than 2,000 square feet, and no less than 500 square feet if offering only distribution of medical cannabis to patients.

5. Size for medical cannabis network member distribution center facilities shall be no greater than 3,000 square feet, within which up to 1,500 square feet can be used for distribution, if in addition to distributing medical cannabis other services (i.e. educational classes, health services), are provided. Up to 150 square feet of the distribution center space may be devoted to sale of marijuana delivery products.

6. Size for medical cannabis collective garden facilities is limited to a maximum network of six collective gardens, as defined by the state, where ten individual collective member may combine to support one collective garden and the number of collective gardens on any given parcel of land shall not increase until the existing collective garden(s) have the full allotment of ten individuals.

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7. The maximum hours of operation shall be daily from 9:00 a.m. to 7:00 p.m.

8. No variance shall be permitted for any of the above distance or separation requirements.

9. Medical cannabis uses are subject to any and all required pre-approvals and licensing requirements.

F. Submittal Requirements. Applicants for medical cannabis network member distribution centers and medical cannabis collective gardens shall submit a detailed plan for review by Building and Land Use Services Division that include the following:

a. Floor Plan: facilities that include distribution shall have a lobby waiting area at the entrance to receive persons for verification of their membership to the network, or to determine whether the person meets the criteria of a valid qualified patient or primary care giver. This verification process shall take place in an area segregated from the remaining portion(s) of the facility. There shall also be a separate and secure area designated for distribution transactions to occur. The main entrance of facilities that provide distribution shall be located and maintained clear of barriers, landscaping, and similar obstructions such that it is clearly visible from public streets or sidewalks. The floor plan must include a lighting plan, security plan and location of appropriate signage;

b. Security Plans: All cannabis facilities shall comply with a security plan that shall include but is not limited to calling out building security specifications, lighting, alarms, and video recording systems. The provision of security surveillance cameras and a video recording system shall be required to monitor the interior, main entrance, and exterior of the facility so as to discourage loitering, crime, and illegal or nuisance activities. The camera and video recording system shall be of adequate quality, color rendition, and resolution to allow the identification of any individual present in the facility or the immediate exterior area of the facility. Video and/or digital recording from security surveillance cameras shall be maintained for a period of not less than 30 days and shall be made available to the city or any accredited law enforcement organization upon request. The facility shall have a professional and centrally monitored fire, robbery and burglar alarm that are maintained in good working condition;

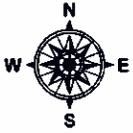
c. Storage: A facility that includes distribution shall have adequate locked storage on the property, identified and approved as part of the security plan and/or floor plan. Medical cannabis shall be stored in secured rooms that are completely enclosed, or in a safe that is bolted to the floor.

d. Visibility: All cannabis facilities shall not allow or permit neither medical cannabis nor medical cannabis delivery products to be visible from the building exterior.

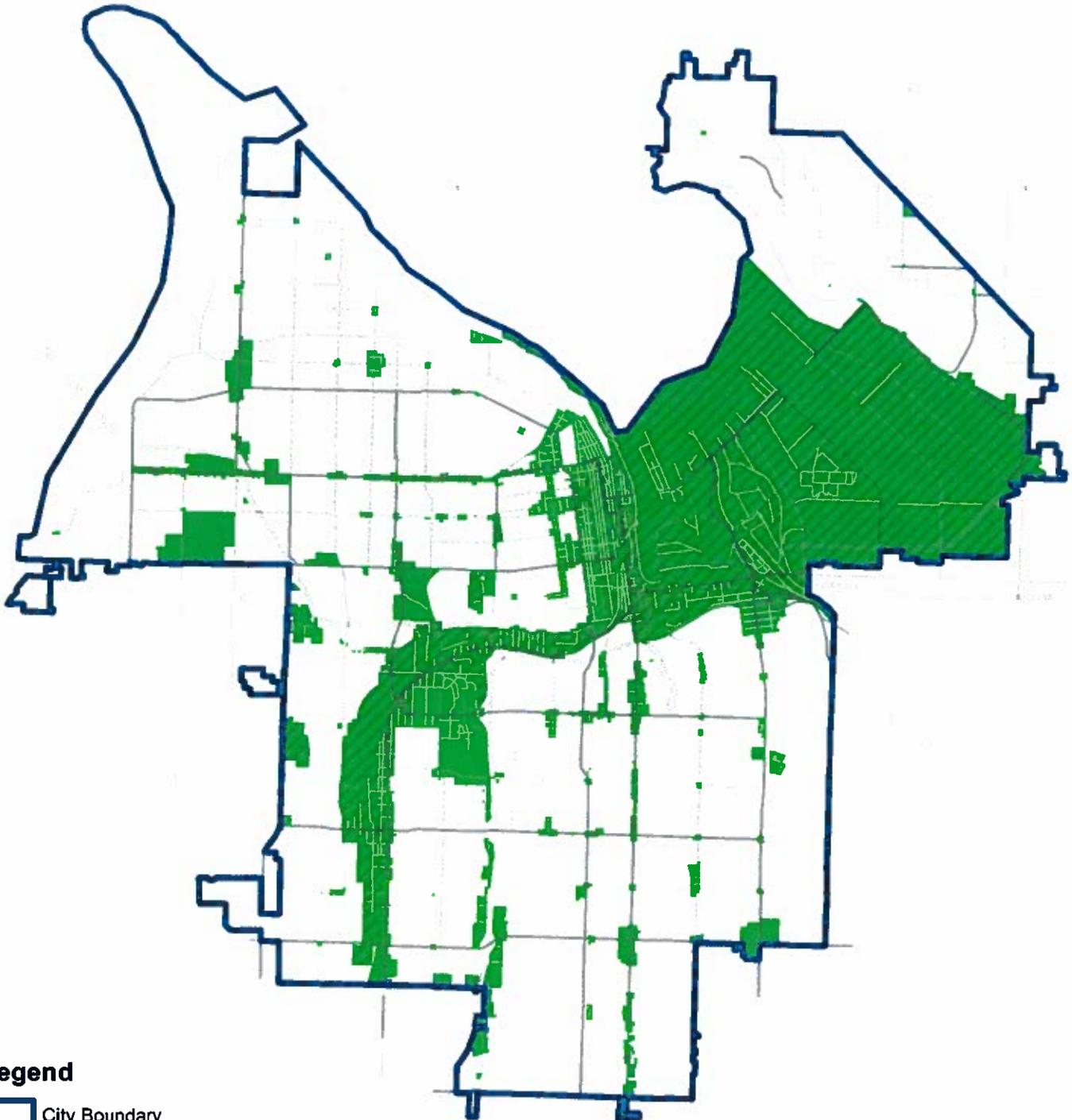
G. Nothing in the provisions above nor any other provisions in the TMC shall be construed to supersede state law prohibiting acquisition, possession, manufacture sale or use of cannabis for non-medical purposes.

# Medical Cannabis Land Use Regulations

## Zoning Areas for Distribution Only and All Functions



This drawing is neither a legally recorded map nor a survey and is not intended to be used as one. It is to be used for reference purposes only.



### Legend

 City Boundary

### Medical Cannabis Zoning Districts

 Distribution Only

 All Functions

Created by: Osborne Planning + Design  
Source: City of Tacoma GIS

OP+D



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## Option 2:

### Staff Recommendations – Tacoma Municipal Code Amendments for Medical Cannabis

#### 13.06.100 Residential Districts.

Uses	R-1	R-2	R-2SRD	HMR-SRD	R-3	R-4-L	R-4	R-5	Additional Regulations <sup>1</sup>
Master plans for any conditional use	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.							
<u>Medical Cannabis Distribution</u>	<u>N</u>	<u>See definition for “Medical Cannabis Distribution”.</u>							
<u>Medical Cannabis Processing/Production</u>	<u>N</u>	<u>See definition for “Medical Cannabis Processing/Production”.</u>							
Microbrewery/winery	N	N	N	N	N	N	N	N	Microbrewery/winery

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**13.06.200 Commercial Districts.**

Uses	T	C-1	C-2 <sup>1</sup>	HM	PDB	Additional Regulations <sup>2,3</sup> (also see footnotes at bottom of table)
Master plans for any conditional use	CU	CU	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<u>Medical Cannabis Distribution</u>	<u>N</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Distribution”.</u>
<u>Medical Cannabis Processing/ Production</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Processing/ Production”.</u>
Microbrewery/winery	N	N	N	N	N	Microbrewery/winery

**13.06.300 Mixed-Use Center Districts.**

Uses	NCX	CCX	UCX	UCX-TD	RCX <sup>1</sup>	CIX	HMX	URX	NRX	Additional Regulations <sup>3,4,5</sup> (also see footnotes at bottom of table)
Master plan for any conditional use	CU	CU	CU	CU	CU	CU	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<u>Medical Cannabis Distribution</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>N</u>	<u>P*</u>	<u>P*</u>	<u>N</u>	<u>N</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Distribution”.</u>

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Uses	NCX	CCX	UCX	UCX-TD	RCX <sup>1</sup>	CIX	HMX	URX	NRX	Additional Regulations <sup>3,4,5</sup> (also see footnotes at bottom of table)
<u>Medical Cannabis Processing/ Production</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>P*</u>	<u>N</u>	<u>P*</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Processing/ Production”.</u>
Microbrewery/ winery	N	N	N	P	N	P	N	N	N	Microbreweries shall be limited to 15,000 barrels per year of beer, ale, or other malt beverages, as determined by the filings of barrelage tax reports to the Washington State Liquor Control Board. Equivalent volume winery limits apply.

**13.06.400 Industrial Districts.**

USES	M-1	M-2	PMI	ADDITIONAL REGULATIONS <sup>1</sup>
Master plan for any conditional use	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<u>Medical Cannabis Distribution</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Distribution”.</u>
<u>Medical Cannabis Processing/ Production</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Processing/ Production”.</u>
Microbrewery/winery	P	P	P	

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### **13.10. Shoreline Management**

#### **13.10.035 Prohibited uses in all shoreline districts.**

A. The following uses are prohibited in all shoreline districts unless: medical cannabis distribution and medical cannabis processing/production.

#### **13.06.700 Definitions and illustrations.**

Mansard roof. A roof with two slopes or pitches on each of the four sides, the lower slopes steeper than the upper.

Medical Cannabis Distribution. This is a commercial use located entirely within a structure where safe, secure access to medical cannabis is provided for private, off-site use. The distribution of medical cannabis shall be available for documented qualified patients per RCW 69.51A. This use, which allows for the distribution of medical cannabis products, includes collectives, cooperatives, support groups, dispensaries and other similar facilities that involve, in any way, three (3) or more individuals. These facilities may also include ancillary uses and support services.

Medical Cannabis Processing/Production. This is an industrial use located entirely within a structure where safe, secure processing and production of cannabis for medical use per RCW 69.51A. This use allows for the cultivation, processing, fabrication, assembly, treatment, testing, infusion, and packaging of medical cannabis in preparation for its distribution or consumption. This use allows for the processing and production of cannabis into a medical product that involve, in any way, three (3) or more individuals. This use may include the involvement of collectives, cooperatives, support groups, dispensaries, individuals and other entities. These facilities may also include ancillary uses and support services.

Microbrewery/winery. An establishment primarily engaged in the production and distribution of beer, ale, or other malt beverages, or wine, and which may include accessory uses such as tours of the microbrewery/winery, retail sales, and/or on-site consumption, e.g., “taproom.” This classification allows a microbrewery to sell beer/wine at retail and/or act as wholesaler for beer/wine of its own production for off-site consumption with appropriate state licenses.

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### **13.06.565 Medical cannabis**

A. Intent. It is found that medical cannabis facilities and associated uses fulfill an important need to persons residing in the community that have acute medical needs. It is the intent of this chapter to discourage black market sourcing of medical cannabis where persons face legal risks, unreliable quality of product and personal safety. Further, it is the intent of this chapter to consider the safe and adequate access to medical cannabis for qualified patients, but also to protect public health, safety and general welfare.

Washington voters passed Initiative 692, the Medical Use of Marijuana Act, November 1998. This law allows patients, who meet certain criteria, to use cannabis for medical reasons. In 2007, the Washington State Legislature passed Engrossed Substitute Senate Bill (ESSB) 6032 that amended RCW 69.51A, which deals with medical cannabis. This bill aimed to clarify the law for medical cannabis and make it less impaired by alleviating the possibility that qualified patients could face state criminal prosecution. The new state laws dealing with medical cannabis ultimately direct local jurisdictions to consider qualified patient's access to an adequate, safe, consistent, and secure source of medical cannabis.

The City supports the voter approved right for those with certain terminal or debilitating chronic conditions to obtain medical cannabis for personal use by the implementation of the provisions of this chapter which seek to protect qualifying patient's safe and legal access to medical cannabis. However, the public interest dictates that they shall be subject to special regulations. The intent of these regulations is to reduce conflict between incompatible uses, promote the public health, safety, and general welfare.

#### **B. Scope.**

Currently RCW 69.51A, dealing with medical cannabis, defines the term "collective garden" which may be involved in a number of functions and uses but is restricted in the following ways:

1. No more than ten qualifying patients may participate in a single collective garden at any time;
2. A collective garden may contain no more than fifteen plants per patient up to a total of forty-five plants;
3. A collective garden may contain no more than twenty-four ounces of useable cannabis per patient up to a total of seventy-two ounces of useable cannabis;
4. A copy of each qualifying patient's valid documentation or proof of registration with the registry established in \*section 901 of this act, including a copy of the patient's proof of identity, must be available at all times on the premises of the collective garden; and
5. No useable cannabis from the collective garden is delivered to anyone other than one of the qualifying patients participating in the collective garden

Under this definition qualified patients are enabled by state law and may chose to engage in home cultivation and processing of their own medical cannabis product for self medicating. For some qualified patients, home cultivation can provide an adequate, safe, consistent, and secure source of

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medical marijuana. It also gives them some control over their supply quality. One-on-one partnerships might benefit some patients by providing access to a more adequate, consistent, and safer source. Expenses and expertise could be shared among two individuals. A larger supply might also allow for the creation of reserves, helping patients endure fluctuations in crop yield. Although, these functions are subject to any and all applicable regulations in the Tacoma Municipal Code (TMC), it is not the intent to regulate them under this chapter and the location and development standard below shall not apply.

Home cultivation, either by oneself or via a one-on-one partnership is not feasible for all patients because many are unable or unwilling to grow their own supply. Reasons include concerns about arrest and prosecution, break-ins, costs of starting and maintaining a garden, physical limitations, and concerns about housing and children. Group growing arrangements may alleviate these issues for some patients but larger grow sites may be harder to secure, manage, maintain and could be targets for criminal activity.

C. Applicability. Medical cannabis facilities that involve a collective garden, or any other arrangement, that include three (3) or more individuals in its operation are viewed to be either a commercial and/or industrial use and the additional standards below shall apply. The commercial use, “Medical Cannabis Distribution”, is listed in the Land Use Tables and includes collectives, cooperatives, support groups, dispensaries and other similar facilities that are involved in the distribution of a finished medical cannabis product for qualified patients. The industrial use, “Medical Cannabis Production/Processing”, is listed in the Land Use Tables and for the growing and cultivation of cannabis plants. A medical cannabis production and processing facility, for example, may perform cultivation, processing, fabrication, assembly, treatment, testing, infusion, and packaging of medical cannabis in preparation for its distribution or consumption.

D. Definitions. See 13.06.700 for Definitions of “Medical Cannabis Distribution” and “Medical Cannabis Production/Processing”.

E. Location and development standards.

1. Any medical cannabis use may not locate or be conducted closer than the distance noted below to any of the following, whether in or out of the City:

a. Within 1,000 feet of any public or private elementary or secondary school;

b. Within 500 feet of any other medical cannabis uses.

3. The separation required between uses described above in sections E.1.a and E.1.b shall be measured from the nearest edge or corner of the property of each use.

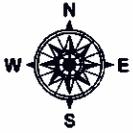
4. No variance shall be permitted for any of the above distance or separation requirements.

5. Medical cannabis uses are subject to any and all required pre-approvals and licensing requirements.

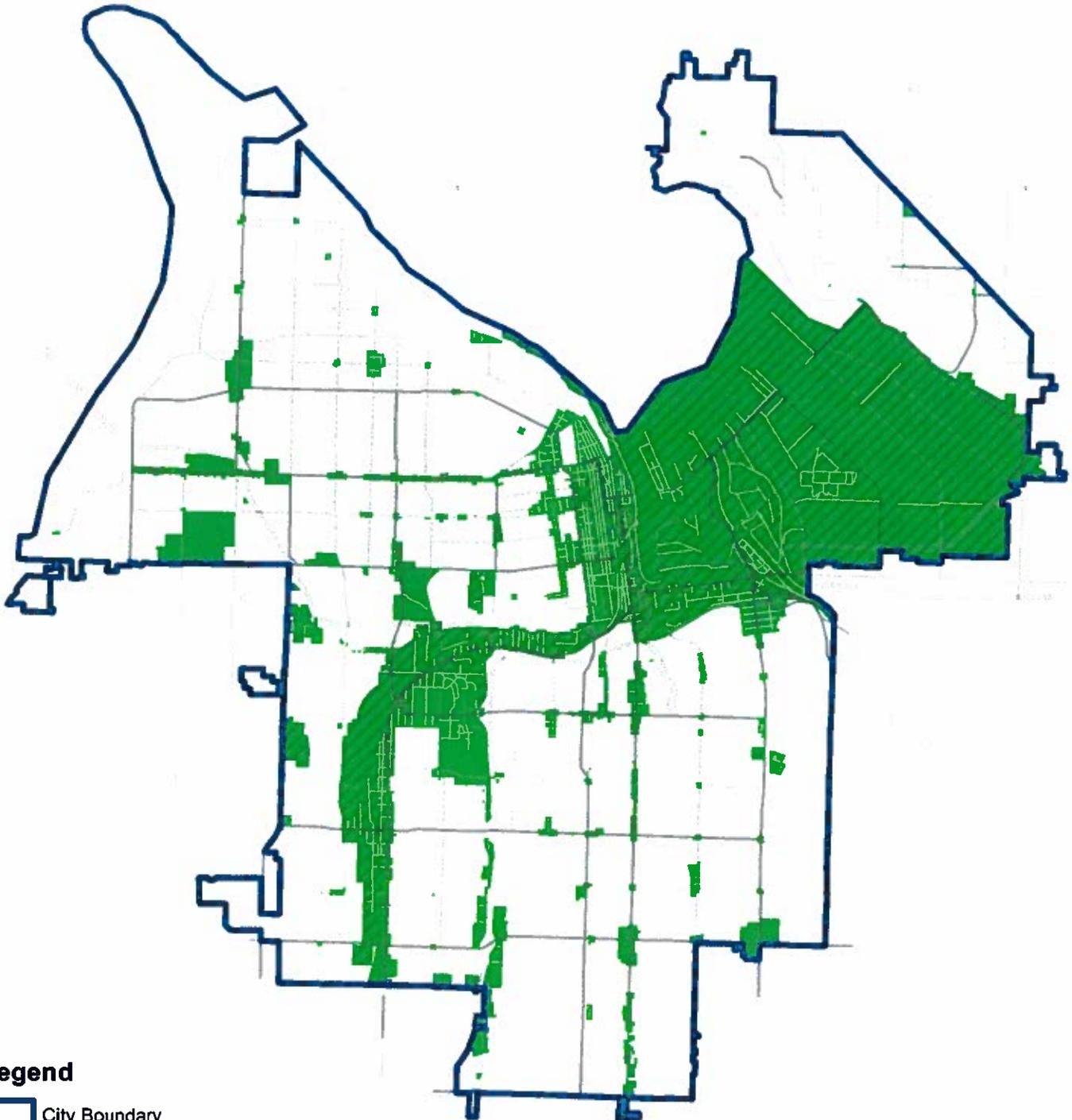
F. Nothing in the provisions above nor any other provisions in the Tacoma Municipal Code shall be construed to supersede state law prohibiting acquisition, possession, manufacture sale or use of cannabis for non-medical purposes.

# Medical Cannabis Land Use Regulations

## Zoning Areas for Distribution Only and All Functions



This drawing is neither a legally recorded map nor a survey and is not intended to be used as one. It is to be used for reference purposes only.



### Legend

 City Boundary

### Medical Cannabis Zoning Districts

 Distribution Only

 All Functions

Created by: Osborne Planning + Design  
Source: City of Tacoma GIS

OP+D



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## Option 3:

### Conditional Use Approach – Tacoma Municipal Code Amendments for Medical Cannabis

#### 13.06.100 Residential Districts.

Uses	R-1	R-2	R-2SRD	HMR-SRD	R-3	R-4-L	R-4	R-5	Additional Regulations <sup>1</sup>
Master plans for any conditional use	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.							
<u>Medical Cannabis Distribution</u>	<u>N</u>	<u>See definition for “Medical Cannabis Distribution”.</u>							
<u>Medical Cannabis Processing/Production</u>	<u>N</u>	<u>See definition for “Medical Cannabis Processing/Production”.</u>							
Microbrewery/winery	N	N	N	N	N	N	N	N	Microbrewery/winery

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**13.06.200 Commercial Districts.**

Uses	T	C-1	C-2 <sup>1</sup>	HM	PDB	Additional Regulations <sup>2,3</sup> (also see footnotes at bottom of table)
Master plans for any conditional use	CU	CU	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<u>Medical Cannabis Distribution</u>	<u>N</u>	<u>CU*</u>	<u>CU*</u>	<u>CU*</u>	<u>CU*</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Distribution”.</u>
<u>Medical Cannabis Processing/ Production</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Processing/ Production”.</u>
Microbrewery/winery	N	N	N	N	N	Microbrewery/winery

**13.06.300 Mixed-Use Center Districts.**

Uses	NCX	CCX	UCX	UCX-TD	RCX <sup>1</sup>	CIX	HMX	URX	NRX	Additional Regulations <sup>3,4,5</sup> (also see footnotes at bottom of table)
Master plan for any conditional use	CU	CU	CU	CU	CU	CU	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<u>Medical Cannabis Distribution</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>P*</u>	<u>N</u>	<u>N</u>	<u>*Subject to additional requirements contained in Section 13.06.565. See definition for “Medical Cannabis Distribution”.</u>

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Uses	NCX	CCX	UCX	UCX-TD	RCX <sup>1</sup>	CIX	HMX	URX	NRX	Additional Regulations <sup>3,4,5</sup> (also see footnotes at bottom of table)
<a href="#"><u>Medical Cannabis Processing/ Production</u></a>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<a href="#"><u>See definition for “Medical Cannabis Processing/ Production”.</u></a>
Microbrewery/ winery	N	N	N	P	N	P	N	N	N	Microbreweries shall be limited to 15,000 barrels per year of beer, ale, or other malt beverages, as determined by the filings of barrelage tax reports to the Washington State Liquor Control Board. Equivalent volume winery limits apply.

**13.06.400 Industrial Districts.**

USES	M-1	M-2	PMI	ADDITIONAL REGULATIONS <sup>1</sup>
Master plan for any conditional use	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<a href="#"><u>Medical Cannabis Distribution</u></a>	<u>N</u>	<u>N</u>	<u>N</u>	<a href="#"><u>See definition for “Medical Cannabis Distribution”.</u></a>
<a href="#"><u>Medical Cannabis Processing/ Production</u></a>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<a href="#"><u>*Subject to additional requirements contained in Section 13.06.565.</u></a> <a href="#"><u>See definition for “Medical Cannabis Processing/ Production”.</u></a>
Microbrewery/winery	P	P	P	

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### **13.06A Downtown Tacoma**

#### **13.06A.050 Additional use regulations.**

##### **A. Use Categories.**

1. Preferred. Preferred uses are expected to be the predominant use in each district.
2. Allowable. Named uses and any other uses, except those expressly prohibited, are allowed.
3. Prohibited. Prohibited uses are disallowed uses (no administrative variances).

##### **B. The following uses are prohibited in all of the above districts, unless otherwise specifically allowed:**

1. Adult retail and entertainment.
2. Heliports.
3. Work release facilities.
4. Jails and correctional facilities.
5. Billboards.

C. Special needs housing shall be allowed in all downtown districts in accordance with the provisions of Section 13.06.535. (Ord. 27539 § 21; passed Oct. 31, 2006; Ord. 27245 § 23; passed Jun. 22, 2004; Ord. 26556 § 28; passed Dec. 14, 1999)

D. Medical cannabis distribution shall be allowed in all downtown districts with the approval of a conditional use permit and are subject to the provisions of Section 13.06.565.

### **13.10. Shoreline Management**

#### **13.10.035 Prohibited uses in all shoreline districts.**

A. The following uses are prohibited in all shoreline districts: medical cannabis distribution and medical cannabis processing/production.

#### **13.06.700 Definitions and illustrations.**

Mansard roof. A roof with two slopes or pitches on each of the four sides, the lower slopes steeper than the upper.

Medical Cannabis Distribution. This is a commercial use located entirely within a structure where safe, secure access to medical cannabis is provided for private, off-site use. The distribution of medical cannabis shall be available for documented qualified patients per RCW 69.51A.

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This use, which allows for the distribution of medical cannabis products, includes collectives, cooperatives, support groups, dispensaries and other similar facilities that involve, in any way, three (3) or more individuals.

Medical Cannabis Processing/Production. This is an industrial use located entirely within a structure where safe, secure processing and production of cannabis for medical use per RCW 69.51A. This use allows for the cultivation, processing, fabrication, assembly, treatment, testing, infusion, and packaging of medical cannabis in preparation for its distribution or consumption. This use allows for the processing and production of cannabis into a medical product that involve, in any way, three (3) or more individuals. This use may include the involvement of collectives, cooperatives, support groups, dispensaries, individuals and other entities.

Microbrewery/winery. An establishment primarily engaged in the production and distribution of beer, ale, or other malt beverages, or wine, and which may include accessory uses such as tours of the microbrewery/winery, retail sales, and/or on-site consumption, e.g., “taproom.” This classification allows a microbrewery to sell beer/wine at retail and/or act as wholesaler for beer/wine of its own production for off-site consumption with appropriate state licenses.

### **13.06.565 Medical cannabis**

A. Intent. It is found that medical cannabis facilities and associated uses fulfill an important need to persons residing in the community that have acute medical needs. It is the intent of this chapter to discourage black market sourcing of medical cannabis where persons face legal risks, unreliable quality of product and personal safety. Further, it is the intent of this chapter to consider the safe and adequate access to medical cannabis for qualified patients, but also to protect public health, safety and general welfare.

Washington voters passed Initiative 692, the Medical Use of Marijuana Act, November 1998. This law allows patients, who meet certain criteria, to use cannabis for medical reasons. In 2007, the Washington State Legislature passed Engrossed Substitute Senate Bill (ESSB) 6032 that amended RCW 69.51A, which deals with medical cannabis. This bill aimed to clarify the law for medical cannabis and make it less impaired by alleviating the possibility that qualified patients could face state criminal prosecution. The new state laws dealing with medical cannabis ultimately direct local jurisdictions to consider qualified patient’s access to an adequate, safe, consistent, and secure source of medical cannabis.

The City supports the voter approved right for those with certain terminal or debilitating chronic conditions to obtain medical cannabis for personal use by the implementation of the provisions of this chapter which seek to protect qualifying patient’s safe and legal access to medical cannabis. However, the public interest dictates that they shall be subject to special regulations. The intent of these regulations is to reduce conflict between incompatible uses, promote the public health, safety, and general welfare.

### **B. Scope.**

Currently RCW 69.51A, dealing with medical cannabis, defines the term “collective garden” which may be involved in a number of functions and uses but is restricted in the following ways:

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1. No more than ten qualifying patients may participate in a single collective garden at any time;
2. A collective garden may contain no more than fifteen plants per patient up to a total of forty-five plants;
3. A collective garden may contain no more than twenty-four ounces of useable cannabis per patient up to a total of seventy-two ounces of useable cannabis;
4. A copy of each qualifying patient's valid documentation or proof of registration with the registry established in \*section 901 of this act, including a copy of the patient's proof of identity, must be available at all times on the premises of the collective garden; and
5. No useable cannabis from the collective garden is delivered to anyone other than one of the qualifying patients participating in the collective garden

Under this definition qualified patients are enabled by state law and may chose to engage in home cultivation and processing of their own medical cannabis product for self medicating. For some qualified patients, home cultivation can provide an adequate, safe, consistent, and secure source of medical marijuana. It also gives them some control over their supply quality. One-on-one partnerships might benefit some patients by providing access to a more adequate, consistent, and safer source. Expenses and expertise could be shared among two individuals. A larger supply might also allow for the creation of reserves, helping patients endure fluctuations in crop yield. Although, these functions are subject to any and all applicable regulations in the Tacoma Municipal Code (TMC), it is not the intent to regulate them under this chapter and the location and development standard below shall not apply.

Home cultivation, either by oneself or via a one-on-one partnership is not feasible for all patients because many are unable or unwilling to grow their own supply. Reasons include concerns about arrest and prosecution, break-ins, costs of starting and maintaining a garden, physical limitations, and concerns about housing and children. Group growing arrangements may alleviate these issues for some patients but larger grow sites may be harder to secure, manage, maintain and could be targets for criminal activity.

C. Applicability. Medical cannabis facilities that involve a collective garden, or any other arrangement, that include three (3) or more individuals in its operation are viewed to be either a commercial and/or industrial use and the additional standards below shall apply. The commercial use, "Medical Cannabis Distribution", is listed in the Land Use Tables and includes collectives, cooperatives, support groups, dispensaries and other similar facilities that are involved in the distribution of a finished medical cannabis product for qualified patients. The industrial use, "Medical Cannabis Production/Processing", is listed in the Land Use Tables and for the growing and cultivation of cannabis plants. A medical cannabis production and processing facility, for example, may perform cultivation, processing, fabrication, assembly, treatment, testing, infusion, and packaging of medical cannabis in preparation for its distribution or consumption.

D. Definitions. See 13.06.700 for Definitions of "Medical Cannabis Distribution" and "Medical Cannabis Production/Processing".

E. Location and development standards.

1. Any medical cannabis use may not locate or be conducted closer than the distance noted below to any of the following, whether in or out of the City:

a. Within 1,000 feet of any public or private elementary or secondary school;

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b. Within 1,000 feet of any daycares or preschools;

c. Within 1,000 feet of any public or private community centers;

d. Within 1,000 feet of any parks or greenbelts;

e. Within 1,000 feet of any church;

f. Within 1,000 feet of any public assembly;

3. The separation required between uses described above in sections E.1.a through E.1.f shall be measured from the nearest edge or corner of the property of each use.

4. Size limitation for medical cannabis distribution shall be a maximum of 500 square feet.

5. Co-location of medical cannabis distribution and medical cannabis processing/production with other uses is prohibited.

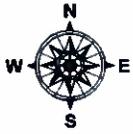
6. No variance shall be permitted for any of the above distance or separation requirements.

7. Medical cannabis uses are subject to any and all required pre-approvals and licensing requirements.

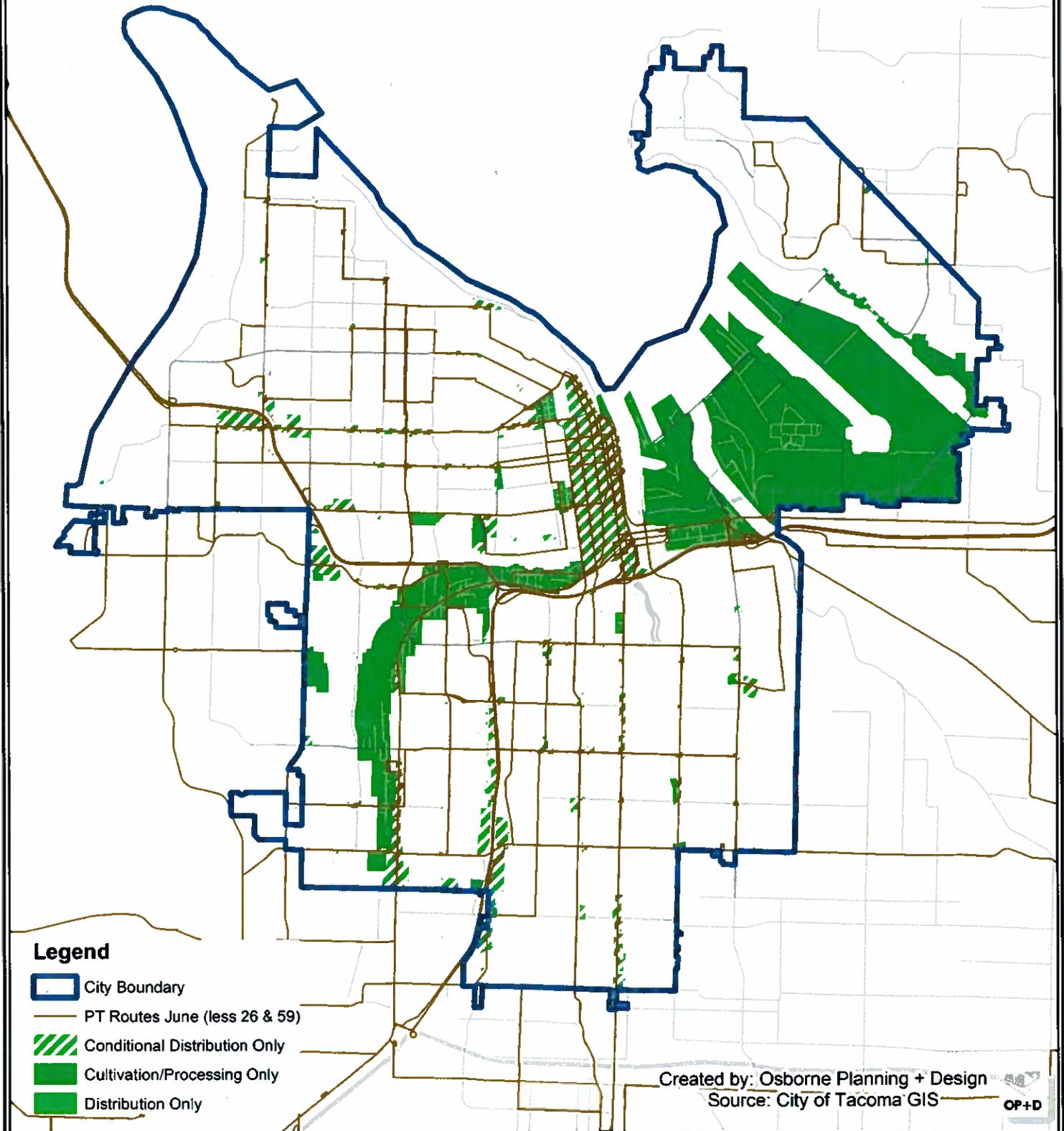
F. Nothing in the provisions above nor any other provisions in the TMC shall be construed to supersede state law prohibiting acquisition, possession, manufacture sale or use of cannabis for non-medical purposes.

# Medical Cannabis Land Use Regulations

## Zoning Areas for Separated Functions per Option 3



This drawing is neither a legally recorded map nor a survey and is not intended to be used as one. It is to be used for reference purposes only.



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## Option 4:

### Collective Gardens – Tacoma Municipal Code Amendments for Medical Cannabis

#### 13.06.100 Residential Districts.

Uses	R-1	R-2	R-2SRD	HMR-SRD	R-3	R-4-L	R-4	R-5	Additional Regulations <sup>1</sup>
Master plans for any conditional use	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.							
<u>Medical Cannabis Collective Garden</u>	<u>N</u>	<u>See definition for “Medical Cannabis Collective Garden”.</u>							
Microbrewery/winery	N	N	N	N	N	N	N	N	Microbrewery/winery

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**13.06.200 Commercial Districts.**

Uses	T	C-1	C-2 <sup>1</sup>	HM	PDB	Additional Regulations <sup>2,3</sup> (also see footnotes at bottom of table)
Master plans for any conditional use	CU	CU	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<a href="#"><u>Medical Cannabis Collective Garden</u></a>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<a href="#"><u>See definition for “Medical Cannabis Collective Garden”.</u></a>
Microbrewery/winery	N	N	N	N	N	Microbrewery/winery

**13.06.300 Mixed-Use Center Districts.**

Uses	NCX	CCX	UCX	UCX-TD	RCX <sup>1</sup>	CIX	HMX	URX	NRX	Additional Regulations <sup>3,4,5</sup> (also see footnotes at bottom of table)
Master plan for any conditional use	CU	CU	CU	CU	CU	CU	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<a href="#"><u>Medical Cannabis Collective Garden</u></a>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<a href="#"><u>See definition for “Medical Cannabis Collective Garden”.</u></a>

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Uses	NCX	CCX	UCX	UCX-TD	RCX <sup>1</sup>	CIX	HMX	URX	NRX	Additional Regulations <sup>3,4,5</sup> (also see footnotes at bottom of table)
Microbrewery/winery	N	N	N	P	N	P	N	N	N	Microbreweries shall be limited to 15,000 barrels per year of beer, ale, or other malt beverages, as determined by the filings of barrelage tax reports to the Washington State Liquor Control Board. Equivalent volume winery limits apply.

**13.06.400 Industrial Districts.**

USES	M-1	M-2	PMI	ADDITIONAL REGULATIONS <sup>1</sup>
Master plan for any conditional use	CU	CU	CU	The purpose of this process is to allow an applicant to seek approval for a development program which occupies a large site with multiple-buildings, a complex program, and a detailed plan developed by the applicant which would be implemented in phases and which would extend beyond the normal expiration date, to be reviewed after a ten-year period for those portions of the plan which have not yet been developed.
<u>Medical Cannabis Collective Garden</u>	<u>P*</u>	<u>P*</u>	<u>P*</u>	<u>*Subject to additional requirements contained in Section 13.06.565.</u> <u>See definition for “Medical Cannabis Collective Garden</u>
Microbrewery/winery	P	P	P	

**13.06A Downtown Tacoma**

**13.06A.050 Additional use regulations.**

A. Use Categories.

1. Preferred. Preferred uses are expected to be the predominant use in each district.
2. Allowable. Named uses and any other uses, except those expressly prohibited, are allowed.
3. Prohibited. Prohibited uses are disallowed uses (no administrative variances).

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B. The following uses are prohibited in all of the above districts, unless otherwise specifically allowed:

1. Adult retail and entertainment.
2. Heliports.
3. Work release facilities.
4. Jails and correctional facilities.
5. Billboards.

6. Medical cannabis collective garden

C. Special needs housing shall be allowed in all downtown districts in accordance with the provisions of Section 13.06.535. (Ord. 27539 § 21; passed Oct. 31, 2006; Ord. 27245 § 23; passed Jun. 22, 2004; Ord. 26556 § 28; passed Dec. 14, 1999)

### **13.10. Shoreline Management**

#### **13.10.035 Prohibited uses in all shoreline districts.**

A. The following use(s) are prohibited in all shoreline districts: Medical cannabis collective garden.

#### **13.06.700 Definitions and illustrations.**

Mansard roof. A roof with two slopes or pitches on each of the four sides, the lower slopes steeper than the upper.

Medical Cannabis Collective Garden. This is a use located entirely within a structure where medical cannabis may be cultivated, processed and distributed solely among the members of the collective garden. Up to ten individuals may form a medical cannabis collective garden and shall be qualified patients per RCW 69.51A. A Medical Cannabis Collective Garden shall be considered an industrial use, as defined by Tacoma Municipal Code, when it includes three (3) or more members and includes functions such as, but not limited to, cultivation, processing, fabrication, assembly, treatment, testing, infusion, and packaging of medical cannabis in preparation for its distribution or consumption.

Microbrewery/winery. An establishment primarily engaged in the production and distribution of beer, ale, or other malt beverages, or wine, and which may include accessory uses such as tours of the microbrewery/winery, retail sales, and/or on-site consumption, e.g., “taproom.” This classification allows a microbrewery to sell beer/wine at retail and/or act as wholesaler for beer/wine of its own production for off-site consumption with appropriate state licenses.

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### **13.06.565 Medical cannabis**

A. Intent. It is found that Medical cannabis collective gardens fulfill an important need to persons residing in the community that have acute medical needs. It is the intent of this chapter to discourage black market sourcing of medical cannabis where persons face legal risks, unreliable quality of product and personal safety. Further, it is the intent of this chapter to consider the safe and adequate access to medical cannabis for qualified patients, but also to protect public health, safety and general welfare.

Washington voters passed Initiative 692, the Medical Use of Marijuana Act, November 1998. This law allows patients, who meet certain criteria, to use cannabis for medical reasons. In 2007, the Washington State Legislature passed Engrossed Substitute Senate Bill (ESSB) 6032 that amended RCW 69.51A, which deals with medical cannabis. This bill aimed to clarify the law for medical cannabis and make it less impaired by alleviating the possibility that qualified patients could face state criminal prosecution. The new state laws dealing with medical cannabis ultimately direct local jurisdictions to consider qualified patient's access to an adequate, safe, consistent, and secure source of medical cannabis.

The City supports the voter approved right for those with certain terminal or debilitating chronic conditions to obtain medical cannabis for personal use by the implementation of the provisions of this chapter which seek to protect qualifying patient's safe and legal access to medical cannabis. However, the public interest dictates that they shall be subject to special regulations. The intent of these regulations is to reduce conflict between incompatible uses, promote the public health, safety, and general welfare.

#### **B. Scope.**

Currently RCW 69.51A, dealing with medical cannabis, defines the term "collective garden" which may be involved in a number of functions and uses but is restricted in the following ways:

1. No more than ten qualifying patients may participate in a single collective garden at any time;
2. A collective garden may contain no more than fifteen plants per patient up to a total of forty-five plants;
3. A collective garden may contain no more than twenty-four ounces of useable cannabis per patient up to a total of seventy-two ounces of useable cannabis;
4. A copy of each qualifying patient's valid documentation or proof of registration with the registry established in \*section 901 of this act, including a copy of the patient's proof of identity, must be available at all times on the premises of the collective garden; and
5. No useable cannabis from the collective garden is delivered to anyone other than one of the qualifying patients participating in the collective garden

Under this definition qualified patients are enabled by state law and may chose to engage in home cultivation and processing of their own medical cannabis product for self medicating. For some qualified patients, home cultivation can provide an adequate, safe, consistent, and secure source of medical marijuana. It also gives them some control over their supply quality. One-on-one partnerships might benefit some patients by providing access to a more adequate, consistent, and safer source. Expenses and expertise could be shared among two individuals. A larger supply might also allow for the creation of reserves, helping patients endure fluctuations in crop yield. Although, these functions are subject to any and all applicable

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regulations in the Tacoma Municipal Code (TMC), it is not the intent to regulate them under this chapter and the location and development standard below shall not apply.

Home cultivation, either by oneself or via a one-on-one partnership is not feasible for all patients because many are unable or unwilling to grow their own supply. Reasons include concerns about arrest and prosecution, break-ins, costs of starting and maintaining a garden, physical limitations, and concerns about housing and children. Group growing arrangements may alleviate these issues for some patients but larger grow sites may be harder to secure, manage, maintain and could be targets for criminal activity.

C. Applicability. Medical cannabis collective gardens that are considered an industrial use, as defined by TMC, because they include three (3) or more members and include functions such as, but not limited to, cultivation, processing, fabrication, assembly, treatment, testing, infusion, and packaging of medical cannabis in preparation for its distribution or consumption shall comply with the additional standards listed below.

D. Definitions. See 13.06.700 for Definition of “Medical Cannabis Collective Garden”.

E. Location and development standards.

1. Any medical cannabis use may not locate or be conducted closer than the distance noted below to any of the following, whether in or out of the City:

a. Within 1,000 feet of any public or private elementary or secondary school;

b. Within 1,000 feet of any daycares or preschools;

c. Within 1,000 feet of any public or private community centers;

d. Within 1,000 feet of any parks or greenbelts;

e. Within 1,000 feet of any church;

f. Within 1,000 feet of any public assembly;

3. The separation required between uses described above in sections E.1.a through E.1.f shall be measured from the nearest edge or corner of the property of each use.

4. Co-location of medical cannabis collective gardens with other uses is prohibited.

5. No variance shall be permitted for any of the above distance or separation requirements.

6. Medical cannabis collective gardens are subject to any and all required pre-approvals and licensing requirements.

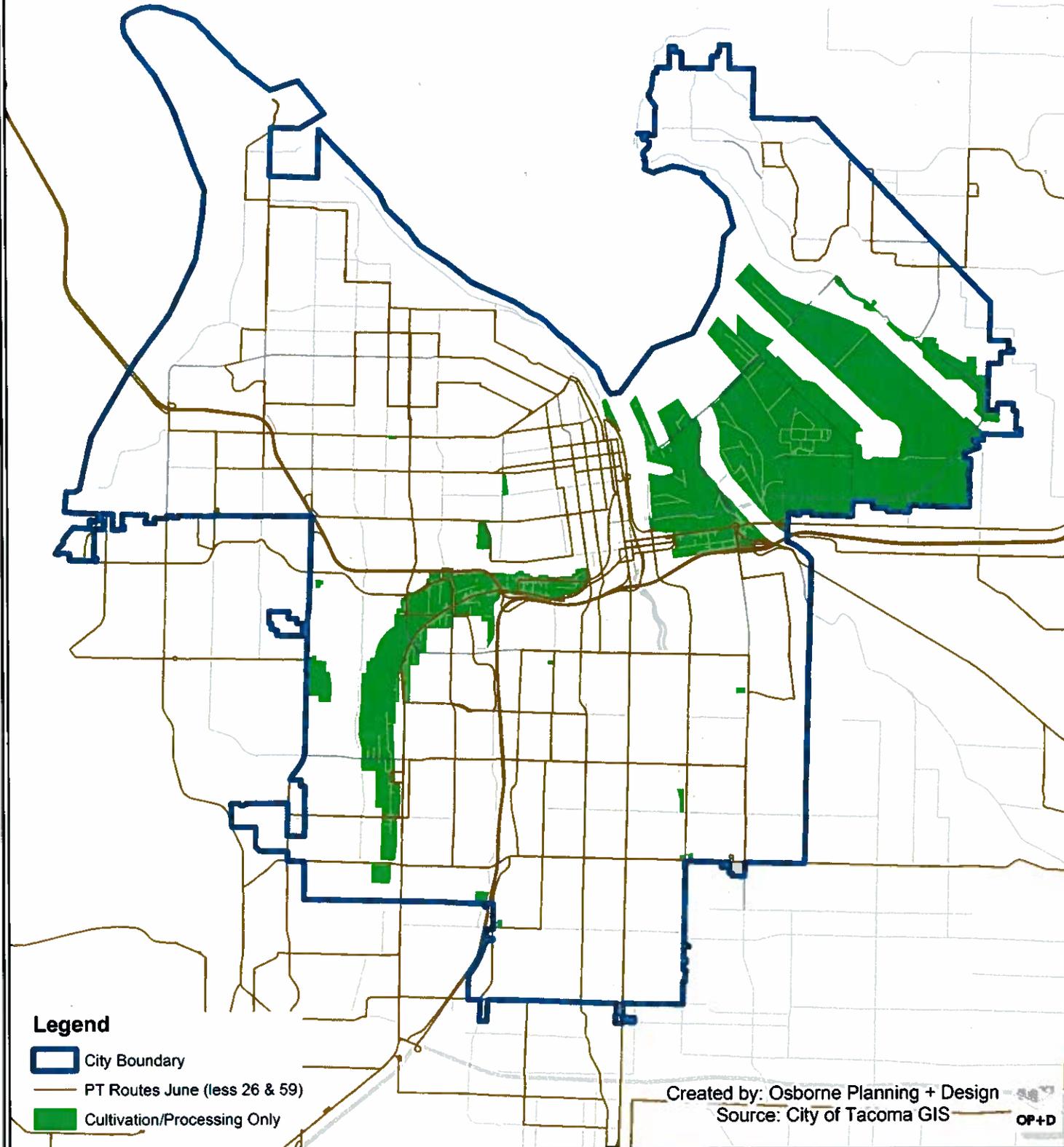
F. Nothing in the provisions above nor any other provisions in the TMC shall be construed to supersede state law prohibiting acquisition, possession, manufacture sale or use of cannabis for non-medical purposes.

# Medical Cannabis Land Use Regulations

## Zoning Areas for Locating

### Cultivation/Processing Uses per Option 4

This drawing is neither a legally recorded map nor a survey and is not intended to be used as one. It is to be used for reference purposes only.



#### Legend

-  City Boundary
-  PT Routes June (less 26 & 59)
-  Cultivation/Processing Only

Created by: Osborne Planning + Design  
Source: City of Tacoma GIS



